



## **Private Sector Investment in Health Dialogue: Strategies and Opportunities for Public-Private senior Engagement**

**Hilton Hotel, Nairobi. 5<sup>th</sup> to 7<sup>th</sup> October 2022**

### **MEETING REPORT**

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#### **1. Background**

On 5-7 October 2022, AUDA-NEPAD in collaboration with African Union Commission, convened a continental meeting entitled “Private Sector Investment in Health Dialogue: Strategies and Opportunities for Public-Private Engagement” in Nairobi Kenya. The meeting brought together over 150 senior-level stakeholders from the African Union Commission, Regional Economic Communities, regional and continental private sector business councils and other associations, development partners, government representatives, civil society and experts and researchers in private sector development with a focus on the health sector.

This meeting was held against the backdrop of the African Leadership Meeting (ALM) held in February 2019 in which the African Heads of States and Governments adopted a declaration (called the ALM declaration on investment in health) to increase domestic financing of health to achieve Universal Health Coverage (UHC). The declaration recognised that private sector can play a key role in supporting governments’ efforts to achieve Universal Health Coverage by strengthening and investing in health systems.

The declaration built on several steps the Africa Union has taken to increase private sector investment and engagement in health such as the adoption of the Pharmaceutical Manufacturing Plan for Africa (PMPA), the establishment of the Africa Medicines and Regulatory Harmonisation (AMRH) initiative, the setup of the African Medicines Agency, the start up of the Africa vaccine manufacturing initiative, the adoption of the Third Industrial Development Decade for Africa (IDDA) and ratification and roll out of the Africa Continental Free Trade Area (ACFTA) aimed at opening accessibility to the African Market by private sector.

The increased focus of the Africa Union and its Member States on the private sector investment in health also comes at the a time when private sector itself is evolving various models to support the strengthening of health systems as demonstrated through the role private sector played in supporting governments to respond to the COVID-19 pandemic; and emerging models of financing private sector by development financing institutions, commercial banks and development partners to invest in innovative healthcare solutions across Africa.

Building on lessons from these initiatives, assessments on private sector engagement in health, and good practices from other regions of the world, AUDA-NEPAD, (in consultation with Regional Economic Communities (RECs), development partners and private sector actors) developed a private sector engagement in health strategic framework aimed at increasing private sector investment in health. The framework set out the following priorities: (1) Strengthening governance and leadership, and accountability to attract investment in health systems and better coordinate and improve private healthcare services; (2) Identifying opportunities and strategies for private sector investment in health; (3) Strengthening organisational and technical capacities government to engage with and attract private sector investment in health; and (4) Supporting evidence-based private sector engagement in health and improve efficiency and equitable healthcare delivery.

It is against this background that the Nairobi meeting was held to allow robust dialogue among stakeholders to review and validate these strategic priorities and identify actions that could be taken in the immediate, short and long term to foster private sector investment in health. The Nairobi meeting also

served as a spring board to operationalising the strategic priorities to increase private sector investment in the continent.

## **2. Objectives of the meeting**

The objectives of this meeting were to:

- Share experiences and good practices in private sector engagement in health within Africa and other regions.
- Identify opportunities and strategies for strengthening private sector engagement in health.
- Identify opportunities for South-South collaboration to increase private sector investment in health in Africa.
- Map key stakeholders that will drive and support the implementation of the African Union PSE Framework at the continental, regional and national level.
- Review the M&E Framework for measuring the results of the private sector engagement in health.
- Review the draft five-year action plan for implementation of the PSE in health framework.

## **3. Meeting proceedings: Issues and Recommendations**

The meeting proceedings covered four thematic areas: (1) Rationale for private sector engagement in health; (2) Lessons and good practices in private sector engagement in health; (3) Private sector engagement strategic priorities; (4) Coordination and monitoring of private sector engagement in health initiative

### **3.1 Theme 1: Rationale for private sector engagement in health**

#### **3.1.1 Opening remarks**

The Acting Director for Health, Humanitarian Affairs and Social Development of the African Union Commission delivered the key note address and key partners from AUNDA-NEPAD, private sector made opening remarks. They all highlighted the critical role of private sector in health and the need to strengthen public-private sector partnership and dialogue. In particular, they all underscored the following:

