

Roadmap

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CORPORATE COUNCIL ON AFRICA'S
**U.S.-AFRICA HEALTH SECURITY
AND RESILIENCE INITIATIVE**

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Corporate Council on Africa

U.S.-Africa Health Security and Resilience Initiative: A Roadmap

The COVID pandemic has dramatically underscored how critical a resilient, appropriately resourced and well networked health system is to a country's national and economic security. The interconnected nature of this pandemic highlights the importance of health systems being better networked, both within and between countries, and the importance of private sector firms working hand-in-hand with governments. One silver lining of this crisis has been the demonstration of just how fast companies have been able to partner to deploy new technology to produce effective vaccines and treatment protocols for COVID, following on the agility and adaptability that manufacturing companies displayed in replacing disrupted elements from global supply chains in 2020 to provide emergency PPE, medicines and other equipment.

Recognizing the need for the private sector's role in strengthening Africa's health systems broadly and the response to COVID specifically, on December 15, 2020, the Corporate Council on Africa officially launched its U.S.-Africa Health Security and Resilience Initiative. This is a two-year initiative that will bring together major U.S. and African leaders, corporations, multilateral organizations, foundations, and other stakeholders to collaborate on developing policies, promoting strategic partnerships, providing critical Africa health-related information, and facilitating investment to strengthen Africa's health system.

The state of health security in Africa faces three groups of challenges:

- Underfunded healthcare is a major contributing factor to Africa's fragile and insecure healthcare systems and large, unmet health needs in many African countries. Although UNECA estimates that just under 70% of Africa's population relies on health systems funded by government and donor agencies, healthcare in Africa remains generally underfunded, with an estimated \$66 billion annual funding gap¹. The World Health Organization (WHO) has come up with a framework to help governments plan and expand the options they can offer, including working closely with the private sector. Although, as the World Bank notes,² "there is no one-size-fits all approach to achieving" it, Universal Health Coverage provides the foundation for more secure and resilient African healthcare systems that will better meet the needs of African populations, improve livelihoods and grow economies.
- Insufficient collaboration between governments, the private sector and international health organizations exacerbates challenges faced in building strong African health systems with sufficient health security. The current COVID pandemic has exposed systemic gaps and weaknesses especially in the area of outbreak preparedness and disease response and management globally. To effectively manage both communicable and non-communicable diseases, strong collaboration and strategic partnerships that include the private sector are crucial. Stronger collaboration between governments and the private sector would also make partnerships with international health organizations more effective.

- The lack of capacity in Africa to produce health products and the current inability of the African health sector to be well integrated into global health supply chains is a challenge – not just for the continent, but globally--as witnessed during the COVID pandemic when there was insufficient supply or access to PPE and not the vaccine. There is a critical need to promote and drive African health sector trade and investment – including Africa’s capacity to manufacture medicines, health equipment and other health products and to foster health sector trade and market linkages as well as diverse health product supply chains.

Why Africa, Why Now?

The Africa that emerges from the COVID pandemic will be very different from the pre-pandemic Africa. For the short-term, African leaders have made it clear that they are looking to pursue both rapid procurement and distribution of vaccines to protect their populations, and stabilize and reopen their economies. Over the longer term, African leaders have stressed that they do not want to again find themselves in a position where ‘the fate of African citizens rests with decision makers outside the continent.’ They want to see more capacity in manufacturing and delivering critical equipment and medicines in the future. This is an issue of national security for them. They have been equally clear, however, in stressing that they are looking to partner with the private sector, which already plays a significant role in providing up to 40% of health care services in Africa.

In responding to various stages of the COVID pandemic, the African Union and member governments have been incredibly adaptive in setting up innovative mechanisms to work with the private sector. For example, the African Medical Supplies Platform (AMSP) and the African Vaccine Acquisition Task Team (AVATT), are partnering with the global private sector to accelerate the provision of critical equipment and vaccines. African leaders are interested in building on this cooperation to move beyond the pre-COVID models of donor dependence and economies that were too focused on exports of primary commodities. African leaders are particularly interested in increasing their country’s ratio of value-added products, expanding the use of digital and electronic services, and growing their knowledge economies, including the health sector.

