

The Second Japan-Africa Business Forum

Session 6

Health and Sanitation: For a Healthier African Population

Moderator

Jennifer Blanke

***Vice President, Agriculture, Human and Social Development
African Development Bank***

Ms. Jennifer outlined the session, which included a panel discussion on how African public sector, Japanese development agencies and the private sector are thinking about the African health sector, followed by Q&A session.

It is well recognized that Africa faces daunting challenges with populations' health and rising population. Addressing the health and water challenges and sanitation issues in Africa is a big priority for the African Development Bank and the World Bank. The High-Fives is part of improving African people's lives. Without health, it is hard to think about anything else. Much remains to be done in order to make this a reality.

The African Development Bank addresses the challenges in the health sector by improving the provision of health services by helping countries to get more value for every dollar spent. The healthcare costs in advanced and developing countries are exploding.

It is important to look at how Universal Health Coverage ensures that everybody is covered. Importantly, improving public health security is being worked on with a number of partners in establishing African Centers for Disease Control to deal with rapidly rising diseases, like the new Ebola that Africans can quickly address.

Studies show that to meet the healthcare demands of African countries, an estimated \$25 to \$30 billion are needed annually which is very significant. The public sector has an important role to play to do this and raise funding. This has to be set aside in public budgets in Africa and elsewhere to ensure that the public is covered.

The private sector also has a major role to play because the public sector and development funding will never be enough to ensure that Africans have the healthcare that they need. Importantly, health represents a major business opportunity around the world. The panelists from the private sector can reflect on how this can be a win-win situation when it is done right. The perspective of the Japanese development representatives and the private sector is also important.

Kwaku Agyeman-Manu
Minister of Health, Republic of Ghana

Mr. Kwaku reflected on how the Japanese private sector can help Africa's health sector to provide healthier lives for African people through technology and finance, where both technology and finance are important in addition to several other things.

Ghana, and Africa, lacks critical technology in terms of practical techniques, devices, IT solutions, and all other technologies. Funding and finance is the other critical area. The public sector would not be able to fund everything that is needed from infrastructure, equipment, tools, replacement and maintenance, reagents, medicines, training, the necessary skills and knowledge. It is a challenge to fund all of these.

Ghana has moved to a level where a health insurance scheme has been established. Since it is very distressed, things like the Health Sector Bond are being looked at to get immediate funds and leverage on the future level of inflows to package this for Africa. Almost everything that is needed is in there. The presence of technology and skills is very crucial. There is a huge cost burden on healthcare. Africans, who can afford, have started travelling to other countries for healthcare, leaving behind those who cannot access advanced technology and skill-driven care.

Therefore, Japanese presence and the works of a good country that can support Africa through the private sector are welcome. Establishing technology and skills that are absent will probably cut down the expenditure of healthcare that traveling and accommodation raise. If the facilities and services exist, it is not much of a challenge. These things are needed for technology.

The partnerships between private sector in sponsoring trained Africans in the healthcare delivery to specialize and acquire knowledge are also necessary and important. Sponsoring excellent programs, younger people, doctors and nurses to come and work in facilities with a view of acquiring training, skills and knowledge are being looked at.

The private sector can drive a young African doctor to go to Japan to specialize in oncology for 3 years and return and utilize the knowledge at home. Nurses can be trained to specialize in different disease burdens and the private sector companies and corporates that make devices, medicines and practice health can support this. Private sector involvement in this direction would not cost much.

On its part, Ghana has the responsibility of building infrastructure that attracts private sector investment into the country. The oligarchic regimes need to be looked at and the old laws need to be amended to make them private sector friendly so that investors can come, do their business and make some margins to take good returns back home on their investments.

Ghana needs to be disciplined enough and responsible to manage the macro-environment so that the investors can come into an environment without any erratic fluctuations and changes in macro-indicators and have confidence that their investments will be protected. Ghana needs to strengthen the private sector by making policies more business friendly to attract investors.

These things need to be looked at besides technology and funding. Training and managing things in an efficient manner can stabilize the macro-environment, so when growth comes it is okay.

