Thank you to our 2019 HHL Conference Sponsors!
13:30-14:45
Plenary Panel 1

Dr. Julie Swann,  
Department Head & Professor, Department of Industrial and Systems Engineering, NC State University; Co-founder, Center for Health & Humanitarian Systems (CHHS)  
**Moderator**
13:30-14:45

Plenary Panel 1

Dr. Lloyd Matowe, Program Director, Pharmaceutical Systems Africa and Dean of the Faculty of Pharmacy at Lusaka Apex Medical University, Zambia

Ugochi Daniels, United Nations Resident Coordinator- I.R. of Iran, United Nations. Former Head of the Humanitarian Branch, UNFPA HQ

Dr. Agnes Binagwaho, Vice Chancellor, University of Global Health Equity; Former MOH Rwanda

Dr. Henry Kyobe Bosa, Outbreak & Epidemic Senior Public Health Officer, Outbreaks and Epidemics, African Risk Capacity
Panelist Remarks
Humanitarian Supply Chain in Emergencies
A System that Delivers for Women and Girls

- Why is it critical for women and girls?
- What is resilience?
- What is the resilience dividend?
Breaking the Chain

- National Capacity and System (logistics and human resources e.g. health workforce)
- Inequitable investment
- Access, security,
Committed Action: Bullseye on Universal SRHR

- LNOB by providing disaggregated data
- Reinforce don’t replace – as local as possible and international as necessary
- Anticipate – vulnerability assessment, MISP readiness
- Deliver immediately, but plan medium to long term
Solutions

Iraq: Rapid Response Mechanism Saves Women’s Lives Along the Route to Safety – Response

Jordan: Securing Supplies for Syrian Refugees while Building Resilience in Jordan’s Health System – Resilience

Libya: Working to Improve National Systems for Supplies and Services despite Years of Crisis – Protection

From Myanmar to Bangladesh: Reaching Rohingya Women and Adolescent Girls Requires Partnership – Partnership

Link: https://www.unfpa.org/publication/delivering-supplies-crisis-strikes
Sanctions

Right to health (including universal right to SRH)

Right to Food (nutrition, social determinants of comprehensive SRH)

International Humanitarian Law

- Iran
- Venezuela
Thank you!
The University of Global Health Equity:
Health equity begins with health education equity

11th Annual Conference on Health and Humanitarian Logistics
July 10, 2019

Agnes Binagwaho, M.D., M(Ped), Ph.D.
Vice Chancellor, Professor of Pediatrics, University of Global Health Equity
Senior Lecturer, Department of Global Health and Social Medicine, Harvard Medical School
Clinical Professor of Pediatrics, Geisel School of Medicine at Dartmouth
Senior Advisor to the Director General, World Health Organization

Twitter @agnesbinagwaho
Why do we need UGHE?

1. We have too few health professionals

2. We have a health education system that doesn’t prepare our students to solve the world’s most pressing needs
PROBLEM

The pipeline of global health professionals is too limited

Sub-Saharan Africa carries 24% of the global burden of disease but only 3% to 4% of the world’s health workforce

Medical schools in sub-Saharan Africa graduate 10,000 physicians per year, but many go abroad to practice

Approximately 44% of WHO member states have less than 1 physician per 1000 people
Equity in health care starts with equity in health education.

Equity is the force that drives us. By looking beyond those who have the financial means to pay for an education, UGHE finds students who are motivated to give back to the under-resourced communities they come from.
Someday...
To radically transform global health education and health care delivery around the world by training generations of health professionals who strive to deliver equitable, quality and holistic health services for all.
Our vision is to be a leading university that strives to train the next generation of global health leaders, with an emphasis of transforming them into change makers equipped with the skills to protect the most vulnerable and improve health outcomes and social systems.
Our Values

- Equity
  - Inclusion and Diversity
  - Respect
  - Social Justice
  - Universal Health Care
- Community Based Education and Health Care
- Sustainability
- Cultural Humility
- Integrity
- Innovation
PROBLEM