Africa is also rapidly negotiating the world’s most ambitious free trade agreement since the foundation of the WTO – i.e., the African Continental Free Trade Area Agreement (AfCFTA), which will better integrate African countries regionally and across the continent, providing common treatment of not just tariffs, but Rules of Origin, setting up payments and dispute settlements systems, and creating a public registry of Non-Tariff Barriers. As the first phase goes into full operation in July 2021, negotiations on the second phase will begin in August, with a target of concluding important chapters on digital commerce, services and IPR by the end of 2021.

Africa rapidly expanded its use of e-commerce in response to the economic lockdowns. Far eclipsing increases in other parts of the world, this trend is likely to continue after the crisis, and will accelerate the inclusion of more Africans into formal economies at the national and regional level. The World Bank has highlighted how critical it will be to accelerate the development of digital economies, both to facilitate movement of goods, but also to open up whole new service sectors (such as e-health).

Global supply chains were upended across the globe. Few places were more impacted than Africa³, which highlighted challenges in integrating and upgrading transportation networks, implementing

supply chain innovations (including Digital Supply Networks), and addressing regional and continental trade barriers. African companies moved quickly to repurpose domestic manufacturing to fill critical gaps, such as affordable test kits in Senegal and PPE in Nigeria. Such shifts in global supply chain manufacturing to Africa is expected to continue and increase beyond health products in the post-COVID economic recovery.

Seizing Opportunity

This is a great opportunity for American and African companies to step forward and partner with African governments in creating more resilient health systems, both as a good in its own right, and as a core part of building stronger, more resilient economies. Strategic support from key U.S. government agencies under the new Biden Administration can also facilitate such partnerships. Health experts caution that COVID-19 will not be the last global pandemic, a warning African countries understand all too well after the repeated challenges they have endured, including HIV/AIDS and Ebola. Putting in place much stronger U.S.-Africa public-private cooperation now is a great step we can all take to improve our shared security for the future.

Seizing this opportunity is also a great business move. The Business and Sustainable Development Coalition⁴ estimated in 2018 that the health care market in Africa would be worth \$259 billion in 2030, with the potential to create 16 million jobs in Africa. More to the point, Africa will offer 14% of all business opportunities in the health and well-being sector globally, only behind North America at 21%. UNECA⁵ suggests five specific areas with significant potential for private sector growth in Africa, including: risk pooling (worth up to \$150 billion); better maternal and child health (\$15 billion); remote patient monitoring (\$15 billion); better disease management (\$14 billion); and telehealth (\$11 billion). There are significant opportunities to expand health care markets, including making better use of communication and media channels to help educate potential patients, as well as opportunities in improving logistics and offering new transportation services. There are also significant opportunities for collaboration between the public and private sector in creating partnerships, particularly in finance, to improve health access and service delivery, including in infrastructure, capacity development and providing more products and services. There are challenges, including weak regulatory and policy environments, in health as well as finance.

One of the most important challenges, however, is the “lack of results-driven dialogue among stakeholders,” particularly between government and private sector entities. The UNECA report notes that “African governments have tended to view the private sector as a vendor, rather than a partner,” which tends to generate distrust and debates about the effectiveness of private sector endeavors in the health sector. Companies, particularly in pursuing partnerships, often do not pursue goals that are aligned to a country’s specific disease burden. Partnerships also tend to focus on service delivery and finance, rather than on equally urgent and less supported areas of nutrition, education, training and the growing role of NCDs, which will become the largest source of disease burden on the continent by 2030. The UNECA report endorses an ‘integrated and system-wide’ approach among all stakeholders to address these challenges.

CCA’s U.S.-Africa Health Security and Resilience Initiative

The three pillars of the CCA U.S.-Africa Health Security and Resilience Initiative are designed to form a mutually supportive set of activities that, taken together, will significantly increase the private sector’s

ability to improve health care service delivery and outcomes in Africa. This initiative will aim to directly address the challenges identified by UNECA and others in terms of better aligning both U.S. and African private sector efforts with continent-wide and country-specific disease burden and systemic needs, while also addressing the shortfalls in host-country awareness of the tools and resources that the private sector can bring.

The challenges – and opportunities – in Africa’s health care systems are enormous, and the distinctions between the various initiative pillars are meant to be indicative, as several members of the initiative participate in more than one of the pillars. The core concept is that the already critical role of private sector companies in filling gaps in health services in Africa will only become more important over the coming two decades. This initiative will focus on identifying specific courses of action that companies can take that will have the greatest impact on the broader initiative in the short, medium and long term, on general health system delivery as well as specific diseases, and suggestions for the best ways to encourage innovation in financing health care, using digital platforms to expand delivery and building capacity across all aspects of health care, including the regulatory environment.