Ms. Blanke stated that there is a give and take and a certain level of government support is needed by creating a business-friendly environment. Although finance and technology is needed, Japanese business sector's knowhow and expertise is also important.

Takao Toda
Vice President, JICA

Mr. Toda talked about JICA's activities in the private sector collaboration to promote health service in Africa and how that complements what Ghana is doing.

The most important job for JICA vis-à-vis private sector is to attract the Japanese private sector towards Africa. The MMR, Mortality Rate of Mothers, is 100 times more in Africa than in the other regions of the world.

Despite a remarkable improvement, the number of children and the rate of under-5 malnutrition stunting is still increasing in Africa. The stance of the holistic approach starting from infectious diseases, beefing up Noguchi Research Institute, health system strengthening, the MCH handbook, non-communicable disease control, and food security is being taken.

In August 2016, JICA established UHC in Africa in collaboration with World Bank, African Development Bank and the WHO, and some other important factors such as Financing, Services, Equity, Preparedness, and Governance. JICA expects all private sector stakeholders to be interested in these comprehensive approaches.

JICA has lots of wings like money, technology and volunteers. JICA is also keen to strengthen their relationship for private sector and utilize their wisdom, experience, experience of failures included, for the betterment of Africa. JICA does not want to limit their activities to target countries. JICA expects 55 countries in Africa to be benefitted, be active, and be empowered by their own willingness.

In Kenya's case, in addition to ¥4 billion concessional loan, JICA continues lots of technical cooperation, volunteer and research work by paying due respect to Kenyan government and people. The same thing is being repeated in Ghana.

Ghana gained independence in 1957. JICA immediately sent their technical cooperation mission and established the Noguchi Research Institute. JICA is spending much of its energy, passion and affection on quality service coverage, sustainable financing, and strength in having IMR, the main platform.

As Prime Minister Abe mentioned, Ajinomoto Company is enthusiastic about nutrition issues in Ghana using KOKO Plus. In addition to KOKO Plus, they are now using MAMA Plus.

In Uganda, Saraya's powerful activities improve the sanitation issues in sync with the *kaizen* and the gradual improvement spirit that originated from the United States but was brought up in Japan.

Cancer Scan, Dynamic Company, makes free use of healthy kiosks which benefits around 1000 people. Thousand such kiosks would change the attitude of one million people. Such innovative activities have been brought by a Japanese company.

Grain was exported to Bangladesh, where it was grown locally to drastically improve Africa's nutrition situation where one-third of children are still malnourished.

JICA has a triangular collaboration with universities, private and public sector. Kenya utilized cell phone to make it more resilient. This system should be prevalent in all the continents.

TB package, TB-LAMP and delamanid, Genoscholar is based on the Prime Minister Office's initiative to be expanded in the Philippines, Indonesia and Afghanistan, and Africa in the future.

In brief, JICA's activities support the private sector's strengths in terms of innovation, technology, sustainability as ODA is not sustainable and scaling up. JICA is not satisfied with a small success story in some part of African country but wants to go to all the continents to be dynamic, sustainable and successful.

Plentiful opportunities exist in new issues of non-communicable disease prevention, health promotion, and digital MCH handbook. At the end of the century, one out of four people in the world will be African. Africa is not a regional but a global issue. Africa is a Japanese issue. People should work for Africa, not only for their own sake but for the sake of Japan as well as the world.

Jennifer Blanke stated that it is true that Africa is a regional and a Japan issue. It also covers a lot of the key issues in terms of the importance of a holistic approach. When it comes to nutrition, it is not just how much is being produced but what actually is being eaten and the nutritional value of what is being produced.

The rise of non-communicable diseases is becoming increasingly important in Africa and other parts of the world and requires a different approach than the traditional one to communicable diseases. The importance of Universal Health Coverage is something that more and more governments around the world want to provide and that people expect.

Yasusuke Tsukagoshi

Special Representative, Japan, World Bank Group

Mr. Yasusuke reflected on what the World Bank could do to strengthen the African health sector in achieving Universal Health Coverage as it has been working on this not only in Africa but also worldwide.

