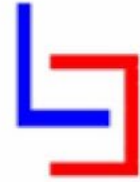


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13:30-14:45
Plenary Panel 1



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**



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*





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!



UNIVERSITY OF
Global Health
EQUITY

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





UNIVERSITY OF
Global Health
EQUITY

U

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Why do we need UGHE?

1.

We have too few
health professionals

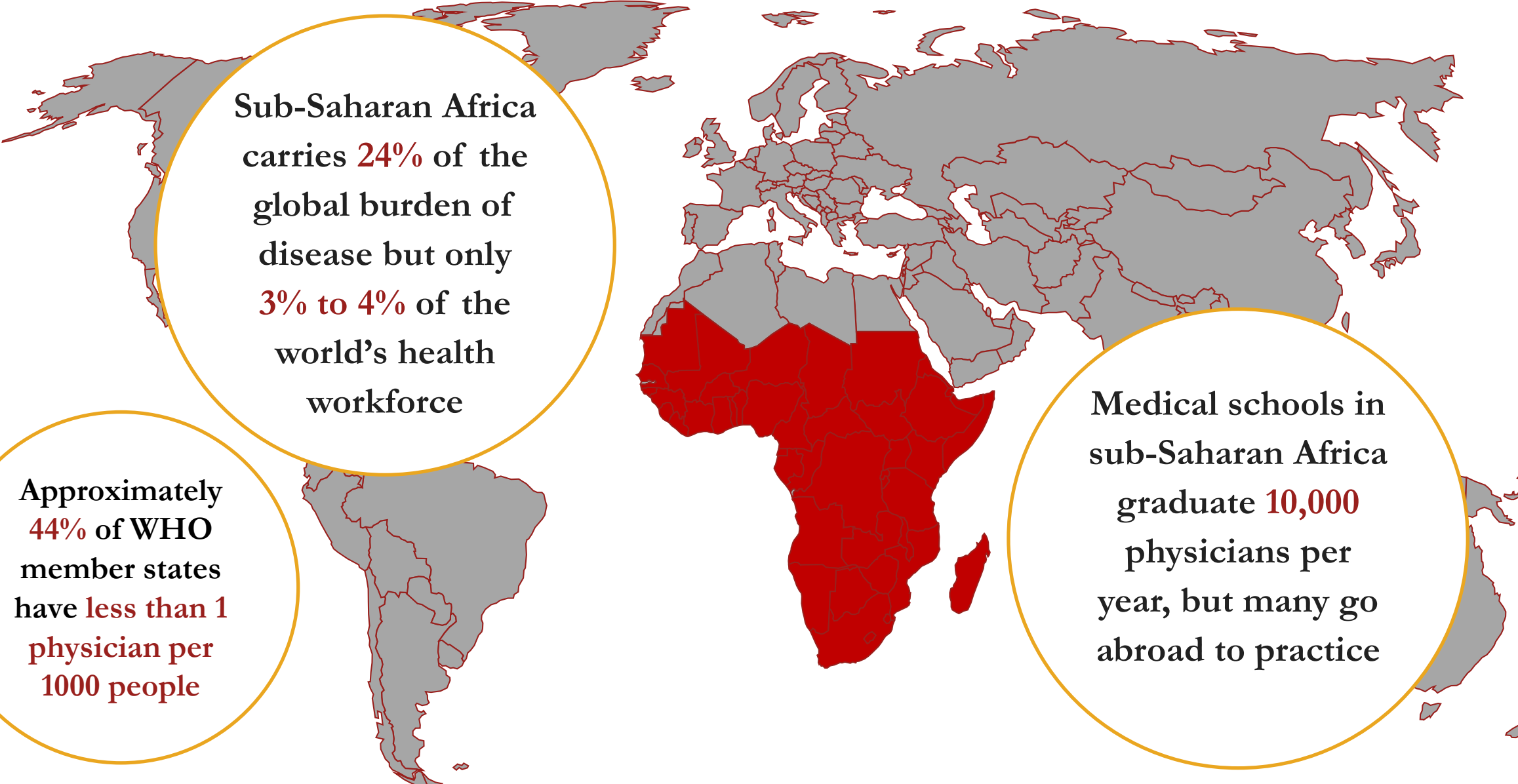
2.

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

Approximately **44%** of WHO member states have **less than 1** physician per **1000** people

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

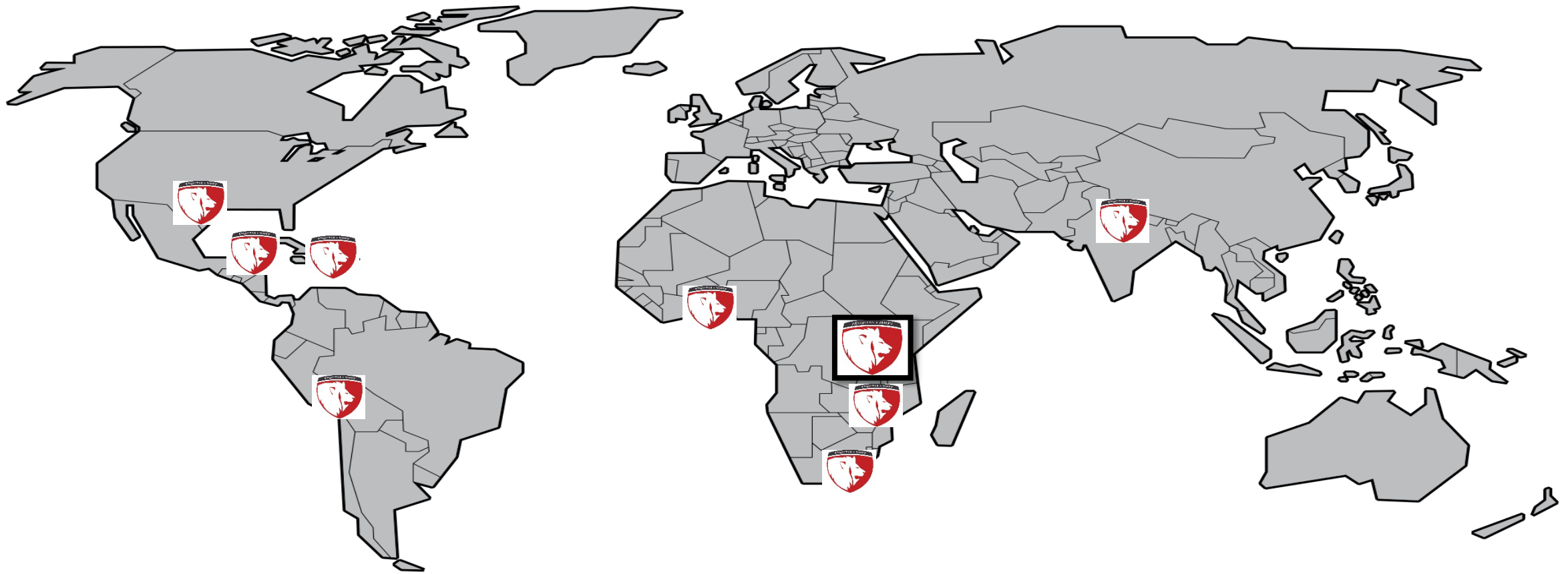


Equity in health care starts with equity in health education.