- Bring private sector around the table and acknowledge their contribution to healthcare
- Address the geographical barrier relating to borders, distance and travel time on the continent and the financial barrier to enable private sector invest in health
- Public-private partnerships units set up in several countries need to be elevated to higher level or to an apex body to leverage existing resources and opportunities; and to federate private sector and have a unified voice to engage with government constructively
- Improve the enabling environment for private sector to invest in health
- Integrate the healthcare system in Africa to promote investment in healthcare industries; and coordinate private sector collaboration with member states and stakeholders to detect, prevent, control and respond to disease threats.
- Strengthen governance structures and mechanisms for effective private sector engagement in health
- Improve the understanding and analysis of viable opportunities for private sector investment in health

#### **3.1.2 Africa's self-reliance in financing healthcare: progress, opportunities, challenges and solutions**

The challenges facing Africa's quest for self-reliance in financing healthcare were discussed in details. These included the negative global economic outlook resulting from major shocks (financial crisis, COVID-19 pandemic, Ukraine war); the changing character of the disease burden in Africa (rise of non-communicable diseases and increasing bulge of a youthful population) and declining government revenues. Other challenges facing healthcare financing include the tendency of countries to use foreign aid to substitute domestic resources and foreign aid distorting prioritisation as well as creating dependency by African countries. The following issues emerged from this discussion:

## Key issues

*Financing of healthcare in Africa faces three key challenges:* (i) Low domestic revenue generation measured in terms of tax revenues as a percentage of GDP and, as a result, general revenues are not sufficient in financing healthcare while social health insurance is not a solution in informal economies. (ii) Priority setting in the context of low revenue generation, technocratic and political rationing ends up with sub-optimal solutions. (iii) Rational spending to ensure value for money (more health for money) is also a challenge. There is no clarity on the form of performance-based financing that achieves most optimal results.

*Private sector can play a key role in addressing four public policy challenges* – improving efficiency, increasing healthcare coverage, improving quality of health and increasing equitable healthcare. Private sector can play a role in these healthcare dimensions through investment (in physical infrastructure, hardware and software of the health system), improving management systems, use of private-public variants, investing in research and development and in learning and training. This underscores the view that government alone cannot achieve universal healthcare and private sector role needs to be recognised and enhanced.

*Opportunities for private sector engagement in health exists in three key areas:* (1) Strategic investments particularly in Africa's based manufacturing of medical products, research and development, and education of health workforce and other experts. (2) Enterprise and systemic management covering supply chains, health facility management (hospitals, clinics, health centres), information systems, laboratories and ancillary services. (3) Healthcare service delivery to improve coverage, quality and patient responsiveness.

## Recommendations

1. Governments should establish mechanisms for engaging private sector in health
2. Build or strengthen private-public sector partnerships relevant to country contexts
3. Enhance the enabling environment to increase private sector strategic investments in health

### **3.1.3 Private sector engagement in health overview: Definition, rationale, principles and pillars**

An overview of the definition, rationale, principles and pillars of private sector investment in health was discussed. Within the context of private sector investment in health, private sector actors are viewed in two dimensions: those financing bankable or viable investments in health and those investing in the various healthcare value chains. Seven pillars in which private sector can be engaged identified: health financing, manufacturing and supply of medical products and technologies, research and development, infrastructure and ICT, human resources development, health service delivery and governance and leadership. For strategic priorities were identified to increase private sector investment in health: strengthening governance and leadership; identifying investment opportunities; strengthening government and private sector capacities to engage with each other; and supporting evidence-based private sector engagement in health.

## Key issues

- Private sector is often defined by external actors such as government and development and often has limited opportunities to define themselves. It is unlikely that private sector will define itself along the dimensions of for-profit and not-for profit.
- Healthcare is viewed as a public good, especially by government and financing institutions and this, to some extent, accounts for low private sector investment in health
- Private sector engagement in health has been concentrated in health service delivery followed by investments in manufacturing of medical products and human resources training. Investment in other pillars is low.
- Private sector and public sector (governments) view each other with some degree of mistrust

## Recommendations

1. Strengthen coordination mechanisms for government and private sector engagement
2. Built capacity of government to effectively engage, negotiate and communicate with private sector; and management PPP initiatives. Private sector associations will also need similar capacity development.
3. Build trust between private sector and government