The UHC is such that medical services are available to people when needed and avoids people experiencing poverty because of health issues. The overall objective of the African Development Bank and the World Bank is to eliminate poverty, which is a basic issue. In explaining UHC, people often talk about UHC cube.

Population coverage means that everyone must be specifically covered under the UHC, without leaving anybody out. What kind of medical services must be provided is not an easy topic. Depending on each country's priorities, appropriate and efficient services must be provided. In many countries, the service coverage relates to the quality and the necessary medical services being provided by the private sector.

What is relevant from the financial institutions development standpoint is that when all people and services are covered, what financial projections are being done. In many developing countries, poor people cover their own medical costs. Out-of-pocket medical costs are becoming large, so when people fall ill or get injured, they become poorer as they are not able to afford the medical services. Something needs to be done about this.

At the TICAD-VI in Nairobi, last year, the World Bank, Japanese government, JICA, WHO, African Development Bank, and the Global Fund got together to talk about the global health coverage in Africa and announced the Action Framework number one, two and three covered under the UHC cube.

Additionally, the fourth point is preparedness or health security. The Ebola experience would provide the leverage to deal with communicable diseases. The Universal Health Coverage point out that preparedness is important.

The fifth point is that in order to achieve SDG or similar goals, there has to be governance, which in the world of Universal Health Coverage, is particularly important.

The World Bank and the Global Fund deal with these issues together. The World Bank will fund up to \$24 billion over the next several years. An important approach in this connection is the *Global Financing Facility, GFF*. The target is to basically protect the health of women and children.

Realizing Universal Health Coverage would go a long way towards achieving this goal. The GFF is being implemented in 16 countries worldwide and 12 African countries. The World Bank wants to expand this in support with the JICA and the Japanese government. GFF is about ownership of the countries themselves. The overseas aid agencies,

governments and private sector will be involved in creating a country platform.

Based on this platform, the concerned entities will formulate the most effective investment plan. The financing also needs to be examined to make these investments sustainable.

For the health sector to end its reliance on overseas aid, the domestic, public and private finance, tax reforms, and financial sources need to be studied, prioritized and leveraged. Health financing strategy is being contemplated. The financing plan is such that the GFL set up a fund. In Africa's case, highly concessional IDA funds will be used to support.

Additionally, similar to the Universal Health Coverage in Africa, the Pandemic Emergency Financing Facility, PEF, was introduced. The global private sector needs to be involved to quickly deal with the pandemics and adhere to the international health rules. When possible, innovative health mechanism should be used to deal with the financing needs. The global private sector reinsurance or catastrophic bonds, already being used for natural disasters, should be applied to pandemics along with the private sector. This is a major innovation.

Jennifer Blanke stated that this goes back to some of the key issues, which are the importance of having the right kind of governance structure to allow this to work, the importance also of national ownership but of scale, because if it cannot be scaled then it is not possible to deal with issues Africa-wide.

She changed the focus a little bit to the other side of the win-win equation due to the fact that this is a business and there is market share to be gained.

Tetsu Kawamura
President, Lequio Power Technology Corporation

Mr. Tetsu talked about how a Japanese SME can position itself to gain market share in the African health sector.

He stated that Lequio Power Technology Corporation is a very small company with a few employees. It provides affordable medical devices to 30 countries around the world. Being an SME they cannot localize their business as there are too many competitors.

A lot of cost and labor is necessary to advertise the company in Africa. Incidentally, Lequio was supporting JICA and that is how it got involved with Africa. By going to Africa, Lequio found that their position in Japan, US or Europe is entirely different compared to their position in Africa. This is why they started this business.

If Japanese SMEs or small venture companies in the healthcare sector limit their business to Japan or western countries, there are too many regulations that make it difficult to even start a business. Investors

should try Africa, and JICA will provide support for an interesting business opportunity.

Lequio developed the ultrasound diagnosis device in 2015 as per the Sudanese government's request. Lequio could develop this device as this technology is 40 years old in Japan and there is no patent anymore, so people can develop this device.