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...

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

| Mandate | Description | Output and progress |
|---|--|--|
| <p>Assembly/AU/Dec.417 (XIX) of 2012 decision</p> | <p>Endorsed establishment of Africa Risk Capacity to provide cost-effective contingency financing to improve planning & preparations for natural disaster</p> | <ul style="list-style-type: none"> • ARC Secretariat, • Drought product , • Contingency planning & capacity building |
| <p>March 2014 at the 7th AU-ECA Joint Annual Meetings in Abuja, Nigeria (<i>decision no. 927 (XLVII)</i>)</p> | <p>ARC Agency was requested to develop a mechanism where African states can access financing given the impacts of increased climate volatility and outbreaks before they become pandemics.</p> | <ul style="list-style-type: none"> • Extreme Climate Facility • River Flooding • Tropical Cyclones • Outbreak and Epidemics |



- 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

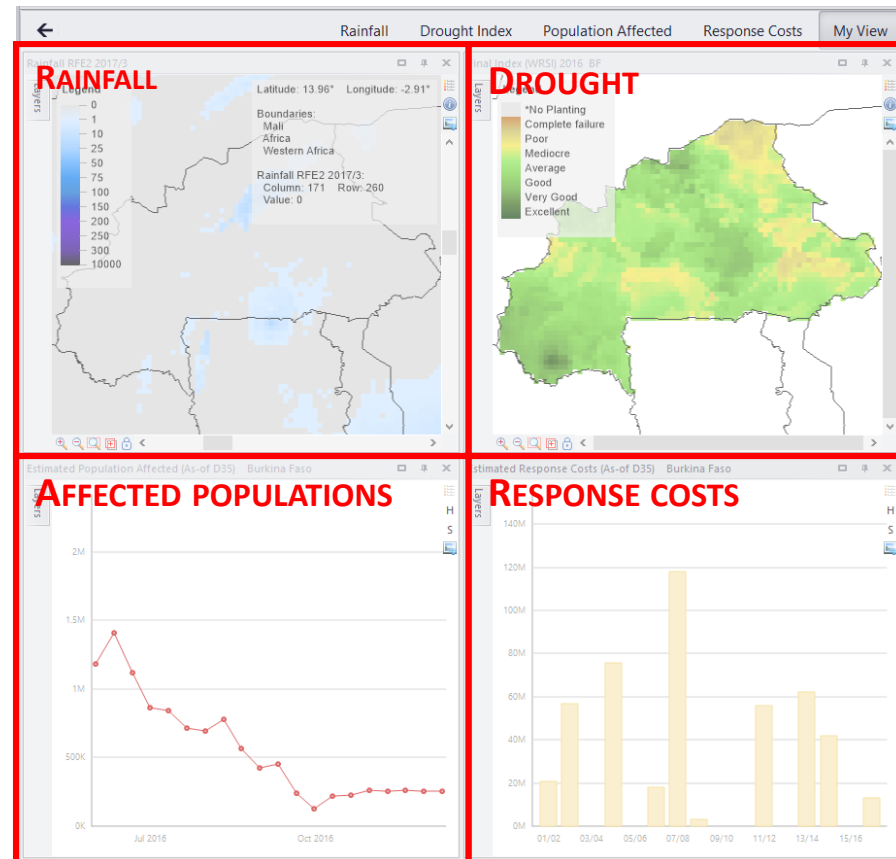
Case examples;

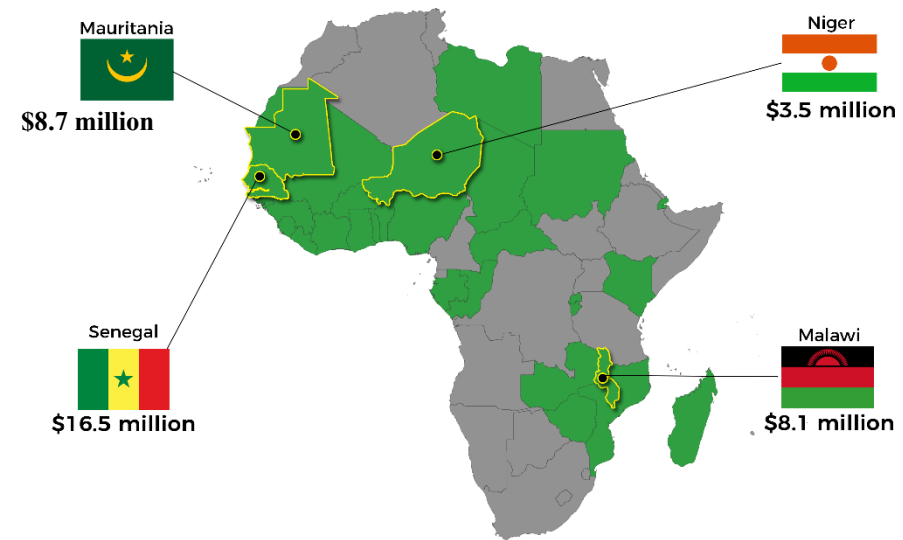
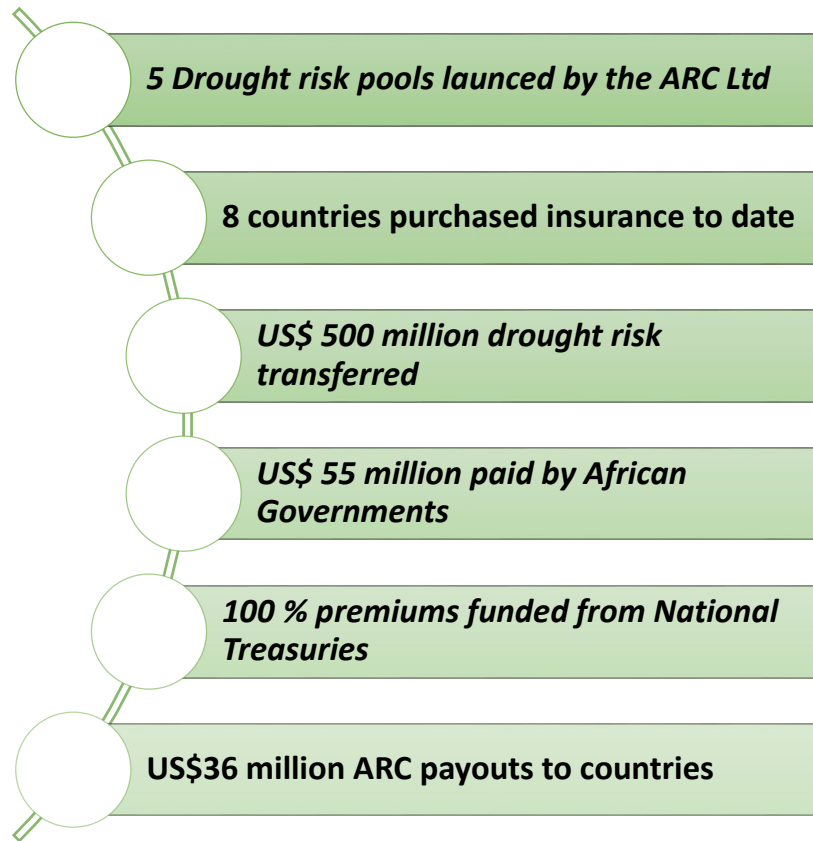
- Drought, and
- Outbreaks and Epidemics programme