The three main pillars are:

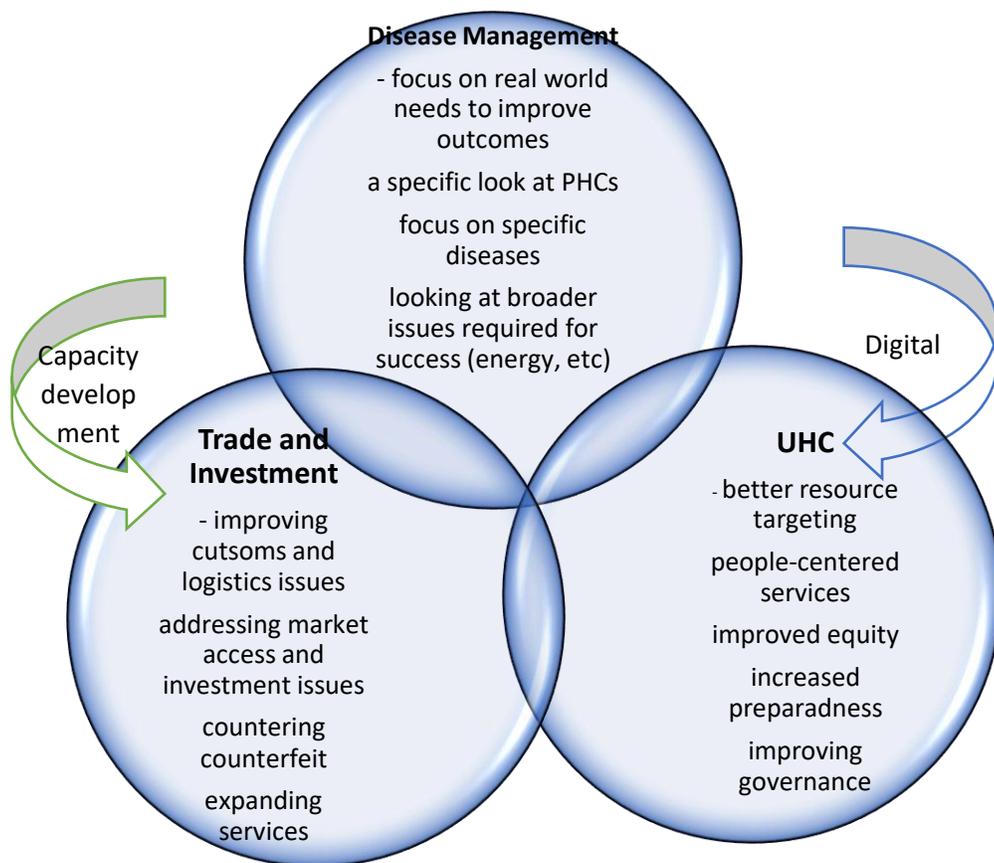
- Disease management and response. This pillar will focus on using existing evaluation tools from the WHO and other international bodies to identify short-term and urgent areas in which companies can help fill specific gaps. It will also offer suggestions for countries on how specific diseases, including diabetes and other NCDs can be addressed over the long-term, in addition to further support for existing efforts to eliminate communicable diseases such as HIV/AIDS and hepatitis. This pillar will also examine case studies for lessons learned and look at potential pilot projects, including how to get a country on a global marketing map that will afford it access to the most modern equipment and medicines.
- Universal Health Coverage. This pillar will focus on how the private sector can contribute to supporting the longer-term needs of countries as they look to implement their UHC plans, including important issues like laboratory capacity. This pillar will look specifically at how private sector companies can best engage on a range of financing issues, as well as how the health services sector can be expanded.
- Trade and investment in health goods and services. This pillar will focus on the importance of free trade across the continent and the practical steps needed to get the right materials and services across a border and into a country in an emergency, as well as to meet long-term needs. It will also consider what conditions are most likely to attract new investment, and specific actions that can be taken against counterfeit products and medicines.

There are two themes that cut across all three pillars. The first relates to capacity development, which affects all aspects of Africa’s health care systems. The second relates to the rapidly escalating importance of digital health in expanding the range of services available and extending delivery to more remote areas, as well as provide new services and technologies.

