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
Plenary Panel 1

13:30-14:45

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

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

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

Dr. Henry Kyobe Bosa, Outbreak & Epidemic Senior Public Health Officer, Outbreaks and Epidemics, African Risk Capacity
Panelist Remarks
2019 Health and Humanitarian Logistics Conference

Kigali, Rwanda
10-11 July 2019

Ugochi Daniels
UN Resident Coordinator
Islamic Republic of Iran
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
CONTRACTING
International tender for wheat launched, suppliers in Romania contacted.

LOADING
Wheat loaded onto a WFP-contracted ship following quality and quantity (Q&C) inspection.

SHIPPING
Wheat en route to Aden through the Black Sea, Mediterranean and Red Sea for 10 days.

UNLOADING
Wheat transferred from ship to silos following a (Q&C) inspection.

PACKING
Wheat milled and transformed into flour and bagged into WFP marked bags.

STORING
Bagged wheat flour transported to WFP warehouses.

TRANSPORTING
Wheat flour delivered to cooperating partner warehouse, for transport to distribution sites.

DISTRIBUTING
Cooperating partner distributes food baskets to beneficiaries in Al Maštah, Taiz Governorate.
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
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...
Our mission...

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.
- Equity
  - Inclusion and Diversity
  - Respect
  - Social Justice
  - Universal Health Care
- Community Based Education and Health Care
- Sustainability
- Cultural Humility
- Integrity
- Innovation
GLOBAL HEALTH EDUCATION IS DISCONNECTED FROM THE REALITY ON THE GROUND

PROBLEM

UGHE students live and work in rural Rwanda

SOLUTION

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

5 countries purchased insurance to date

5 countries purchased insurance to date

5 countries purchased insurance to date

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5 countries purchased insurance to date
### Demonstrating resilience, and sustainability: ARC payout distribution in the drought product

<table>
<thead>
<tr>
<th>Country</th>
<th>USD Amount</th>
<th>Total Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senegal</td>
<td>$16.5 Million</td>
<td>927,416 people</td>
</tr>
<tr>
<td>Mauritania</td>
<td>$8.7 Million</td>
<td>900,000 animals</td>
</tr>
<tr>
<td>Niger</td>
<td>$3.5 Million</td>
<td>250,000 people</td>
</tr>
<tr>
<td>Malawi</td>
<td>$8.1 Million</td>
<td>808,834 people</td>
</tr>
</tbody>
</table>

#### Planned/Implemented Activities

- **Senegal ($16.5 Million)**
  - Targeted food distribution
  - Subsidized sales of cattle feeds

- **Mauritania ($8.7 Million)**
  - Targeted Food distribution

- **Niger ($3.5 Million)**
  - Targeted Food Distribution
  - Conditional cash transfer and food distribution in drought-affected regions

- **Malawi ($8.1 Million)**
  - Cash transfer
  - Replenishment of Strategic Grain reserves

#### Beneficiaries

- **Senegal ($16.5 Million)**
  - Total beneficiaries: 927,416 people
  - Beneficiaries: 900,000 animals

- **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

Most recent US $2.4 Million payout in the process of being implemented
O&E: Planning for public health Emergencies

▪ ARC’s O&E focuses on epidemics and outbreaks
  o risk profiling and
  o contingency planning,
  o 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 crises
O&E piloted in two countries with four pathogens: Ebola, Marburg, Lassa Fever, Meningococcal meningitis. 33 ARC Member States.
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.
- Canadian Agency for international Development
- DFID
- Swiss Development Cooperation
- 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

Robert Kimbui, Senior Supply Chain Manager, Johnson & Johnson

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

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

Malyse Uwase, Director of Health and Impact, Kasha
Humanitarian Relief and Resilience Program and Health System Strengthening Workstreams

- **Preparedness & Capacity Building**
  - Empowering Local UPS Disaster Relief Assistance Globally

- **Urgent Response**
  - Increasing Disaster Relief Sector Capacity & Thought Leadership

- **Post Crisis Recovery**
  - Skill-Based Volunteering: UPS Logistics First Responder Corp

