

Private Sector Health Convention: Kampala, Uganda

Hosted by: Uganda Healthcare Federation, World Bank and IFC

Theme: Achieving UHC (Universal Healthcare Coverage) – The Inevitable Role of Private Investment

Context: Uganda's Ministry of Health has recently developed a roadmap to achieve UHC. It lays out a multi-sector approach and to validate this and build stakeholder views on the role of the private sector, this convention is being organised. More specifically, the objective of the Convention is to highlight the government investment priorities and articulate the private sector's inevitable role, in Uganda's journey to achieve UHC.

Keynote Speech by Maina Sahi

Topic: Leveraging private investment to achieve Universal Health Coverage

Honourable Minister of Health Dr. Jane Ruth Aceng, Commissioner Directorate of Health Mr. Tom Aliti, and other delegates from the Health Ministry, World Bank, IFC and the Uganda Healthcare Federation.

Thank you for having me here. It is both an honour and tremendous responsibility to speak to you on the topic of leveraging private investment to achieve universal healthcare coverage.

Before I get started, for some context, it will be good to get a sense of who is in the room. Raise your hand if you work:

1. In government in Uganda
2. In the non-profit sector or with civil society organisations in Uganda
3. In the private sector in Uganda
4. Outside of Uganda

The sheer strength of the diversity of the group here is immensely critical to today's topic. Thank you for being here and for listening to me

Access to Quality Affordable Healthcare is a Fundamental Human Right.

I am going to repeat this, for I will like each and everyone in this room to focus on each and every word of this statement, because the responsibility is ours, collectively – public sector, non-profit sector & private sector, collectively!

Access to Quality Affordable Healthcare is a Fundamental Human Right.

This is why we are all here in this room, because we are all committed to ensuring that all 43M people in Uganda have access to Quality Affordable Healthcare.

The journey towards achieving this is long and challenges are many. To name a few challenges that you face:

- Expansion and investment in healthcare currently, is unable to keep pace with population growth and changing health needs
- There are challenges of poor quality of health services, low hospital coverage, inadequate infrastructure in rural areas, and shortage of health workers and medicines.
- Current high out-of-pocket expenditures by households and unstable external aid is putting pressure to increase government contribution towards healthcare.

These are not new challenges; many countries face the same. While the journey is long, Uganda has some of the right building blocks in place for UHC. Amongst these are:

- Establishing a well-defined essential package of health services
- Improving the financing of healthcare by introducing free health services in public hospitals
- Designing the legal framework for your National Health Insurance Scheme
- Creating an environment to provide grants to private non-profit health providers
- Ensuring last mile access with 84% of the population now having access to at least a primary care facility within 5kms

The government has and is continuing to make strides in the right direction. However, I am not here to advise on that. I am here to, hopefully ignite ideas on shaping the role of the private sector towards helping Uganda achieve UHC.

The reason I am here to talk to you about this is because I work at CDC Group, UK Government's 5.5 billion dollar development finance institute, that invests in private sector development across Africa and South Asia. We invest through funds, multiple lending products and as equity investors directly in companies and we do this with a strong lens on the impact our investee companies have on individuals, society and the larger economy.

More specifically, for Healthcare that impact is measured across multiple parameters, including:

1. Accessibility (specially to underserved communities)
2. Affordability (including both the cost of Healthcare & it's funding)
3. Quality (including effectiveness, experience and safety)
4. Contribution towards building the healthcare workforce in the country and
5. Stewardship towards aligning with the country's UHC policy

This last point on Stewardship is most critical. The custodians of a country's healthcare system will always be the government. They will define how the sector should be structured, financed & regulated. They will setup the sector to deliver specific outcomes. The public sector, along with non-profit organisations and the private sector must align to the government's mandate and deliver on it. The right regulatory and operating environment needs to be established in the country for these organisations to align with the government's mandate in Healthcare. This, what I just described, is fundamental to how well functioning healthcare systems in more development markets operate.

For a few minutes let's assume two things:

1. The government mandate is clear i.e. the UHC roadmap being built by the Health Ministry in Uganda, is clear and its building blocks including the delivery structure of the National Health Insurance scheme is in place
- and -
2. The right operating environment exists for private sector to contribute towards the government's mandate in Healthcare – including financing, resources, infrastructure and other elements of ease of doing business

In such an environment the private sector can do a lot towards supporting the achievement of UHC. For those in the audience who are in the private sector, I urge you to think about the seven UN set objectives for your contribution towards UHC. As I detail these seven objectives, I will share some examples, well documented by WHO and WEF, that I hope will help ignite some ideas for this group.