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*





**\$36 million
paid out**

**Over 2.1
million
people
assisted**

**Over 1
million
livestock
assisted**

Demonstrating resilience, and sustainability: ARC payout distribution in the drought product



Senegal
(USD \$16.5 Million)

Planned/Implemented Activities

- Targeted food distribution
- Subsidized sales of cattle feeds

Beneficiaries

- **Total beneficiaries: 927,416 people**
- **Beneficiaries: 900,000 animals**



Mauritania
(USD \$8.7 Million)

- Targeted Food distribution

Total beneficiaries: 250,000 people

Most recent US \$2.4 Million payout in the process of being implemented



Niger
(USD \$3.5 Million)

- Targeted Food Distribution
- Conditional cash transfer and food distribution in drought-affected regions

Total beneficiaries: 157,000 people



Malawi
(USD \$8.1 Million)

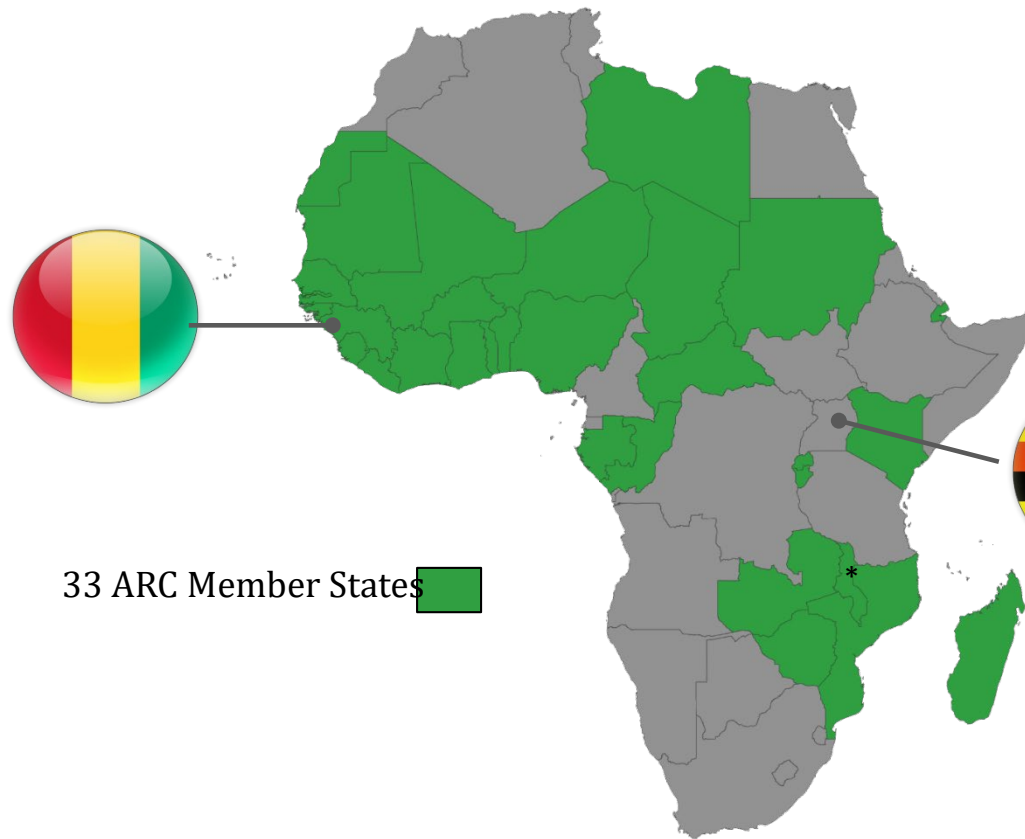
- Cash transfer
- Replenishment of Strategic Grain reserves


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



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

- 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**



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



Robert Kimbui, Senior
Supply Chain Manager,
Johnson & Johnson



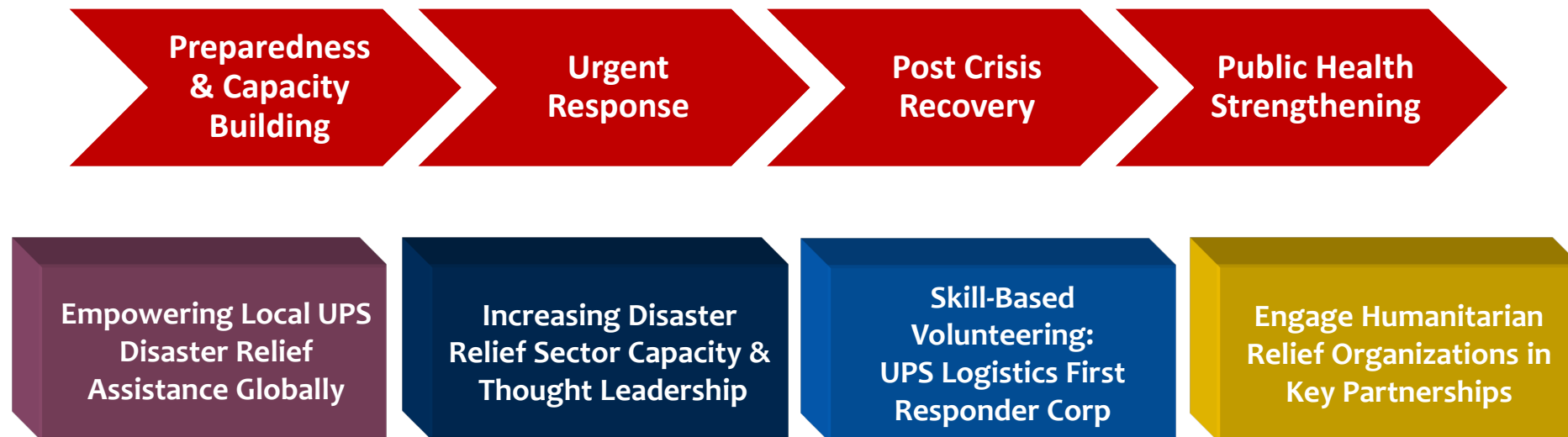
Alfons van Woerkom,
Head of Supply Chain, **The
Global Fund**