- **Public Health Strengthening**
  - 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

**West 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

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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

Function

SOURCE: McKinsey & Company
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. Product flows and availability
   - 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
   - Entry ports
   - National hubs
   - 6 zones
   - 36+1 states
   - 774 LGAs
   - 30,000+ facilities

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 clear legal framework supporting PPP and set clear boundaries between public and private sector</td>
</tr>
<tr>
<td></td>
<td>▪ Develop an attractive incentive scheme to promote private investment when appropriate</td>
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<tr>
<td>Legal framework</td>
<td>▪ Standardize PPP model selection using clear, well-informed parameters for project selection</td>
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<td></td>
<td>▪ Develop guideline on rigorous conformation to standards and a transparent selection process</td>
</tr>
<tr>
<td>Project selection</td>
<td>▪ Develop a blueprint for a governance model indicating level of centralization, defining clear roles and responsibilities building on high</td>
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<td></td>
<td>competence within the institution and in the private sector</td>
</tr>
<tr>
<td>Governance institutions</td>
<td>▪ Alignment of ownership and accountability for business plans and clearly and fairly allocate risk &amp; reward</td>
</tr>
<tr>
<td></td>
<td>▪ Develop robust underlying business projections (e.g. cost, revenue, time)</td>
</tr>
<tr>
<td>Project business plans and risk allocation</td>
<td>▪ Define a standardized tender process which is timely and cost-effective with full alignment of stakeholders</td>
</tr>
<tr>
<td></td>
<td>▪ Define measures to enable a fair and straightforward access to tenders</td>
</tr>
<tr>
<td>Tender procedure</td>
<td>▪ Define and set-up an effective feedback processes on the system and project levels, linking performance to incentives and remedial processes</td>
</tr>
<tr>
<td></td>
<td>▪ Ensure that learnings are captured and applied in future</td>
</tr>
<tr>
<td>Controlling and feedback</td>
<td>▪ Ensure that learnings are captured and applied in future</td>
</tr>
</tbody>
</table>

SOURCE: McKinsey
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

**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
Alfons van Woerkom, Head of Supply Chain
Seconded from Unilever

Fighting AIDS, TB and Malaria to the Last Mile

TheGlobalFund
Accelerating Supply Chain performance
Our Network of Private Sector Partnerships

The Global Fund is the vehicle of choice for a wide range of companies and non-profit organizations as well as Foundations and High Net-Worth Individuals.
STEP UP THE FIGHT

- Aiming a 3 year Investment of US$14 billion to save 16 million lives
- Avert 234 million infections/cases and reduce the incidence rate by 42%
- Reduce the death toll
Sourcing health products from geographically dispersed suppliers* and delivering to >100 recipient countries via 150+ Grants

- **US$2B** pa on health products
- **US$1.2B** pa on in-country distribution transport
- **US$80M** pa on manufacturer to recipient countries transport

* Global Fund suppliers are mostly located in USA, Germany, Japan, France, India, China, South Korea, Uganda, Tanzania, Pakistan

The difference between the amounts stated and the US$4B (US$0.8B pa) is invested on health workers, systems etc.
Business Development of Public Health Supply Chain
African Economic Growth

GDP (constant 2010 US$)
African Population growth

Nigeria (1987) 88,048,032
African unemployment
Where did the growth come from

- Agriculture => Strong gov involvement
- Banking => Strong gov involvement
- Consumer (health) goods
- Infrastructure => Strong gov involvement
- Mining => Strong gov involvement
- Telecoms / IT => Strong gov involvement

Africa’s path to growth: Sector by sector

- McKinsey 2010
How to apply this to Public Health

Assets
- Utilize private sector assets, WH’s, Fleets, etc => Will lead to investments
- Share assets to deliver efficiency (Ghana CMS host public and private goods)

Talent
- Provide Quality Career opportunities, invest in talent
- Use national talent, don’t separate by product commodity (i.e. public vs private)

Make mistakes
- The road to growth is filled with failures.
- Try and test different models, no one size fits all
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)