## **3.2 Theme 2: Lessons and good practices in private sector engagement in health;**

### **3.2.1 Using private means to achieve goals of public policy**

The discussion on private sector role in achieving public policy on universal health coverage was centred on two dimensions: (1) A detailed discussion on challenges facing private sector engagement in health and possible solutions based on a rapid assessment carried out on private sector engagement in health in Africa. (2) Two good practices that show cased models of private sector investments that contribute to universal health coverage. The first good practice show cased was the Homegrown Solutions Accelerator initiative which provided capital to 19 homegrown solutions (innovations selected from North Africa, West Africa. Southern Africa and East Africa. The solutions target low-income patients; reduce reliance on medical imports through improving incentives for governments to procure from local manufacturers; leverages the AFCTA to increase trade of Africa produced products. The second initiative was the funding provided to 14 private sector firms with innovative manufacturing projects aimed at increasing availability of products, better management of COVID-19, increasing regional trade and employment.

#### Key issues

- PPP units coordinating engagement with private sector are often small and under-resourced
- Private sector assessments often don't capture the breadth of private sector and its evolution and have not been done in all countries
- Public (government) and private sector dialogue mechanisms are poorly organised, governments lack skills and will to engage in dialogue and do not always reflect sectoral interests
- Regulatory framework for private sector is often in place but poorly implemented
- Existence of mistrust between private and public sector
- National health sector strategies include engagement with private sector but these strategies are poorly implemented and not monitored
- Private sector has demonstrated (through the 2 cases presented) that it can target the poor and rural communities and can provide technologies that enhance healthcare quality and accessibility

#### Recommendations

1. Conduct private sector mapping in all countries to have up-to date understanding of the breadth of private sector engagement and investment in health
2. Shift mindset to private sector as co-investor and thought partner in a mixed health system
3. Formalise and organise sectoral engagement between government and private sector
4. Position consumers to be central in the private sector engagement in health value chains and public policy
5. Reinforce role of professional associations in private sector engagement in health
6. Reinforce good practices through regional bodies to build effective private sector engagement and promote peer learning
7. Build governance behaviours for private sector engagement in health value chains and public policy (including building trust)
8. Scale up show cased models of private sector innovative investment in health value chains that enhances healthcare coverage, access and quality

### **3.2.2 Strengthening organisational and technical capacities of government and private sector institutions to engage and attract private sector investment in health**

The detailed case of how the SADC Business Council has strengthened engagement between private sector and governments in the SADC region to increase private sector investment (especially in pharmaceutical manufacturing) was presented. This was followed by plenary discussion building of capacities of government and private sector to better collaborate, engagement and develop partners. Issues that emerged from this discussion are as follows:

#### Key issues

- Most public-private partnership projects in Africa have not done well due to limited capacity of government to negotiate and manage such projects
- Government officials have limited understanding of private sector operations and expectations. Both sectors move at different speeds and have different attitudes and perspectives.
- Communication between government and private sector is often a challenge due to the differing expectations and demands of each sector

#### Recommendations

1. Training governments on the PPP management
2. Building capacity of government and private sector in negotiation and communication to improve engagement
3. Build capacity of public-private institutional coordination structures to facilitate engagement between government and private sector. These include private sector associations

### **3.2.3 Private sector as a driver of research and development, and innovation**

A detailed review of the state of private sector driven research and development and innovation in Africa and lessons from Asia revealed a number of issues and recommendations.

#### Key issues

- Africa relies on a “trickle down” model where products and innovations are developed in the Global North and get to the Global South after 1 or 2 decades. However, ironically the Global South is there the biggest needs are and where the technologies have the greatest impact.
- The disease burden of the Global North (where heart disease, cancer, COVID-19, and accidents are more dominant) differs from the disease burden of the Global South where neonatal conditions, lower respiratory infections, diarrhoea, HIV/AIDS, malaria, TB are major causes of mortality. The Global North is bound to prioritise research and innovation in line with their disease burden.
- African governments expenditure on research and development is grossly inadequate and financing of private sector investment in R&D is viewed (by financing institutions) as high risk
- Private sector investment in health faces a myriad of challenges – lack of data to inform investment decisions; lack of knowledge of the health sector by investors and financing institutions; capacity gaps in some of the health value chains; fragmented investment with investors trying to solve many problems and often working in silos resulting in duplication, waste of resources, missed opportunities and synergies.
- Successful private sector investments in health so far demonstrate that despite these challenges, private sector can develop viable innovations that contribute to improved healthcare. Such investments include BIOVAC consortium in South Africa producing vaccines; MamaOpe smart jacket pneumonia diagnostic tool in Uganda; and Crib A’Glow lost cost phototherapy solution treating newborn babies with neonatal jaundice in Nigeria