Malyse Uwase, Director of
Health and Impact, **Kasha**

UPS Humanitarian Relief and Resilience Program

Humanitarian Relief and Resilience Program and Health System Strengthening Workstreams



Private Sector Engagement in Health and Humanitarian Supply Chain Management and Logistics

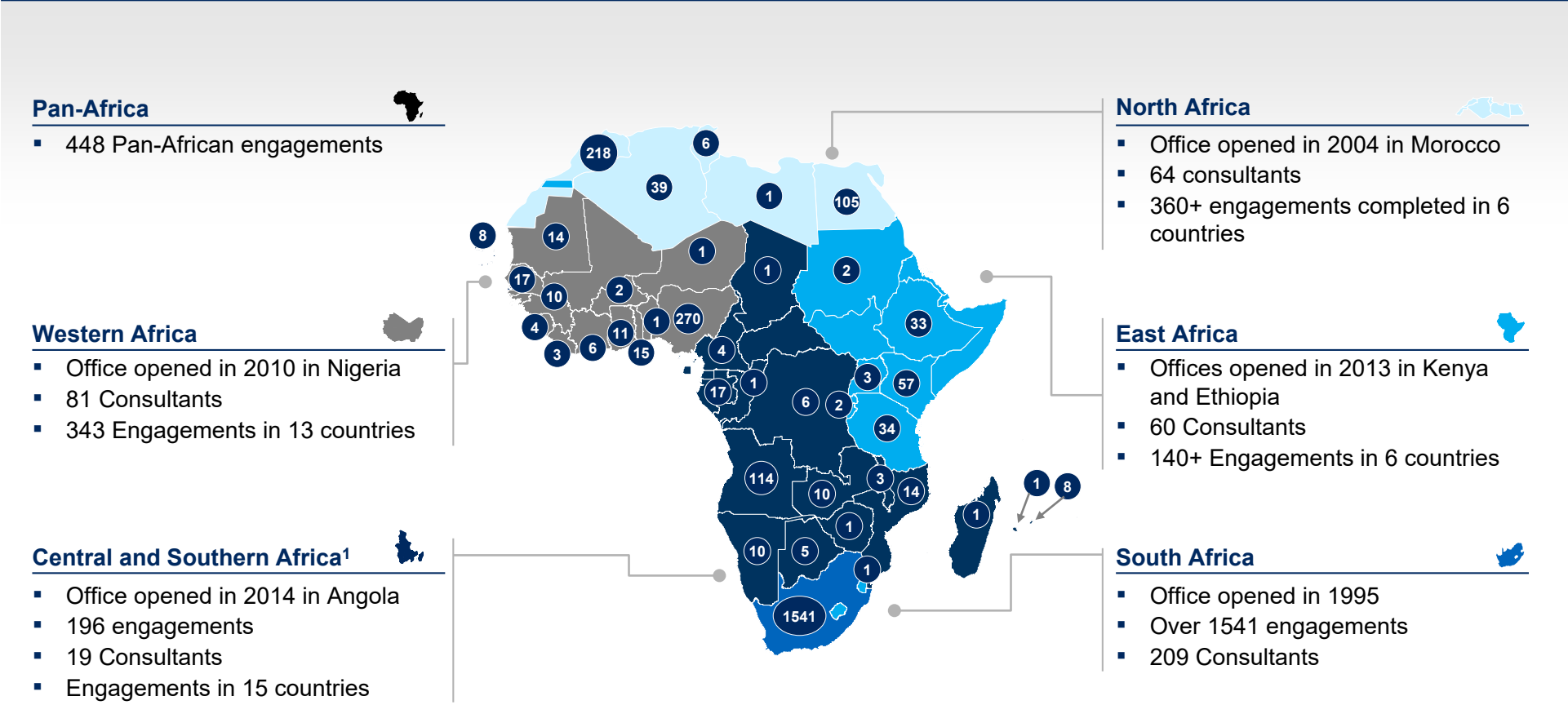
PRESENTATION

10 JULY 2019

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



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

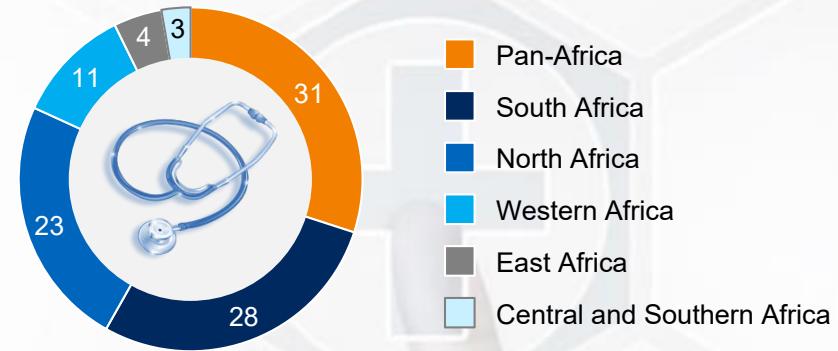


Project focus

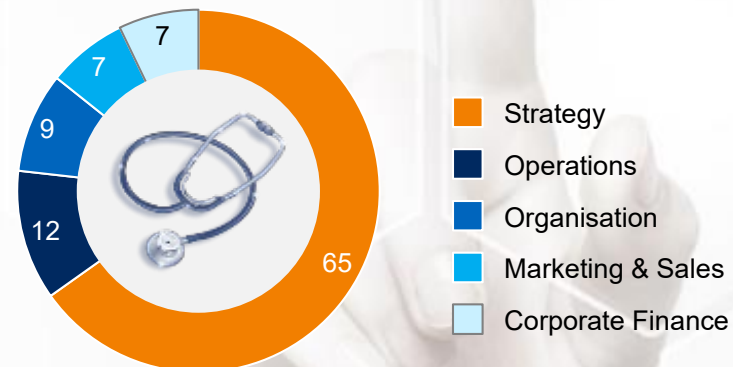
Engagements, 1973 - 2018

Percent (100% = 112)