Global health education is disconnected from the reality on the ground

SOLUTION

UGHE students live and work in rural Rwanda

UGHE students learn first-hand from experienced implementers and policymakers
PROBLEM

Global health education focuses on symptoms rather than “systems”

SOLUTION

UGHE brings together more than just doctors and nurses

UGHE looks beyond the bedside and the exam room
PROBLEM
Global health education often overlooks leadership and management skills

SOLUTION
UGHE students graduate with a “mini-MBA” equipped with the management, leadership and communication skills required to solve problems, build consensus, and design lasting solutions
UGHE Butaro campus

Inaugurated 25 January 2019
Thank you!
African Risk Capacity: An African Union initiative for sustainable resilient actions for natural disasters

The 2019 Health and Humanitarian Logistics Conference, Kigali Rwanda, 10-11 July 2019

Dr. Henry Kyobe Bosa

http://www.africanriskcapacity.org/
Presentation on behalf of ARC Director General

Mr. Mohamed Béavogui
Director General, and
United Nations Assistant Secretary General
ARC’s mandate for resilient and sustainable systems in Health and climate change

<table>
<thead>
<tr>
<th>Mandate</th>
<th>Description</th>
<th>Output and progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assembly/AU/Dec.417 (XIX) of 2012 decision</td>
<td>Endorsed establishment of Africa Risk Capacity to <strong>provide cost-effective contingency financing</strong> to improve planning &amp; preparations for natural disaster</td>
<td>• ARC Secretariat, • <strong>Drought product</strong>, • Contingency planning &amp; capacity building</td>
</tr>
<tr>
<td><strong>March 2014</strong> at the 7th AU-ECA Joint Annual Meetings in Abuja, Nigeria (<em>decision no. 927 (XLVII)</em>)</td>
<td>ARC Agency was requested to develop a mechanism where African states can access financing given the impacts of <strong>increased climate volatility</strong> and <strong>outbreaks</strong> before they become pandemics.</td>
<td>• Extreme Climate Facility • River Flooding • Tropical Cyclones • <strong>Outbreak and Epidemics</strong></td>
</tr>
</tbody>
</table>
Institutional progress to date:

- **33 Treaty Signature countries**
- **8 Ratifications**
- **19 MoU countries**
- **16 countries undergone extensive Africa RiskView, Operational Planning and Risk Transfer Training**
- **Several partnerships with political, technical, media among other institutions**
Promoting resilient response systems to minimize impact of shocks: ARC’s approach

- Natural, public health and humanitarian crises may be **unpredictable** but should be **detectable**, and planned for to **mitigate** impact

- ARC relies on three approaches;
  - Investing in robust early warning systems
  - Contingency planning
  - Alternative financial options that include; *risk pooling and risk transfer*
Brief illustration of ARC’s approach

Case examples;
  – Drought, and
  – Outbreaks and Epidemics programme
Africa RiskView: an early warning mechanism in drought

*Africa RiskView* is a **drought risk modelling platform** that allows countries to:

- Monitor and analyse **rainfall** throughout the continent in near-real time
- Follow the **progression of agricultural and rangeland seasons** based on country-specific projects
- Translate agro-meteorological developments in **impact estimates** on vulnerable populations
- Calculate the associated **response cost**
- Define their **participation in the ARC insurance pool** using transparent criteria
Drought Performance Update

- $36 million paid out
- Over 2.1 million people assisted
- Over 1 million livestock assisted

5 Drought risk pools launched by the ARC Ltd

- 8 countries purchased insurance to date
- US$ 500 million drought risk transferred
- US$ 55 million paid by African Governments
- 100% premiums funded from National Treasuries
- US$36 million ARC payouts to countries
Demonstrating resilience, and sustainability: ARC payout distribution in the drought product