#### Recommendations

1. Establish government/private sector partnerships to de-risk investment in research and development
2. Provide incentives (monetary, taxation etc) for African private sector to invest in research and development, and innovation
3. Establish policies and regulations that attract private sector investment in R&D and innovation such as special economic Zones and free trade zones

### **3.3 Theme 3: Private sector engagement strategic priorities**

Under the third thematic areas of the dialogue meeting, participants reviewed the draft strategic framework for private sector engagement in health and identified strategies to be maintained or modified and new strategies to be introduced. This section outlines the recommendations of the meeting for each strategic priority.

### **3.3.1 Strengthening governance, leadership and accountability to improve private sector engagement in health**

This strategic priority was discussed and the following recommendations made:

1. Establish and ensure the functioning of multi-sector coordination mechanisms for government to engage with private sector on investment in health at regional and country levels.

There was agreement with this strategic priority and the following modifications were recommended:

- a. Health sector multi-sector structures starting from national level going to community level exist. There is a need to include private sector in these structures.
  - b. Use existing business (private sector) structures existing at all levels from regional, country (national) and district levels.
  - c. Build the capacity of private sector by training them on different value chains of health such as pharmaceuticals, medical equipment and other commodities. Sensitise private sector on opportunities in these value chains.
  - d. Include civil society in the multi-sector collaboration at region and national level
  - e. Establish the coordination structures where none exists and strengthen those in existence
  - f. Conduct a mapping to identify capacity gaps of the coordination mechanisms
  - g. Strengthen coordination mechanisms for private sector engagement in health at continental and regional level, in addition to focusing at country level
  - h. Multisector coordination mechanisms should include or cover value chains including supply chain, governance and leadership. The mechanisms should have technical committees focusing on specific value chains.
  - i. Goals and targets for private sector engagement in health should be established to enhance accountability
2. Review or develop and harmonise relevant policies, legislation and strategies to create an enabling environment that attracts private sector investment in health

There was agreement with this strategic priority and following modifications were recommended:

- a. Define the priority pillars according to policy and national need
  - b. Define the goal and targets for this strategy
  - c. Split the strategy into two: developing and harmonising policies and legislation; and defining and harmonising strategies
3. Establish private sector coordination mechanisms at continental, regional and country level
    - a. This strategy is strongly linked to the private sector mechanisms
    - b. Strengthen the collaboration between government and private sector. The focus should be in strengthening the existing regional business councils as communication channel to countries and to continental level.
    - c. Establish regional business councils where none exist

### **3.3.2 Identify and define opportunities for private sector investment in health at continental, regional and country levels**

The meeting agreed with this strategic priority and underscored the need for:

1. Generating data that will inform the development of country, regional and continental priority investment plans
2. Defining the data required by private sector and government to make decisions on priority investment projects
3. RECs and Member States to develop private sector investment in health plans

### **3.3.3 Strengthen government institutional and technical capacities to engage with and attract private sector investments in health**

The meeting agreed with the following strategic priorities outline in the strategic framework and recommended the following additional strategies:

1. Mapping of private sector at continental, regional and country levels
2. Conducting analysis of investment opportunities across the continent to define and make available information on private sector investments in health to guide investors. This strategic priority should include
  - a. Establishment of incentives to guide and attract investment such as fiscal incentives, licencing, tax holidays
  - b. Profiling or mapping the disease burden on the continent
3. Develop and support the implementation of detailed health sector-wide sub-sector investment plans
4. Hold annual regular dialogue for government, private sector, development financing institutions and banks on investment in health
5. Link government, private sector and financing institutions to develop bankable projects as per national and regional investment plans. This strategy should be rephrased to *Government, private sector and financing institutions to work together to develop feasible projects as per the national and regional investment plans.*
6. Establish dispute resolution mechanisms that are binding to all member states (alternative dispute resolutions mechanisms). The agreements should be in line with the AfCTA to enable countries utilise AfCTA alternative dispute resolution mechanisms.
7. Establish laws within countries that are workable for small and medium enterprises including ADR mechanisms friendly to SMEs
8. Create an SME investment platform
9. Create health sector advisory council
10. Map health care capabilities and service providers at national, regional and continental levels