It is possible to manufacture this product as there are many people who are able to provide support. The assumption is that Africa needs something that requires technology, not necessarily latest, that would be very helpful. In Japan, this technology may be old and obsolete but by combining it with IT, it is possible to make it affordable and easy to use. This is where SMEs could play a role in this sector.

Lequio is supported by JICA. In Sudan, Lequio started training midwives to use echo and now 50 midwives are able to use this device to do the screening for maternal health. Lequio believes in not only selling products but also imparting training and education. To combine training with the device is extremely important. The usual ultrasound provides an image, but Lequio is using cameras that capture from outside, so the camera is shooting externally and the internal image can be viewed on the video screen. This whole process is very easy.

Textbooks can be made using this image. It is very difficult to use this device, so training and knowhow is important. This is the Egg of Columbus. This something usual as no one has ever tried if before. Images are uploaded to the cloud, where one can freely access it and learn. Advice is provided based on this image. Lequio provides this device and service and improvises it in a way that would suit the local community. It also provides training support.

Lequio not only sells the devices but also the diversified business model. Although Lequio wants to sell a lot of devices, being a small company it takes time to be able to sell large volumes. The business model is important. Lequio used IT like Google. With Google, one does use Encyclopedia anymore. The same can be done with Lequio. Lequio, being a small company, is trying to do the same by involving large companies to work together to realize the business model.

Certification of medical devices from each country is very important and Lequio needs cooperation on this front. In Japan, US, or Europe, devices are expensive. Interestingly, in Africa the price is same for the same device but the amount that one can afford is different.

If there are only expensive devices, that raises the cost. To make it cheaper, the cost of certification and approval needs to be minimized as much as possible. If the African countries can come up with a rule to show that this device is safe and if the certification process can be simplified, it would be easier to introduce Lequio's device. If such a mechanism is introduced, it would be very helpful for Lequio.

Jennifer Blanke stated that the above talk gives some clear food for thought on a few things. The idea takes a holistic perspective that devices need to have a well-functioning IT infrastructure to work. The other big story is leapfrogging the intermediary stuff to get to the newest and make sure that it is adapted in the African context.

Finally, she invited *Mr. Tsubaki* to talk about the finance side of things. She added that everybody would be interested to hear *Mr. Tsubaki's* perspective on opening a private equity fund in the health sector in Africa. What are the business opportunities in this sector and are there more benefits than risks?

Susumu Tsubaki

Representative Partner, Asia Africa Investment and Consulting

Mr. Tsubaki stated that Asia Africa Investment and Consulting, AAIC, is the first private equity Japanese fund focused on Africa.

AAIC has invested in several businesses. The first one is in Uganda which is agriculture and processing for Macadamia nuts. AAIC has funds in 300 hectares of land right now.

The second one is the Toyota Tsusho SV Fund, which is a Kenyan company focused on medical and ITC. This is an investment through the funds.

The third one is Katonga Farm Limited, which is going to invest in Zambia, in the field of sago farming on a big scale in an agricultural area totaling 2700 hectares.

The last one is invested in the garment industry in Ethiopia and is a Japanese subsidiary company from the fund investment.

AICC introduced their next fund, which is Africa Healthcare Fund, which just started this week. This fund focuses on private sector investment in African healthcare issues and business. AICC's target is not big and is only US \$100 million base for 7 years.

AICC is basically focused in four areas. One area is advanced medical care. Even though it says advanced, it is basically very primitive. One is in oncology in areas such as cancer and the other one is in the area of heart attack or stroke. Third area is in the area of diabetes. There is a huge opportunity in these areas as recently the number of patients with such types of diseases has increased.

The second area of focus is healthcare tech. This is very important for AICC because in the countryside, people do not have access to the AI diagnosis or tele-diagnosis or telemedicine. In Japan, it is basically very difficult because of the many barriers. In Africa, the AICC is looking to invest in the very big Greenfield area of technology, which is coming faster in the African continent. M-PESA is one such service from Kenyan

Safaricom in Africa. In Japan, it is very difficult to do this. The same thing has happened in the medical healthcare tech areas.