<table>
<thead>
<tr>
<th>Country</th>
<th>Amount (USD)</th>
<th>Planned/Implemented Activities</th>
</tr>
</thead>
</table>
| Senegal       | $16.5 Million | • Targeted food distribution
• Subsidized sales of cattle feeds |
| Mauritania    | $8.7 Million  | • Targeted Food Distribution
• Conditional cash transfer and food distribution in drought-affected regions |
| Niger         | $3.5 Million  | • Cash transfer
• Replenishment of Strategic Grain reserves                                                   |
| Malawi        | $8.1 Million  |                                                                                                 |

**Beneficiaries**

- **Senegal ($16.5 Million)**
  - Total beneficiaries: 927,416 people
  - Beneficiaries: 900,000 animals
  - Most recent US $2.4 Million payout in the process of being implemented

- **Mauritania ($8.7 Million)**
  - Total beneficiaries: 250,000 people

- **Niger ($3.5 Million)**
  - Total beneficiaries: 157,000 people

- **Malawi ($8.1 Million)**
  - Total beneficiaries: 808,834 people
O&E: Planning for public health Emergencies

- ARC's O&E focuses on epidemics and outbreaks
  - risk profiling and
  - contingency planning,
  - risk modeling

- Implications
  - Modeling and costing outbreak **sizes, frequency** and likely spark and spread
  - **Quantification** of logistical needs at national and subnational levels
  - **Transport systems** for logs, specimens, patients are identified prior to a crises
O&E piloted in two countries with four pathogens

33 ARC Member States

Four pathogens;
Ebola, Marburg, Lassa Fever, Meningococcal meningitis
Conclusion

▪ ARC supports and empowers Member States to adequately plan and respond to shocks *(health and climate)* in order to mitigate impact

▪ ARC’s contributes to the overall to disaster mitigation sphere

▪ ARC initiative is the first of its kind on the continent to advance the importance of risk pooling in disaster mitigation in Africa.

▪ ARC is an example of successful international partnership to respond major challenges by the continent
o Canadian Agency for international Development
o DFID
o Swiss Development Cooperation
o The Rockefeller Foundation
Thank you!
Implementation of Resilience in Supply Chains: Perspectives, Pitfalls, and Winning Strategies

Plenary Panel 1
13:30 – 14:45
14:45 – 15:45
PRESENTATIONS/WORKSHOPS
SESSION 2
60 minutes

15:45 – 16:15
POSTER SESSION/COFFEE BREAK
30 minutes
16:15 – 17:30
Plenary Panel 2

Dominique Zwinkels, Executive Manager, People that Deliver

&

Paul Lalvani, Director, Empower School of Health, Co-Moderators
16:15 – 17:30
Plenary Panel 2

Jim Coughlan, Global Solutions Director, UPS

Peter Okebukola, Health Care Practice Lead, McKinsey (West Africa)

Robert Kimbui, Senior Supply Chain Manager, Johnson & Johnson

Alfons van Woerkom, Head of Supply Chain, The Global Fund

Malyse Uwase, Director of Health and Impact, Kasha
UPS Humanitarian Relief Program

Humanitarian Relief and Resilience Program and Health System Strengthening Workstreams

- Preparedness & Capacity Building
- Urgent Response
- Post Crisis Recovery
- Public Health Strengthening

- Empowering Local UPS Disaster Relief Assistance Globally
- Increasing Disaster Relief Sector Capacity & Thought Leadership
- Skill-Based Volunteering: UPS Logistics First Responder Corp
- Engage Humanitarian Relief Organizations in Key Partnerships
Contents

- Overview of McKinsey’s work in Africa
  - Private Sector Engagement in Health and Humanitarian Supply Chain Management and Logistics
We have 6 locations in Africa that undertake work in 40 countries and have completed 3,000+ engagements to date

**Pan-Africa**
- 448 Pan-African engagements

**Western Africa**
- Office opened in 2010 in Nigeria
- 81 Consultants
- 343 Engagements in 13 countries

**Central and Southern Africa**
- Office opened in 2014 in Angola
- 196 engagements
- 19 Consultants
- Engagements in 15 countries