### **3.3.4 To support evidence-based private sector investment in health and improvement of efficient and equitable healthcare delivery**

There was overall agreement with the strategic priorities to ensure evidence-based private sector investment. The meeting underscored the prioritisation of the following strategies:

1. Establishment of a knowledge management and learning hub that is accessible at continental, regional and country level and to key stakeholders.
2. Undertaking a mapping of private sector investment in health and the policies and regulations impact on private sector investment in health at the immediate term
3. Linking with existing knowledge hubs to access critical data to inform private sector investment in health
4. Making data accessible to coordination mechanisms for private sector engagement in health to inform decision making

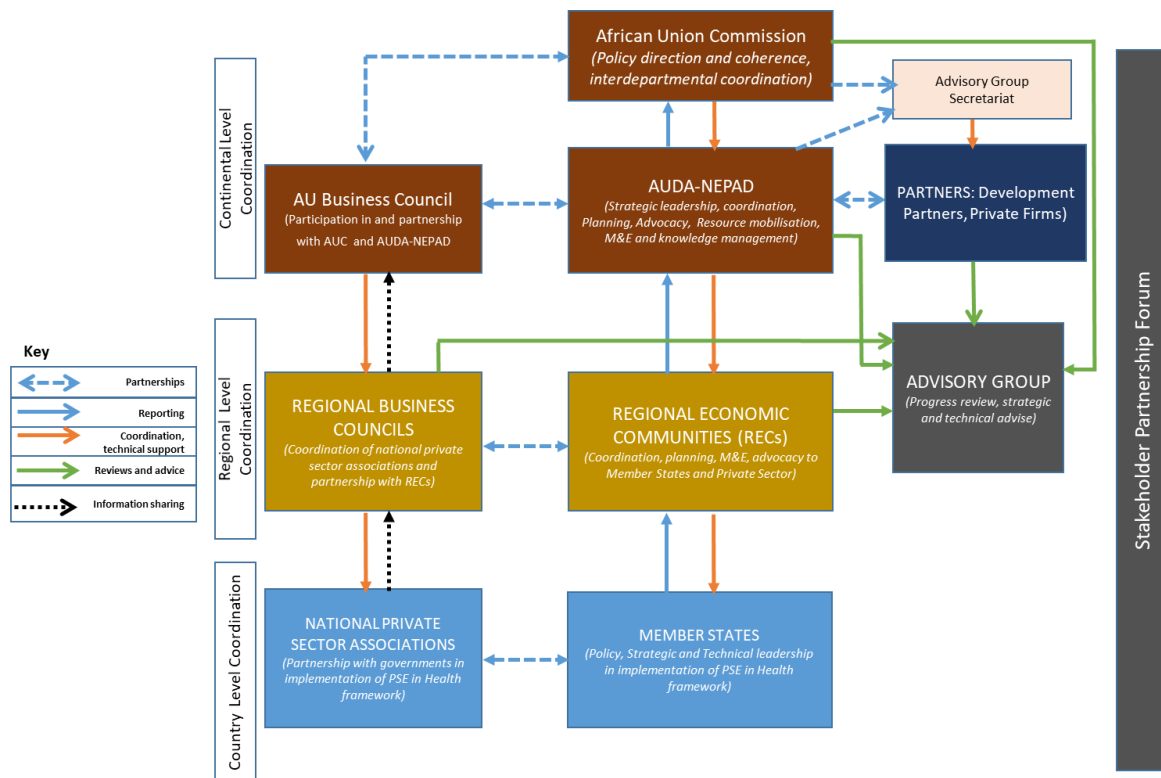
## **3.4 Coordination and monitoring of private sector engagement in health initiative**

Successful implementation of the private sector engagement in health strategic framework requires a robust, fit for purpose inclusive institutional arrangements. These institutional arrangements are presented in the figure below. There was general agreement with these institutional arrangements and the following recommendations were made to ensure its implementation.