Third is the medical service area, which has a very wide variety and is not only service but also human development or healthcare insurance or distribution. There is a huge opportunity in distribution, which means drug or pharmaceutical distribution. This area has quite rapidly increasing business opportunity.

The last one is the public health. Basically, there are already many laboratory systems or healthcare, public healthcare, and these are also very interesting. AICC is a private company and not a development donor, as they look for return on investment. There is a huge opportunity in the African healthcare market in the long run, say 10 years from now.

In many countries, there are foreign pharmaceuticals such as Novartis, Pfizer and Gilead. Japanese pharmaceuticals or medical companies have a huge opportunity to invest in private sector areas, if possible with JICA.

One surprising example is that of investment in Luanda Medical Center in Angola. The total investment is US \$80 million base, half is private funds, half is OPIC, the US bank. This hospital annually receives 450,000 patients. There are 1500 patients coming in and per year there are 5000 operations and surgeries being done in the hospital. The amazing thing is its internal rate of return is 20% annually. It is a huge opportunity with 200 doctors and a very good hospital.

AICC can possibly do this business, but need to collaborate with the government for support in the areas of healthcare insurance or the many tariff or education issues. AICC would like to utilize this huge opportunity to make country-specific investments.

Jennifer Blanke summed up the talk by saying that exciting opportunities exist out there. The importance of blended finance can be seen more and more in the health sector. The investments also need to be de-risked to a certain extent. For people, who are interested in that, it would be replicable in other funds. If someone is interested and has not been closed on yet, they can come make that particular investment or invest more in healthcare in Africa.

The first round of discussion was very interesting. The second round would get into more details.

Addressing *Mr. Kwaku*, she stated that the governments in Africa have traditionally been receiving overseas development assistance, ODA, from advanced economies or international organizations to support the health sector. Are there any changes in that role over recent years given the interests of the private companies in getting involved and doing business in the health sector?

Kwaku Agyeman-Manu stated that ODA is a reality that nobody can run away from. One can continue to benefit from it sitting at the recipient end

forever. JICA is supporting Ghana right from the basic primary care. Ghana has been doing a lot of prevention. Ghana has a policy of taking healthcare to the doorsteps of the rural people. JICA is supporting the Community Health Services Program in some of the displaced regions of Ghana. GAVI or the Global Alliance for Vaccines and Immunization is their own program, but they are exiting aid to Ghana by 2021.

Global Fund, which helps in identifying disease burdens such as Malaria, HIV/AIDS and tuberculosis is also exiting. The President of the new Ghanaian government that won in January has declared *Ghana beyond Aid*. In this regards, Ghana has some medium-term strategy and plans in place to try to wean them off of aid. Ghana needs to look at new sources of funding. Ghana can definitely not continue to increase taxes. Ghana cannot continue spending all government money into health. There are several obligations for the state and so private sector funding has become the new model.

Presently, Ghana has started talking about outsourcing some high level government facilities, where they play the rule of public-private partnership in some facilities like management and procuring infrastructure to learn to deliver healthcare. This is a reality that nobody can run away from disasters again. Sooner or later, everybody will have to set up and look for their own private sector funding source. Ghana is attracting and getting more foreign direct investments into the country.

People are coming from India and China and setting up facilities and subspecialties. Some companies are setting up medicine manufacturing plants without government money. Ghana has an obligation to ensure that their investments are protected and they get good returns on these investments. Ghana is at the center of a lot of countries, who have patients who travel far away for healthcare. Ghana can get markets to invest into their healthcare systems that yield results.

Jennifer Blanke stated that it is that positive feedback loop that has the domestic resource mobilization through taxation. But for that to happen, a thriving private sector is needed to attract private sector investment, thus ending up with a healthier population. It would be interesting to watch that continuous story unfold in Ghana.

She asked about *Mr. Toda's* perspective on how can a win-win situation between JICA and the Japanese private sector in health be insured. Has it been easy to find Japanese companies to do this or is it difficult to really go out, grab them and get them interested?