1. **The private sector can offer quality products and services that consider the needs of all people including poor and marginalised populations, and make these affordable, accessible and sustainable.** Your core offering of demand-driven products and services is your greatest contribution to UHC; so think about where the true demand is, in what income segments and how can you deliver healthcare resources to them. Uganda's National Health Insurance scheme will be a key contributor towards enabling private sector organisations to reach poorer communities.

Examples:

- Allied World Healthcare (AWH), a social enterprise empowering rural and remote communities in South-East Asia, provides custom digital platforms to local peer workers so they can collect comprehensive individual health data and create a health profile for the community. This led to provision of free vitamin A supplements to 1,211 infants (6-11 months of age) and 7,714 children ages 12-59 months.
- GSK, one of the world's leading vaccines companies makes vaccines available in a sustainable and affordable manner using a tiered pricing policy in which prices are linked to the country's ability to pay. In partnership with Gavi, the Vaccine Alliance, GSK ensures Gavi-eligible countries get the lowest prices and has committed to provide Gavi with more than 850 million vaccine doses at reduced prices to help protect 300 million children in developing countries by 2024.
- The self-care industry is focusing on creating high-quality products to ensure primary healthcare is available to all. The Global Self-Care Federation members develop digital healthcare innovations to drive insights and accelerate healthcare without costly and time-intensive consultations. The goal is to make healthcare more affordable, more accessible and, therefore, more sustainable.

2. **The private sector can align to your country's UHC principles, in core business models and objectives.** This may include, for example, looking beyond immediate results and taking a long-term approach to business goals and impact, consistent with supporting development of resilient and sustainable health systems.

Examples:

- Novo Nordisk, a leading global healthcare company, established the Changing Diabetes® programme in 2009 to provide care and lifesaving medicine for children with Type 1 diabetes in low-and-middle income countries. Currently, 14 countries are enrolled in the programme and it has reached more than 25,000 children and young people with the disease. This success also demonstrates the importance of public-private partnership between various actors in UHC, with the involvement of the International Society for Paediatric and Adolescent Diabetes (ISPAD), the World Diabetes Foundation, Roche alongside Novo Nordisk.
- Fullerton Health delivers affordable and accessible care across the Asia-Pacific region with Project Big Heart, which provides free consultations and medication to elderly and underprivileged Singaporeans, targeting identification and treatment for chronic diseases such as hypertension, diabetes and high cholesterol.

3. **The private sector can develop, test and scale up innovative business models that align with UHC goals.** Innovation can happen on many levels, especially in approaches that help to drive greater and more equitable access, quality and sustainability of health product and service offerings.

Examples:

- Philips and Amref Enterprises, in partnership with Kenya, are testing an innovative model for primary healthcare delivery in three clinics. Serving over 20,000 people, this intervention has vastly improved the quality of services, utilization, enrolment in national health insurance, and will scale up across Makueni to 200 facilities, serving 1 million residents across Kenya.
- MSD for Mothers, in partnership with the Government of Senegal, National Supply Pharmacy (PNA), IntraHealth International, and the Bill & Melinda Gates Foundation, piloted and scaled IMP-3PL in Senegal with the aim of leveraging the capacity of local private organizations to reduce stock. In less than three years, IPM-3PL reached all public health facilities in Senegal and significantly reduced contraceptive stock-outs. Given this success, the model extended to include essential commodities for maternal health, HIV/AIDS, tuberculosis, malaria and other conditions.

4. **The private sector can create, adapt, apply and scale up innovations.** Private sector innovation is an engine for new products, techniques, and insights that can improve healthcare, strengthen health systems, and increase efficiencies. Digital health can be game changing for health system transformation. New technologies and approaches can help countries to 'leapfrog' along health and development pathways and rapidly accelerate progress towards UHC. Not all western world treatments, medicines etc. might work for Uganda. A lot of local innovation is required to develop the right solutions for you.