This initiative intends to build on existing initiatives by African governments and the African Union, as well as initiatives from international bodies like the World Health Organization, the OECD, the World Bank and the UN Economic Commission for Africa. This initiative will look for opportunities to enhance

proactive dialogue within the private sector, bringing more U.S. and African companies into the effort, as well as helping broaden awareness within societies and governments about what companies are already doing in this space, in the belief that being better informed will improve decisions in all quarters. This initiative will identify a template of practical steps companies can take to help countries advance their own health policy goals. It will also endeavor to identify specific barriers that impede expansion of service delivery, and suggest ways in which they can be overcome. Members of the initiative will also offer some case studies and develop some pilot projects to demonstrate the concepts and offer lessons that can be applied more broadly.

This initiative has set up working groups for each of the pillars, which are developing work plans and agendas that will tackle the specific issues needed to advance goals in each of the pillars. The initiative is eager to reach out to counterparts in both the African and American business community, as well as to consult with experts in both African and American governments, and in international organizations such as the WHO. The goal of the initiative is to generate important conversations and collaboration to lay out an initial set of shared goals, as well as a practical, tangible steps to achieve them. The initiative will review these goals at the end of each year, and adjust/update as needed.



Expected Outcomes

This initiative will present member companies and other initiative stakeholders with a coherent picture of the challenges and opportunities in the African health care sector, and offer them a menu of options for how their respective businesses can contribute to developing a more resilient African health system. These options will also offer companies considering new ventures a practical guide of initial factors to consider, from entering a market to logistics to long-term support and staff training. This initiative will also develop several case studies from which to draw lessons learned, as well as recommend pilot projects that illustrate how companies can collaborate with each other as well as with public and international partners to produce much stronger health outcomes in Africa. In sum, this initiative will provide companies with a roadmap that will give them a much better understanding of the full range of health issues in Africa, while also offering practical solutions to address barriers.

It will also bring together two of the largest evolving health sectors in the world, creating a much stronger, much better integrated set of networks and relationships between American and African health partners. Each side will benefit from greater exposure to the dynamism and innovation from the other's market. The result will create a much stronger set of linkages between cutting-edge research, agile and fast-moving distribution dynamics, including the world's most rapidly developing digital health space, and innovative new means of financing. Members will have an opportunity to not only participate in the initial stages of these developments, but will also help shape and curate their evolution.

Each pillar will seek to contribute to important international policy discussions, including the WHO Africa Assembly and meetings of African Ministers of Trade (negotiating the African Continental Free Trade Agreement) and Ministers of Finance whose budgetary support will be critical. Through policy analysis, evidence generation and curated events, the initiative will propose best practices for the USG, African governments, and international financial institutions to consider.

The initiative will work through four key activities:

- Presidential and ministerial high-level forums for dialogue
- Country and regional roundtables focused on investment and trade
- Policy recommendations
- The development of a U.S.-Africa health database and online resource center.

This initiative will go beyond just delivering insights on the most important issues affecting healthcare on the continent, and offer members the chance to participate in the design of a more resilient African health care system based on a shared understanding of the important role of the private sector in working with governments. It will also provide unparalleled networking opportunities with global health leaders and establish a core platform from which to expand the number of American and African companies active in this critical sector.

Summary of the three Pillars

Pillar I – Disease management

The COVID-19 pandemic has focused attention on health systems worldwide, including in Africa. The pandemic came when African health care systems were already facing a range of challenges, beginning with shortages of funding in general, as well as the need for more trained staff, particularly clinicians and nurses, better access to equipment and vaccines, and a range of logistics and management challenges. African countries are also coping with a very dynamic set of challenges, ranging from continuing hard-won successes in the fight against the HIV/AIDS epidemic, related challenges such as viral hepatitis, to managing emerging challenges like Ebola to the growing prevalence of Non-Communicable Diseases (NCDs), including diabetes.

While the COVID pandemic has strained already challenged networks in most countries, it has also spurred countries to deploy innovative ideas and technologies to deliver services more efficiently and at lower cost. The pandemic has also highlighted the importance of developing partnerships between the private sector, universities and NGOs with governments to address the full spectrum of health issues. These efforts build on a strong record of innovation within the health sector in Africa, as well as in important ancillary sectors, like telecommunications and finance. Africa has seen some of the most innovative driven solutions to deliver medicines to hard-to-reach areas (e.g., drones in Rwanda) to innovative uses of e-health and diagnostic services, capitalizing on some of the most innovative applications of affordable technology to serve the needs of the informal sector and marginalized citizens in Africa.