**North Africa**
- Office opened in 2004 in Morocco
- 64 consultants
- 360+ engagements completed in 6 countries

**East Africa**
- Offices opened in 2013 in Kenya and Ethiopia
- 60 Consultants
- 140+ Engagements in 6 countries

**South Africa**
- Office opened in 1995
- Over 1541 engagements
- 209 Consultants

1 Except South Africa
2 Includes Pan African engagements

SOURCE: McKinsey & Company
We have served most of the major global players in the healthcare and pharma space on their most important issues

**Pharmaceuticals & Healthcare**

- 112 engagements including 33 Pan-African and 31 in South Africa alone
- Served clients across the private and public sector
- Re-designed and improved the strategy for a national health department

**Experts**

---

**Project focus**

**Engagements, 1973 - 2018**
Percent (100% = 112)

**Region**

- Pan-Africa
- South Africa
- North Africa
- Western Africa
- East Africa
- Central and Southern Africa

**Function**

- Strategy
- Operations
- Organisation
- Marketing & Sales
- Corporate Finance

SOURCE: McKinsey & Company
Contents

- Overview of McKinsey’s work in Africa
  - Private Sector Engagement in Health and Humanitarian Supply Chain Management and Logistics
Private sector engagement can take place across any or all of the three supply chain pillars.

**Ownership and governance of supply chain**

**Program supply chain** (HIV, TB, malaria, family planning, RI, essential medicines etc.)

**1. Physical network**

- Arrival in country
- National level 1 storage
- National level 2 storage
- Sub-national level 1 storage
- Sub-national level 2 storage
- Last-mile health facilities

<table>
<thead>
<tr>
<th>Entry ports</th>
<th>National hubs</th>
<th>6 zones</th>
<th>36+1 states</th>
<th>774 LGAs</th>
<th>30,000+ facilities</th>
</tr>
</thead>
</table>

**2. Processes** (for each stage of the physical network)

- **Operational processes**
  - Warehousing/ storage/ inventory
  - Distribution

- **Planning processes**
  - Forecasting
  - Procurement/ re-ordering at sub-national levels

- **Financing processes**
  - Budgeting/ funding allocation
  - Flow of operational funds

**3. Enablers** (to be evaluated for each individual process)

- **Management systems**
  - Outsourcing/ 3rd party involvement
  - Regulatory context

- **Stock visibility and management**
  - Data collection systems
  - Data usage and quality

- **Personnel**
  - Human resource availability
  - Mindsets, skills, and capabilities
There are 6 best practices elements to guide the entire Private Public Partnership lifecycle

<table>
<thead>
<tr>
<th>Approach</th>
<th>Key activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance</td>
<td>▪ Establish blueprint for a <strong>clear legal framework supporting PPP</strong> and set clear boundaries between public and private sector</td>
</tr>
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<td></td>
<td>▪ Develop an <strong>attractive incentive scheme to promote private investment</strong> when appropriate</td>
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<td></td>
<td>▪ <strong>Standardize PPP model selection</strong> using clear, well-informed parameters for project selection</td>
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<td></td>
<td>▪ Develop <strong>guideline on rigorous conformation to standards</strong> and a transparent selection process</td>
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<tr>
<td></td>
<td>▪ Develop a <strong>blueprint for a governance model</strong> indicating level of centralization, defining clear roles and responsibilities building on high competence within the institution and in the private sector</td>
</tr>
<tr>
<td>Execution</td>
<td>▪ Alignment of <strong>ownership and accountability for business plans and clearly and fairly allocate risk &amp; reward</strong></td>
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<td></td>
<td>▪ Develop <strong>robust underlying business projections</strong> (e.g. cost, revenue, time)</td>
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<td></td>
<td>▪ Define a <strong>standardized tender process</strong> which is timely and cost-effective with full alignment of stakeholders</td>
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<td>▪ Define measures to enable a fair and straightforward access to tenders</td>
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<tr>
<td></td>
<td>▪ Define and set-up an <strong>effective feedback processes on the system and project levels</strong>, linking performance to incentives and remedial processes as appropriate</td>
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<tr>
<td></td>
<td>▪ Ensure that learnings are captured and applied in future</td>
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Johnson & Johnson
Global Public Health
Relentlessly Pursuing Better Health for All
Johnson & Johnson Global Public Health Vision: Deliver innovation for all, everywhere at the same time