Examples:

- Sumitomo Chemical invented the first long-lasting insecticidal mosquito nets (LLINs), which are highly effective at preventing malaria. Vector control, primarily LLINs, were responsible for an 81% decline in malaria cases by 2015. Sumitomo Chemical continues to innovate new vector-control tools to fight insecticide resistance.
- In a village in India, Apollo Hospitals Enterprise provides accessible, affordable, sustainable and quality healthcare to over 70,000 people through Apollo's Total

Health Program (THP). It integrates all components of the healthcare ecosystem including delivery, skilled workforce, health communication and technology, quality assurance mechanisms and a strong monitoring structure. THP fosters innovative partnerships for activities including provision of safe drinking water, nutrition and sanitation facilities.

5. **The private sector can help strengthen the health workforce, responding to local context, priorities and needs.** The private sector makes important contributions to training health workers (providing and supporting both pre-service training and continuing education), to knowledge transfer that strengthens health workforce capacities, to workforce data and evidence, and as a major employer of health workers.

Examples:

- GE Healthcare's Primary and Referral Care initiative is an innovative and sustainable health delivery approach to strengthen primary care, an essential step towards attaining UHC in Africa. This involves training and capacity-building of local healthcare workers to improve access to quality and affordable essential health services and better health outcomes – and has already trained over 1,500 workers.
- With communication difficulties across the globe, especially in sub-Saharan Africa, Takeda, in collaboration with Elewa Cancer Foundation, educates primary care professionals in Kenya to provide knowledge for comprehensive cancer control and care. This approach translates into more timely diagnosis, referral and effective management of cancer patients.

6. **The private sector can contribute to efforts to raise the finance available for UHC. Achieved through, for example:** contributing to innovative finance models, cross-subsidisation and tools, engaging constructively in dialogue on corporate taxation, and supporting governments to articulate the business case for investing in health and UHC.

Examples:

- The Pfizer Foundation, in partnership with M-TIBA, launched a Health Financing App Partnership in Kenya to help Africans without health insurance save money on health expenses. Using M-TIBA's platform, users save and send money that can only be spent on services at qualified, licensed and approved healthcare providers. The app also provides monetary incentives for saving a certain amount of money each month. App users have already paid approximately \$6.7 million in medical expenses.
- Also, in partnership with M-TIBA, Sanofi run a mobile healthcare platform connecting patients, payers and providers through a mobile health wallet, Ngao ya Afya "Shield for Health". This platform generates unprecedented amount of data, which enables transparency on cost and outcome of care. It also provides real-time feedback to patients, providers and payers to improve the value of care.

7. **The private sector can engage in, champion and build capacities for relevant policy dialogue and partnerships with government and other stakeholders.** This is fundamental for identifying shared objectives and developing collaborations for shared outcomes. It is also important for feedback on the effectiveness of existing and proposed policies and regulatory regimes.

Examples:

- The partnership between the World Economic Forum, Novartis and Harvard Medical School Center for Primary Care is an example of a public-private partnership to strengthen and transform primary care in Vietnam. The partnership ensures a coordinated approach to fragmented health investments and initiatives, and could help the country meet its goal of UHC by 2030.
- To ensure no one is left behind, Mission & Co, a platform for technology-driven solutions and partnership to achieve the Sustainable Development Goals (SDGs), developed Health in Your Hands, an initiative focusing on last-mile solutions. True to its name, the initiative places the health in the hands of patients and healthcare providers to deliver affordable services to low-resource communities.

These are just a few examples and there are many more examples here in the audience that we heard this morning and will hear through the day.

Private investment, specially money from CDC and other DFIs can support you as you build businesses aligned with Uganda's UHC policy. We can basically do three things for you:

1. **We can lend money or invest in strong ethical businesses that have impact.** For example, one of our funds Ascent, has invested in Guardian Pharmacies here in Uganda
2. **As we invest in you we can provide technical assistance** on a host of issues from workforce development, to debt management, cost reduction, climate initiatives, etc.
3. **Lastly, we can invest to solve systemic issues** for example: we have setup a subsidiary MedAccess that does volume guarantees to bring down the cost of pharmaceuticals, medical devices and diagnostics. We have also investment in Medical Credit Fund that helps solve for the lack of financing available via traditional banks to the Healthcare sector

These are just some ways, however, do keep the dialogue open with investors such as CDC as opportunities might arise from those to collaborate.

Before I end, I will re-emphasise **Access to Quality Affordable Healthcare is a Fundamental Human Right and the responsibility to ensure this rests on all of us.**

I'll now like to open the discussion this up to the audience to hear your ideas and take any questions