Private sector companies already provide approximately 36%⁶ of Africa's health care solutions, and companies have a strong commitment to being part of the solution to improving Africa's health system. The aim of this pillar is to come up with a robust set of practical steps companies can consider in several areas that both meet their commercial objectives, and deliver improved health care results for the broader system. This pillar will look at ways companies can further contribute to boosting health care responses in Africa, including scaling up innovative pilot programs in delivery, diagnostics, prevention, treatment and related health care management services, including logistics and waste handling.

This pillar will also examine some of the specific steps involved in managing diseases like TB, HIV, Hepatitis, Ebola, NCDs and Diabetes, with the objective of suggesting ways that company efforts along the disease management chain might be leveraged to secure greater efficiencies and/or reduced costs. It will also include company efforts to tackle the challenges of cancer and Human Papillomavirus in Africa. The initiative will develop a pilot case study of the factors required to get a less well-served country on the global marketing map of equipment manufacturers of diabetes treatment.

Under this pillar, we will also look at some of the ancillary issues that are important to support health care facilities, including supplying sufficient electric power and how companies can coordinate Corporate Social Responsibility projects to make sure that they are executed and holistically augment a country's health sector capacity.

Pillar II – UHC

As the World Health Organization (WHO) notes, UHC means ‘different things to different people.’ The WHO defines it as “providing a core set of services at costs people can afford,” and notes that each country will need to determine with its population what constitutes that core set. The initially identified core set of services is designed to grow over time, as the capacity in countries and their ability to afford more health care services increases. The WHO has designed a framework to help governments plan and expand the options they can pursue, focus on the needs they have for developing the capacity of healthcare workers, acquiring equipment, delivering a country service package and starting a strategic dialogue with partners and establishing a process for making data-based decisions on future directions. The WHO broke it down into five pillars:

- Increasing and better targeting resources spent in the sector
- Providing people-centered services of improved quality
- Delivering improved equity, including leaving no one behind and targeting the poor and marginalized
- Increasing preparedness as a means of improving health security
- Addressing governance issues including political and regulatory issues in the sector

The World Bank in its 2016 Framework for Action⁷ on Universal Health Coverage eloquently made the case that “investment in Africa’s health systems is key to inclusive and sustainable growth.” These challenges will only grow as the population doubles to 2.5 billion by 2050, and “many countries still contend with high levels of child and maternal mortality, malnutrition is far too common, and most health systems are not able to deal effectively with epidemics and the growing burden of chronic diseases.” Despite this challenge, the World Bank notes research (the Lancet Commission on Global Health) that low and middle-income countries in Africa already have the technology, experience and know-how to make UHC a realistic target.

One of the most important first steps is employing an evaluation tool to guide decision making. In 2005, the WHO adopted International Health Regulations (IHR) to provide an “overarching legal framework⁸ that defines countries’ rights and obligations in handling public health events and emergencies that have the potential to cross borders.” The WHO has also identified the “indispensable set of actions⁹ for achieving the goal of public health” within a state, and has set up Joint External Evaluations¹⁰ (JEE) as a “voluntary, collaborative, multisectoral process to assess country capacities to prevent, detect and rapidly respond to public health risks.” The World Bank notes the importance of the Essential Public Health Functions (EPHF) assessment, as “the most cost-effective way to enhance population and individual health,” and minimize public health emergencies (such as pandemics). Few countries have conducted an EPHF assessment, which, together with implementing International Health Regulations (IHR), can reduce the risk of emergencies and minimize their potential damage. Joint External Evaluations have identified critical challenges in several countries, including surveillance functions in human and animal health systems, and the need to strengthen laboratory capacity.

Financing is also a critical issue in improving health care outcomes in Africa. UNECA estimates that African governments face a funding shortfall¹¹ of \$66 billion a year in providing basic health services, broken up by thresholds¹² that suggest eight countries (Angola, Chad, Mauritania, Nigeria, Sierra Leone, South Sudan, Togo and Zimbabwe) are severely health-stressed, and a further 12 (Benin, Cameroon, Central African Republic, Democratic Republic of Congo, the Republic of Congo, Code d’Ivoire, Guinea,

Guinea-Bissau, Mali, Mozambique, Niger and Zambia) are very health stressed. It estimates that health care costs in Africa are primarily financed through three sources, all of which face constraints on increased spending: out of pocket expenses (36%); government spending (35%); and donors (22%).