Takao Toda stated that that is the human bridge which is ongoing. In the name of ABE Initiative, Africa Business Education Initiative, and with some other brilliant initiatives, the best and the brightest, who are willing to be the new group of human bridges from Africa, are being sent to Japan.

The triangular win-win structures including the public, private and academia sectors can be realized by making full use of these excellent human bridges. The best and the brightest who are in Africa and who are

in the excellent universities in Japan can be the bridges between the two nations and be the symbol of the win-win strategy.

Jennifer Blanke stated that the positive feedback loop is important.

She turned to *Mr. Tsukagoshi* to get World Bank's perspective in universal healthcare. How can the World Bank work with the private sector encourage universal healthcare, which is not under the purview of the government? Does the Universal Health Coverage require more privatization of medical facilities, greater private sector participation supplying medical equipment, pharmaceuticals or a combination of all these to roll out its services?

Yasusuke Tsukagoshi talked about the UHC cube. There are two dimensions for the involvement of the private sector. The first is financial protection. To prevent people from falling into poverty as a result of receiving medical services, social protection and social health insurance is needed. These are important and are provided by the government. In many countries, the private health insurance is complementing or replacing government support. In India, health insurance is being outsourced to the private sector. In Ghana, a community level insurance mechanism exists.

The people in the community have an increased awareness of how risk should be covered. This has been combined with the national level insurance. In the world of financial protection, there is a complementary relationship between the government and the private sector insurance. One sector cannot be expected to do everything. The government has a large role. The informal sector should be covered by the government. In order to do this, the pie becomes bigger by teaming up with the private sector. This is very important in financial protection.

On the service delivery side, the private sector is involved in various forms. By engaging the private sector, the service becomes more efficient, particularly in areas like pharmaceutical distribution. The private sector brings in the innovative products. Furthermore, the private sector finance is introduced as a business, but the quality is not necessarily acceptable and may not cover all people. Appropriate government supervision and regulation is important. By doing this, higher quality can be provided for existing services.

A unified standard criterion is important and insures existing higher quality. The public sector plays a large role in this. The GFF provides a countrywide platform. The private sector is involved from the upstream. The investment that is important is prioritized, with the financing to enable private sector service delivery. The government is involved in thinking about this and formulating funds from the initial stages. That is what is ongoing under GFF. The results are being eagerly awaited.

Jennifer Blanke stated that the dance between the public and private sector will be critical here. The private sector is going to be providing a

huge amount of the services both on financing and provision of health side directly.

Turning back to private sector perspective, *Mr. Tetsu*, what are the strategies that the private sector should take in order to make healthcare more affordable. Also, what are the learnings from Africa in terms of the famous idea of reverse engineering?

Tetsu Kawamura stated that the term *generic medical device* is often used for reverse engineering. Technology itself is generalized, but it tends to become expensive in case of medical devices. It would be very simple if many such devices are treated as usual household electric appliance, with 50% of a profit and sell. But if expensive medical devices are sold in that manner, there will be a lot of friction, which is not necessary. People, who need high level advanced functions, can sell expensive products.

The first step is important for places that cannot access expensive devices and a way must be thought to realize that. Advanced devices mean that the doctor or the hospital wants a customized device. Customized devices are more expensive. The first step should be something that everyone can use in the same manner. Having one design that everyone can use and how to use that device is very simple.

The first step to make something affordable is to take advice and enhance the functions. It is important to improve the level of skills by adding IT and basic training. In rural area, sometimes there is only one doctor, so it is very difficult to acquire and learn new technology. It is possible to device a method using remote technology and database through which the doctor can learn new skills that would be cost effective and raise the level of service. This mechanism can be realized if the device can be easily used and is easily available at an affordable price.

Jennifer Blanke stated that in terms of the private sector on the financing side, what role private equity funds can play in accompanying the local private companies in the health sector.