Region



Function



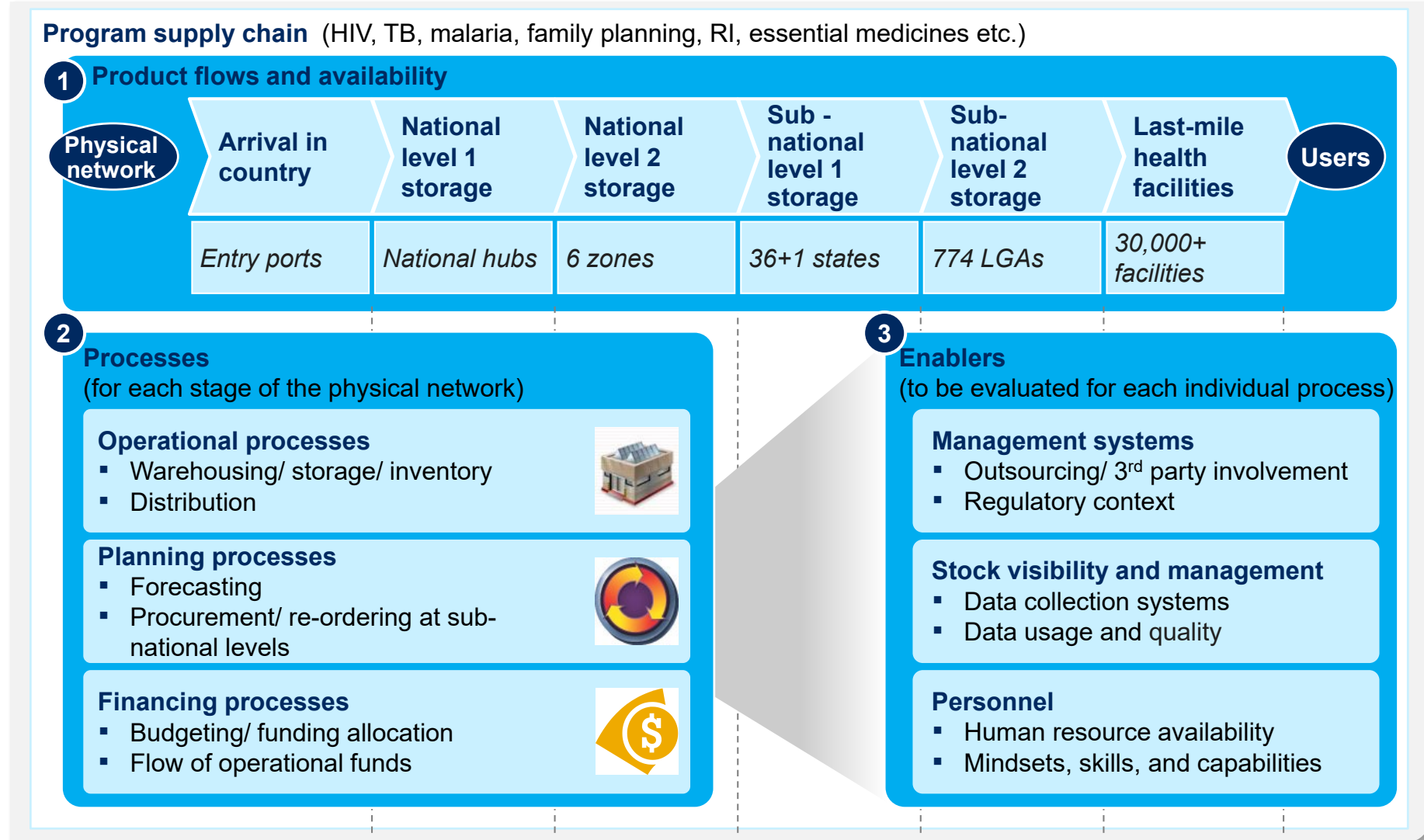
Contents

- Overview of McKinsey's work in Africa
- **Private Sector Engagement in Health and Humanitarian Supply Chain Management and Logistics**

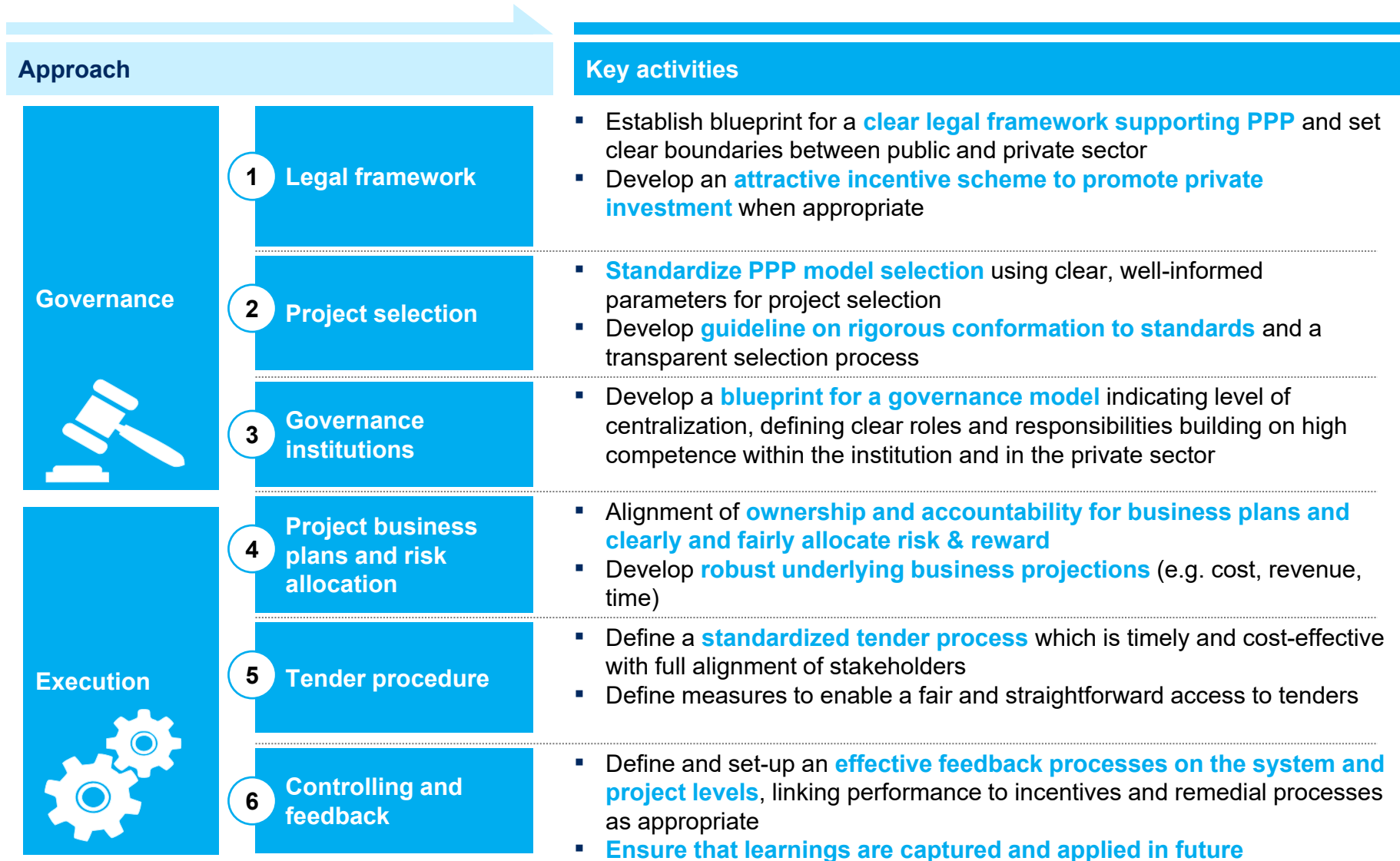
Private sector engagement can take place across any or all of the three supply chain pillars