1. Urgent efforts should be made to establish the institutional framework so that it does not remain on paper
2. A meeting of the players in the institutional framework should be held to sensitise them and review in details their roles and responsibilities
3. An action plan aligned to the role of each institution should be developed

4. Technical working groups were established during the meeting for each of the private sector investment in health strategic objective. These TWGs should be activated by defining their roles and tasks and how they will implement these. Annex 1 lists the members of the TWGs.
5. AUDA-NEPAD as a lead coordinator of this initiative should initiate the establishment of this institutional framework

Figure 1: Institutional arrangements for coordinating private sector engagement in health strategic framework



#### 4. Immediate actions

The meeting recommended the following five priority areas for immediate implementation to ensure operationalisation of the private sector engagement in health.

1. Priority 1: Adopt favourable government policies and legal frameworks on custom, license, taxes, interest rates and ease movement of money in and out of countries that will facilitate private sector participation and set up required regulatory frameworks.
2. Priority 2: Conduct mapping of key areas of private sector engagement to inform definition of priorities, implementation of interventions, monitoring and evaluation.
3. Priority 3: Consolidate private sector federations at continental, regional and national levels to ensure coordinated efforts by private sector in contributing to health.
4. Priority 4: Develop a full set of AU-PPP in health document that can be adopted and implemented by RECs and all member countries.
5. Priority 5: Set up a coordination mechanism and operationalise technical working groups that will drive different components of private sector engagement in health



## Annex 1: Private Sector Investment in Health Technical Working Groups

### TWG 1: Governance, Leadership and Accountability

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Private Sector Investment in Health Dialogue

**Theme:** *"Strategies and Innovations for Public-Private Sector Engagement"*

**07 October 2022**

The African Union Commission (AUC) and African Union Development Agency (AUDA-NEPAD) in collaboration with the African Union Business Council (AUBC) hosted the Private Sector Investment in Health Dialogue on 5 - 7 October 2022 in Nairobi, Kenya, to consult with African Union Member States, Regional Economic Communities (RECs), the private sector, and development partners on opportunities and strategies for strengthening private sector engagement in health in Africa. The delegates in attendance:

- i. **Reiterated** the endorsement of the "Addis Ababa Commitment towards Shared Responsibility and Global Solidarity for Increased Health Financing Declaration" (AU Assembly ALM Declaration) by the Heads of State of AU Member States in February 2019 and **noted** the call for additional African-led private capital investment into the health sector.
- ii. **Commended** H.E. Paul Kagame, President of the Republic of Rwanda and AU-appointed Leader for Domestic Health Financing, for his invaluable stewardship of the ALM Initiative and **echoed** the urgent need to appoint additional champions from Heads of State-level to community leaders through whom the public-private sector collaborative power for health financing can be leveraged.
- iii. **Underscored** the devastating socio-economic impact of the COVID-19 pandemic in Africa and **emphasised** the need for the AU Member States to collaborate with the private sector to strengthen capacity for quality and equitable healthcare service delivery to attain AU Agenda 2063: Africa We Want and Agenda 2030 on Sustainable Development Goals.
- iv. **Requested the AUC and AUDA-NEPAD to convene** a similar private sector engagement dialogue annually to keep the momentum of the prioritisation of the private sector's role in health financing policy formulation and implementation.
- v. **Committed on following priority areas:**
  - o Priority 1: Adopt more favourable government policies and legal frameworks on custom, license, taxes, interest rates and ease movement of money in and out of countries that will facilitate private sector participation and set up required regulatory frameworks.
  - o Priority 2: Conduct mapping of key areas of private sector engagement to inform definition of priorities, implementation of interventions, monitoring and evaluation.
  - o Priority 3: Consolidate private sector federations at continental, regional and national levels to ensure coordinated efforts by private sector in contributing to health.
  - o Priority 4: Develop a full set of AU-PPP in health document that can be adopted and implemented by RECs and all member countries.
  - o Priority 5: Set up a coordination mechanism and operationalise technical working groups that will drive different components of private sector engagement in health.