Susumu Tsubaki stated that at the moment a reform or a revolution was taking place in the medical world. ICT is being applied and countries like India and other mid-emerging and mid-income countries are offering things that are extremely affordable. This kind of idea is applicable in Africa and there are some interesting examples. Ethiopia has a service called the *Hello Doctor* service, which uses a smartphone to make a diagnosis. Japan has a telephone treatment or advice where diagnosis is made without any charge.

Ethiopia has a framework that enables physicians to officially hand down the diagnosis and offer prescription because of the low number of physicians and patients. Mexico has a huge player that already has 5 million users. This is business viable and the same concept applies in Africa. Africans with visual impairments are charged ¥100,000 per eye for IOL lens, whereas the same costs \$100 in India. If IOL operations are offered at \$100, then the number of patients would increase.

Africa has 6 million people, who remain blind as they cannot afford surgery. Doctors are performing 20 operations per day on a daily basis, so they can gain income level similar to that in advanced countries. If the doctor can see many patients and reduce the surgery cost, more patients would come. There are doctors, who are doing the same in gynecology and cardiology.

The business model where reduced cost increases the number of patients a physician can see in unit time can be transplanted in Africa as well. The private equity wants such endeavors to become business viable for them to make investments.

Jennifer Blanke talked about the importance of frugal innovations, not to forget that at stake is the human rights issue of blind people, who are blind because they simply cannot afford the operation.

With this, Ms. Blanke opened the floor for questions.

Q&A

Gabriel, from a Japanese NGO Ashinaga supporting orphan students in Japan and worldwide, asked about the shortage of medical doctors. Considering the fast-growing population of Sub-Saharan Africa, the number of doctors needs to increase at the same demographic speed.

Another important actor of the healthcare system is the healthcare workers, like nurses, who need lower skills, but are important for communities in order to reduce waiting lines, and who can work directly with NCDs and in the lifestyles of people, and also can bridge the gap between doctors and patients. How important are they and how can the problem of healthcare workers' shortage be approached.

Kwaku Agyeman-Manu mentioned that within the last 5 months, Ghana's Ministry of Health has alone recruited close to 17,000 nurses and allied health workers that were a backlog of the IMF-government arrangement that were not employed. The Ministry is looking at offloading some of these health workers into other places. These workers are very important as they are part of the equation that looks at how best the health services can be delivered.

Ghana is looking up to countries like Japan to train them for 3 years in a Japanese facility. After acquiring advanced skills, they can be recycled into other parts of Africa and Ghana as well. Ghana has the capacity to train them for African countries and the developed world, provided the private sector supports and provides investments for them to work in an advanced environment, where they can learn new skills and specialize so that the whole world can utilize them.

Jennifer Blanke stated that globally healthcare workers at all levels are going to be important in the coming years, particularly given the ageing

societies in some parts of the world and the need for healthcare in places like Africa.

With this, Ms. Blanke invited the panelists to comment on one wish that would improve the healthcare sector in Africa.

Takao Toda stated that it would be the *belief, trust* and *wisdom* to achieve UHC by believing in future and in each other. Wisdom can be shared based on the trust.

Yasusuke Tsukagoshi emphasized that the private sector is very important. In order to realize UHC, the government has a very large role to play in securing the financial resources. To secure the domestic financial resources will be a large problem and a large issue going forward. The position of the private sector in UHC is that the government and the private sector must grow together.

Tetsu Kawamura stated that the private sector cannot depend on funding from others and must be able to make their own profit. To be able to do that in an affordable manner, medical devices certification should be simplified as much as possible through a common platform established in Africa.

Susumu Tsubaki stated that good investment and good partner would be important in these areas.

Kwaku Agyeman-Manu stated that the health sector delivery should not be considered as a special service any longer but a complete business entity. The multilaterals should work towards funding private sector to make interventions affordable. Procedures like renal dialysis are quite expensive. If private sector can be supported to deliver these services cheaply, then the states can institute health insurance schemes that the Ministry can pay for and they can be built in the scheme of the governments. Having Universal Health Coverage for that will do.

Jennifer Blanke thanked the panelists and concluded by saying that healthcare is a win-win situation for Africa, the world, for businesses and governments, and especially for the people of Africa.