Mission
Make relevant innovations that save lives, cure patients and prevent disease available – affordable – accessible for underserved populations

Strategy
Deliver
Product-centered innovations that transform outcomes

Address
High unmet medical needs in undeserved populations

Execute
with the breadth and strength of J&J

Sustainable, measureable impact
A Bold, New Approach

The Healthcare Company of the Future
Bringing Innovation to All, Everywhere At Same Time

**CORE BUSINESS**
Sector-specific product- and solution-centric innovations that improve patient / consumer outcomes and deliver financial return via market / commercial channels

**GLOBAL PUBLIC HEALTH**
Cross-sector product-and solution-centric innovations that improve patient / social outcomes in resource limited settings via sustainable access models / partnerships

**GLOBAL COMMUNITY IMPACT**
Cross-sector social impact innovation that seeks to strengthen frontline health workers and sustain healthy communities

The Healthcare Company of the Future
Bringing Innovation to All, Everywhere At Same Time
Tackling the Most Serious Unmet Needs for Underserved Populations

Core Focus Areas

R&D, ACCESS, PROGRAMS & OPERATIONS

Achieve a world without tuberculosis

Make HIV History by ending transmission and helping reduce burden of living with HIV

ACCESS, PROGRAMS & OPERATIONS

Ensure access to quality mental health care

Address soil transmitted helminths (STH) as a public health problem

Other Areas of Interest & Supporting Platforms

Vector-borne Diseases (Dengue, Malaria)

Vaccines (Ebola, Zika, platforms)

Essential Surgery & Trauma

Myopia
Our R&D Strategy Focuses on Two Complementary Domains to Advance Health for Underserved Populations

**R&D Focus Areas**
- Tuberculosis
- HIV

**New R&D Opportunities**
- Ebola
- Dengue
- Malaria
- Post Partum Haemorrhage

**Discover & Develop Science for Most Vulnerable & Underserved**

**Enable People & Technology to Accelerate Our Impact in RLS**

**People**
- Fellowship Programs
  1. GPH R&D
  2. WHO/EDCTP
  3. Oxford Sub-Saharan Masters Program
- Uganda Academy
- H3D Discovery Capability Building

**Technologies**
- Digital Health
- Data Sciences
- Long Acting Platform

*RLS = Resource Limited Settings*
Supply Chain Leadership Development

J&J SC leadership development programs – characteristics

Supply chain specific
- Supply chain ‘hard skills’ integrated
- SC Strategy and People capabilities built into content
- Site/distribution/customer centre tours
- Strong SC leadership presence – panels, workshops and networking

Global Focus
- Global representation
- Programs conducted in global locations
- Global cultural awareness

Learning modalities
Various learning styles:
- In person
- Virtual learning – webinars, podcasts
- Simulated learning
- Experiential learning – rotational assignments and learning projects
- Assigned mentors and coaching

Action Learning Projects
- Group assignments focusing on actual business problems
- Experiential learning
- Tangible outcome

Individual Development
- Strong focus on self-awareness and emotional intelligence
- Focus on speed and agility
- Non-hierarchical leaders with the ability to collaborate and connect internally and externally.
- Mindfulness
- Coaching
Health and Humanitarian Logistics 2019 Conference

July 10-11 • Kigali, Rwanda
Private Sector Engagement in Health and Humanitarian Supply Chain Management and Logistics

Plenary Panel 2
16:15 – 17:30
17:30 – 19:30

EVENING COCKTAIL RECEPTION

(Marriott Kigali Terrace)

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LinkedIn Center for Health & Humanitarian Systems, Georgia Tech
Share on social media #HHL2019 #HHLConf
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