Ownership and governance of supply chain

ILLUSTRATIVE



There are 6 best practices elements to guide the entire Private Public Partnership lifecycle





Johnson & Johnson
Global Public Health
Relentlessly Pursuing
Better Health for All

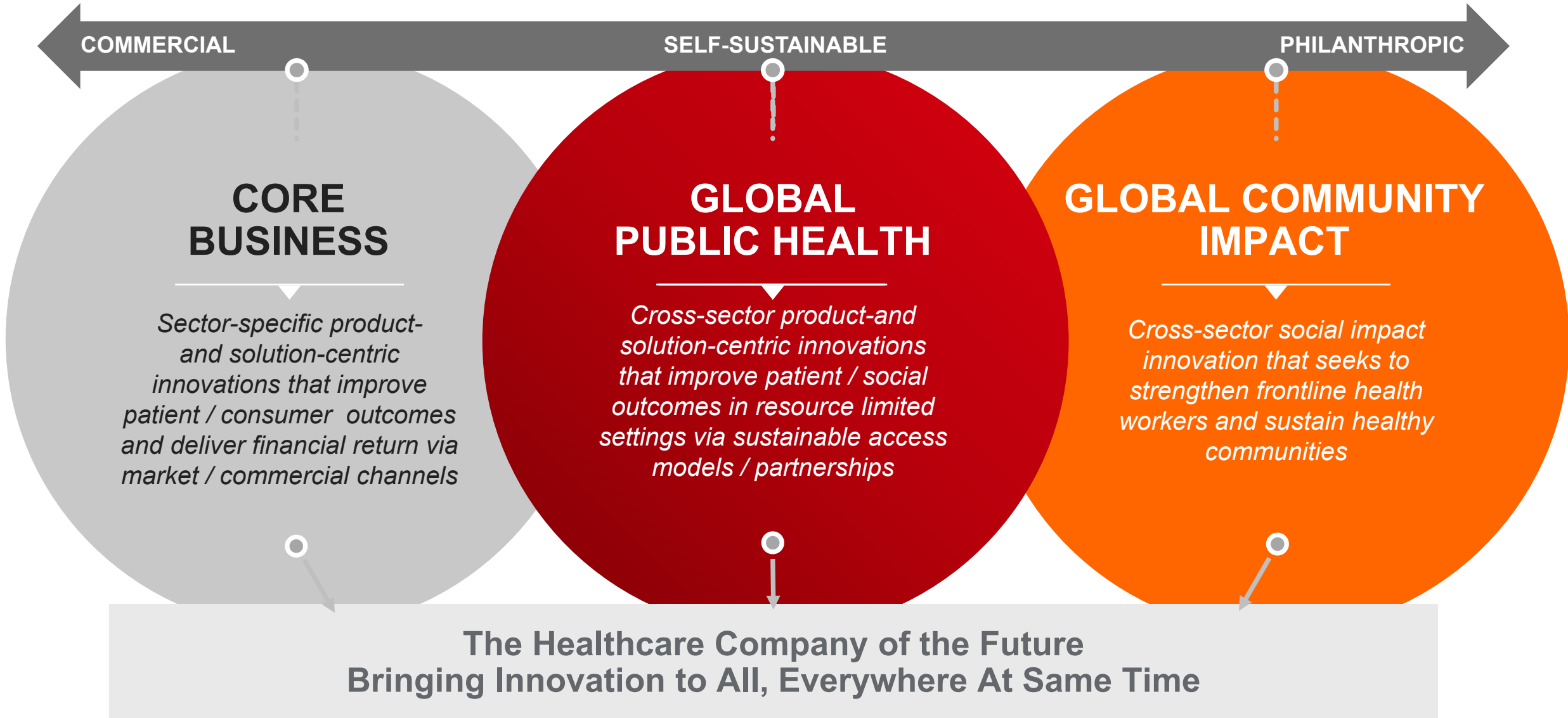
Johnson & Johnson Global Public Health Vision: Deliver innovation for all, everywhere at the same time

Mission

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



A Bold, New Approach



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

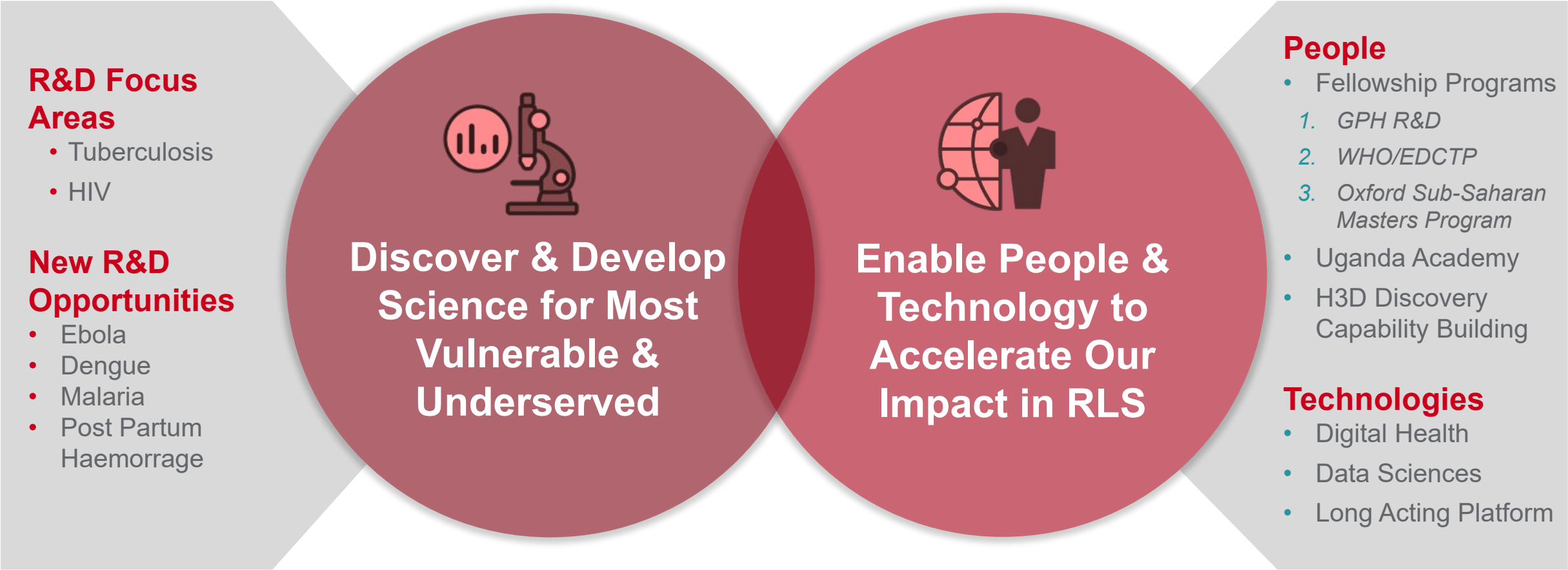
Vector-borne Diseases (Dengue, Malaria)