The World Bank and UNECA both note that the private sector is already providing a plurality of health care services, and that greater cooperation between the public and private sectors is crucial to rolling out meaningful UHC programs in several ways. One is to find ways to unleash private sector innovation to reduce current health care costs, as 40% of patients' out of pocket spending goes to non-state health service providers, including private sector institutions and NGOs. They noted increasing synergies and efficiencies between state and non-state provision of healthcare, although it also noted "it has proven challenging for governments to provide the necessary stewardship to scale up and sustain such partnerships." The Bank also notes a growing number of examples of working with the private sector to make markets more efficient in providing commodities and equipment, as well as distribution and maintenance, as well as a growing number of governments effectively contracting out specific services such as transport and medical waste disposal. There are also opportunities for health insurance to help reduce overall costs of out-of-pocket expenses. Creative use of health care bonds can also bolster government spending efforts, particularly if targeted at a particular disease burden. These bonds tend to involve investors with a social or developmental mandate who are willing to bear some financial risk, service providers who use the capital provided to address a specific need, and funders (e.g., donors) who agree to repay investors principal plus a return if a specified outcome is reached, combined with some form of independent verification. UNECA¹³ cites several examples of these relatively new efforts as worthy of follow up, including cataract bonds in Cameroon and an anti-malaria program in Mozambique.

Another important aspect of financing better health outcomes is expanding access and including the poor and informal sectors, while ensuring that health care providers get a "fair deal." The World Bank¹⁴ report recommends prioritizing investments in Primary Health Care and Community Centers, as well as partnering with civil society and the private sector. There are great initiatives across Africa, such as social health franchises in East Africa, contracting specific services in North Africa and social marketing of health commodities in West Africa. Scaling these up has been challenging, and "ensuring good quality services¹⁵ and products in the non-state sector will require investing in health governance, including stronger regulatory framework, accreditation systems and enforcement capacity."

Equity is critical, including leaving no one behind. Innovative mechanisms like conditional cash transfers – providing cash to those who pursue proscribed health services -- can help expand access and outcomes for the poor. Technology (including e-learning and diagnostics) can have a big impact in expanding access. Many African countries have also used data to experiment with performance-based payments to incentivize better outcomes. The World Bank approvingly cites¹⁶ partnerships between governments and companies, including leveraging distribution channels and expertise. The report also notes the importance of dialogue, both to inform the public what services are available, and also to hear their concerns. It is important that these dialogues include a wide swath of stakeholders, including the private sector.

This part of the initiative will focus on developing a roadmap for engaging with governments and other important local stakeholders on how private sector members can best engage with individual countries to address their plan targets, including identifying specific targets for engagement and developing a

work plan to pursue time-bound targets. CCA members will also look to engage in local strategic dialogues to better understand a population's needs, and provide information on the areas where they are already engaged or could engage in future to further engage cooperation and support.

Pillar III – Trade and Investment

While African leaders continue to try to manage the broader public health aspects of the current pandemic, a lot of their attention has been focused on securing sufficient access to COVID vaccines to provide at least 60% immunity for African populations. Today, getting access to those vaccines means importing them, although African leaders have also expressed the goal, over the longer term, of improving Africa's health security by increasing vaccine manufacturing capacity on the continent.

The OECD¹⁷ has recently produced a report with some critical recommendations for facilitating trade flows for COVID vaccines, including providing "corridors" for expedited approval and movement of key inputs and finished vaccines. Likewise, expanding cooperation between customs agencies and other agencies within countries, and between customs agencies across countries is critical to keeping vaccines moving. Agencies can build on recommendations¹⁸ from the World Bank and other organizations on best practices implemented during COVID to expedite processing of critical items. Once vaccines arrive within a country, it is just as important to ensure logistics operators are prepared. The OECD recommends increased information sharing and transparency as an early first step towards addressing all of these aspects, while also continuing to keep markets open for both vaccine exporting and importing countries.