Vaccines (Ebola, Zika, platforms)

Essential Surgery & Trauma

Myopia

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



*RLS = Resoucre Limited Setttings

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

A photograph of two young girls in school uniforms laughing together in a rural field. The girl on the right is wearing a light blue school shirt with a crest on the chest and has her arm around the girl on the left. The girl on the left is wearing a red and grey patterned shirt. They are standing in a field of tall grass under a clear sky. In the background, there are some buildings and a tractor.

Fighting AIDS, TB and
Malaria to the Last Mile

 The Global Fund

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

4%

Latin America and the Caribbean

8%

North Africa and the Middle East

65%

Sub-Saharan Africa

4%

Eastern Europe and Central Asia

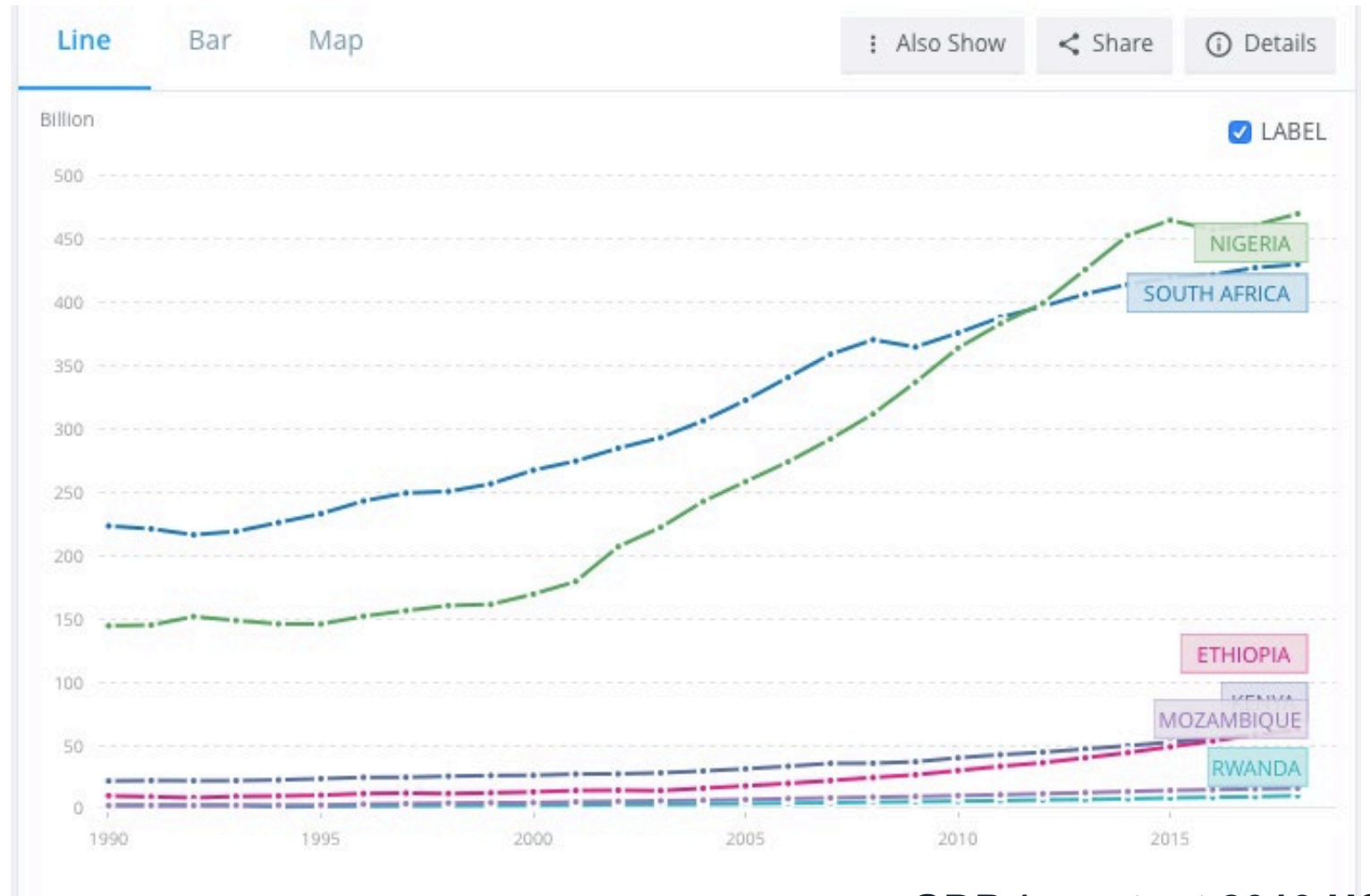
19%

Asia and the Pacific

Business Development of Public Health Supply Chain

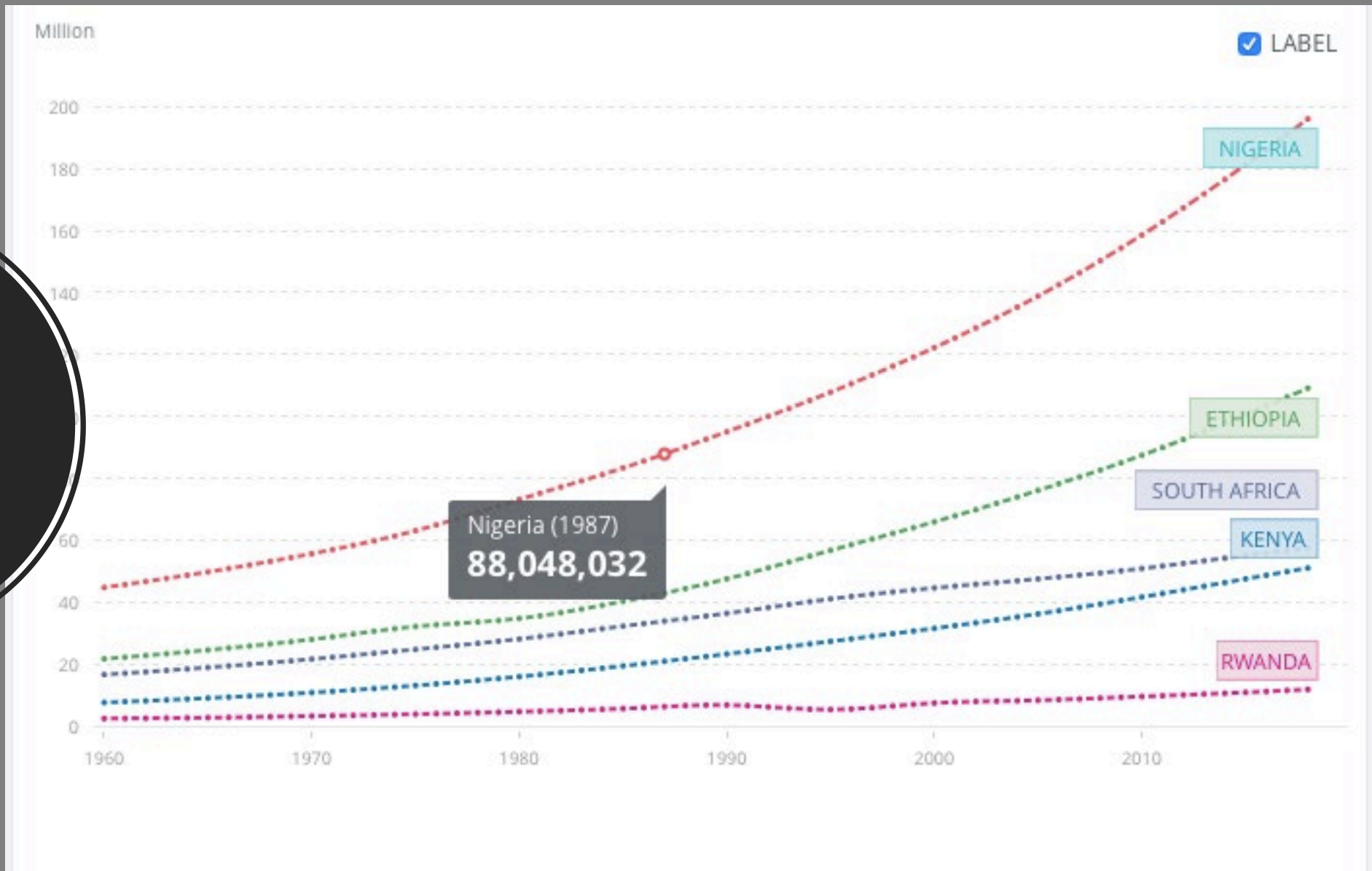


African Economic Growth

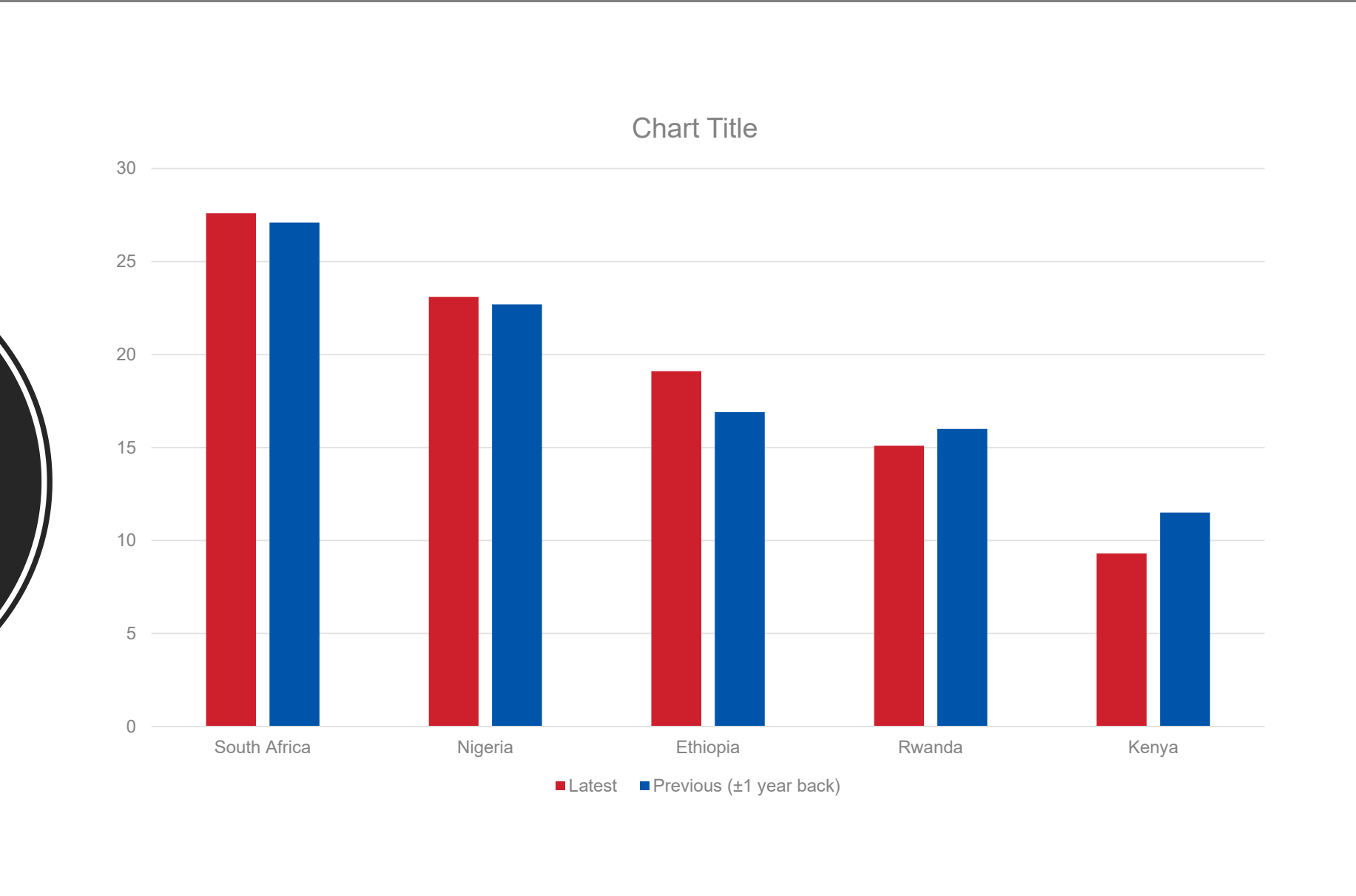


GDP (constant 2010 US\$)

African Population growth



African un employment



Where did the growth come from

- Agriculture
- Banking
- Consumer (health) goods
- Infrastructure
- Mining
- Telecoms / IT

=> Strong gov involvement

=> Strong gov involvement

=> Strong gov involvement

=> Strong gov involvement

=> Strong gov involvement

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  2019
Humanitarian Logistics 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***

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