Many of the issues surrounding access to COVID vaccines are also involved in the broader question of access to medicines. Africa currently manufactures¹⁹ less than 2% of the vaccines it consumes, with countries importing between²⁰ 70% and 90% of the drugs they need, for an annual estimated market for Sub-Saharan Africa of \$14.5 billion. McKinsey²¹ estimates that there are currently 375 drug makers in all of Africa, mostly concentrated in North Africa, and mostly small with operations that do not meet international standards. Countries with the greatest capacity include South Africa, Kenya, Nigeria, Morocco and Egypt. Many African producers²² are "drug-product manufacturers," "purchasing active pharmaceutical ingredients (APIs) from other manufacturers and formulating them into finished pills, syrups, creams, capsules and other finished drugs." Three (two in South Africa and one in Ghana) produce APIs. In 2007, the New Partnership for African Development (NEPAD) came up with a pharmaceutical manufacturing plan²³ for Africa, which African Heads of State endorsed in 2012. It noted a number of challenges that would have to be overcome, including small and fragmented markets with fragmented and weak regulatory systems, fragmented supply chains and business linkages, the need for greater IPR protection to attract technology and financing, and the need for trained workers. Expanding trade and distribution channels face some of the same challenges²⁴, including inadequate regulatory oversight, logistics and cold chain management issues, fragmented distribution channels and the presence of counterfeit products.

African governments have taken important steps to address several of these challenges, including setting up the African Medical Supply Platform (AMSP)²⁵ as a one-stop combined procurement platform initially focused on COVID 19 supplies that smoothly addressed a lot of the logistical and payments issues individual companies had faced, as well as Africans competing against each other and paying

above-market prices and long waiting times for delivery. African governments are also making significant progress in creating a unified, continent-wide market through the African Continental Free Trade Agreement (AfCFTA). Its first phase technically went into effect January 1, 2021, and negotiators are scheduled to begin discussing Phase II, which will include IPR and services in August. The African Union, working with the African Export Import Bank (Afrexim Bank), is also building on the success of AMSP to procure vaccines in the African Vaccine Acquisition Task Team (AVATT). The African CDC has done a lot to build African institutional capacity, particularly in dealing with COVID. Over the longer-term, it will be important to bring the African Medicines Agency (AMA) fully into effect, which will provide for multi-country market access for pharmaceuticals and devices. Once AMA is fully operational, this should increase African access to more modern drug treatments and devices, as companies will be better able to clear the regulatory issues required to bring newer products that can make treatments less costly and more effective.

For the longer-term, McKinsey²⁶ sees potential to build pharmaceutical manufacturing capacity in five or six African countries, particularly if countries concentrate scale by setting up regional hubs focused on quality, and look to add to value chains, particularly employing new technologies. In the short-term, voluntary licensing models that are currently present for HIV, hepatitis, COVID-19 and other health areas could be looked at to inform best practices.

The initiative will focus on these aspects for the short-term, while also looking to build the longer-term capacity of African countries to participate in these important health product value chains. African leaders have called for developing the capacity in the continent beyond the three companies currently making vaccines, while also looking for opportunities to provide more inputs (including vials and other related inputs). For the long-term, expanding Africa's research and clinical trial networks would yield enormous dividends.

There are also significant opportunities to increase African capacity in the medical equipment segment of the health sector. While there are some important trade and policy issues to consider in some countries, expanding access to and distribution of these critical inputs is also closely related to increasing local staff capacity to use this equipment. CCA members see ample opportunity to work with countries to develop thoughtful, tailored approaches that will go far beyond merely delivering products 'at the dock,' and helping plug them into a much more capable health care system.

African officials have already highlighted the importance of attracting foreign investment to build Africa's capacity both to provide improved healthcare to domestic populations, and to increase the share of African production of equipment, devices and medicines. This initiative will look to highlight factors that can improve the overall enabling environment for investment, and develop recommendations for countries to consider to make investment more attractive.

Services will also be a critical part of the ability of African health sectors to deliver improved outcomes. The COVID pandemic has only accelerated existing trends towards greater reliance on digital platforms, both for trade, but also for education, consultation and diagnostics. Private sector companies will have unique capacities to develop and deliver cost-effective new alternatives in this sector, if the right regulatory and policy conditions are in place. One important policy to get right relates to cross-border health data flows, as well as the movement of health specialists across borders. Countries may find that it is helpful to liberalize their health care services sector to allow for the full development of this sector's potential.

Across this sector, it will also be important to combat the increasing presence of counterfeit medicines and equipment in African health markets. Counterfeit goods pose immediate and serious health risks to patients, and their dispersion will reduce the confidence and trust that are so essential to expand access and delivery of health systems, particularly into under-served and marginalized communities. There are effective partnerships that have worked in several African countries and around the world to build the local capacity to monitor, regulate and enforce provisions against the import and distribution of counterfeit goods. Collaboration with private sector companies offers a great way to boost the long-term capacity of African governments to execute and enforce consumer protection measures.

The members of this initiative will select several pilot countries in which to pursue projects that could offer lessons for wider application across Africa. These pilots will also inform discussions with governments and international financial institutions on how best to build African government capacity. Over the long-term, there is significant scope for collaboration with private sector and external partners with African institutions, such as the African Medicines Agency (once it is formally stood up) and the African Center for Disease Control, as well as the African Continental Free Trade Agreement Secretariat.

Capacity Development

The World Bank report²⁷ notes that ‘the shortage of skilled health workers has been a consistent bottleneck to achieving UHC across the continent.’ SSA supports 24% of the world’s disease burden, but only maintains 3% of the global health work force. The World Bank estimated the shortfall in 2016 was 4.2 million workers across the sector, and estimated it would grow to 6.3 million by 2030. UNECA²⁸ notes that “Africa has one of the lowest densities of skilled health professionals in the world,” with roughly one quarter of the world average (less than five in Africa versus the global average of 23 health professionals), and that nowhere is this shortage more critical than in pharmacists, closely followed by nurses. There is also an ‘urban bias’ in location of physicians, with health worker shortages more than twice as high in rural areas. One potential solution²⁹ to filling some of the staffing gap is to develop more community healthcare workers, although they are often under-paid, under-utilized, and poorly integrated into the health system. UNECA estimated in 2018 that 2 million additional community health care workers would be needed by 2020.

Digital Technology

Over the last 20 years, the “advent of³⁰ technology, especially internet and internet-enabled services, has made it much easier for countries in Africa to provide healthcare services to its citizens.” UNECA notes³¹ that digital technologies have made significant impacts in improving supply chain management, increasing access to medicines by reducing ‘stockouts’ for diseases such as malaria, providing e-consultation services in some countries that have saved patients considerable time and money in unnecessary travel, improving communication to alert patients of upcoming appointments and drug dosage times, particularly for young mothers, and countering counterfeit goods through use of SMR codes. There are several major e-health programs, including the Telemedicine Network for Francophone African Countries (RAFT), HINARI Access to Research in Health Programme, EPortugese Network and the Pan-African e-Network Project.

There are challenges, however, to making full use of the potential for digital technology to expand health access and efficiency in Africa. Not all countries have a strong internet backbone, or affordable internet and phone connections. There is also a significant disparity in development of e-health initiatives, with a number of healthcare innovations focused in East Africa, particularly Kenya, Rwanda and Uganda. Even countries with strong internet infrastructure still face challenges in fully leveraging this technology due to the lack of adequately trained doctors and nurses. Other challenges³² “ include limited awareness about eHealth, lack of an enabling policy environment, ...weak leadership and coordination, and weak monitoring and evaluation systems. “

Under this initiative, each of the pillars will build on existing programs and pilots in various countries to suggest additional measures that could be taken to improve disease management, UHC and trade and investment across the continent. The initiative will distill specific suggestions into an integrated list of suggestions for policy engagements with USG and African governments and their private sectors as well as IFI partners.

Illustrative Initiative Calendar

	Supporting CCA events	Cross-cutting	Disease Management	Trade and Investment	UHC
April	African Finance Forum focus on vaccine financing and delivery				
May	Pillars identify priorities for next 18 months				
June					
July	Health events at the July 27-29 US-Africa Business Summit				
August		Pillars submit combined input for engagement in advance of WHO Regional Committee for Africa (August 25)			
September	UNGA health focused events				
October					
November					
December	Public event summarizing lessons learned and laying out 2022 work program				
EOY	Publication of annual report, with a template for how companies can contribute to stronger health outcomes in Africa in partnership with governments				

Endnotes

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- ¹³ Ibid, p. 69
- ¹⁴ “UHC in Africa,” op.cit., pp 3-5, 37, 47
- ¹⁵ Ibid, p. 37
- ¹⁶ Ibid, pp. 37, 41
- ¹⁷ “Using trade to fight COVID-19: Manufacturing and distributing vaccines,” Andrea Andrenelli, Javier Lopez Gonzalez, Silvia Sorescu. OECD, Paris, February 21, 2021. Accessed at: https://read.oecd-ilibrary.org/view/?ref=1060_1060354-ie4a355ojd&title=Using-trade-to-fight-COVID-19-Manufacturing-and-distributing-vaccines
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