



# House Rules

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- Let's get to know each other: please indicate your **name and organisation/country**.
- Let's make sure all **microphones** are **muted** unless you are speaking.
- Please feel free to **type questions and comments in the Zoom chat box**.
- Finally, we will be **recording** these sessions. Please raise any questions or concerns you may have in the chat box.

# Webinar Series Overview



# Where are you joining us from?





# Did you join our 1st webinar on "Priority setting"?



Yes, and I  
loved it

No, I couldn't  
make it



# What do you hope to learn today?



# Outline

Opening Remarks

Chair: Dr Ruth Lopert

Finding What Works: Ghana

Mrs. Joycelyn Azeez

Tried and Tested Methods:  
Thailand

Mrs. Netnapis Suchonwanich

Discussion

Chair & Speakers

Let's Get Active!

Mrs. Deepika Adhikari

Riding Through the Curve:  
Procuring During Pandemics

Dr Hugo Turner, Dr Merawi Aragaw & all speakers

Takeaway Message

Chair & Speakers

# Chair: Dr. Ruth Lopert



Director and Principal Consultant  
LWC Health



# Why is this topic important?

- ❖ Medicines, vaccines and other health products comprise a large share of total health expenditure in LMICs
- ❖ Policies and programs that optimise pricing and procurement can improve efficiency and sustainability
- ❖ The use of evidence to support pricing and procurement can enhance health system efficiency, effectiveness, and equity

# In this webinar we will

- ❖ Share the best practices in pricing strategies and procurement
- ❖ Learn about key aspects of the procurement systems in Thailand and Ghana
- ❖ Explore the role of evidence (and HTA) in supporting procurement processes and price negotiations
- ❖ Share experiences and challenges in procurement and price negotiation during public health crises
- ❖ Brainstorm potential solutions and (hopefully) identify some key lessons for the future

# Finding What Works: Ghana



**Mrs. Joycelyn Azeez**  
**Director Pharmaceutical Services**  
**Ghana Ministry of Health**

# Content

- ❖ Overview of the procurement system in Ghana
- ❖ Case of Framework contracting - what it is and how it has helped Ghana
- ❖ Looking ahead - using evidence from HTA for price negotiation (example of hypertension study)

# Overview of the procurement system in Ghana

- All public procurement in Ghana is done within the legal framework of the Public Procurement Act 2003, (**ACT 663**) as amended by the **Public Procurement (Amendment) Act 2016(Act 914)**
- Key principles

Transparency

Fairness

Accountability

Value for money

- The amendment of the Act has brought to the fore, issues of

C. Negotiation

M. Contractors

Framework contracts

PUBLIC PROCUREMENT ACT, 2003 (ACT 663)  
ARRANGEMENT OF SECTIONS

PART ONE  
Establishment of the Authority

Section

1. Public Procurement Authority
2. Object of the Authority
3. Functions of the Authority
4. Governing body of the Authority
5. Term of office
6. Meetings of the Board
7. Committees of the Board
8. Secretariat of the Authority
9. Chief Executive of the Authority
10. Funds of the Authority
11. Accounts and audit
12. Financial year of the Authority
13. Annual report

PART TWO<sup>1</sup>  
Procurement structures

14. Scope and application
15. Declaration of procurement entity
16. Procurement entity
17. Head of procurement entity
18. Functions of the head of a procurement entity
19. Procurement unit
20. Entity tender committee
- 20A. General provisions on the functions of an entity tender committee
- 20B. Functions of specific entity tender committee

<sup>1</sup> Part Two was substituted by section 8 of the Public Procurement (Amendment) Act, 2016 (Act 914).

Public Procurement Act, 2003  
Act 663  
ARRANGEMENT OF SECTIONS

Sections

PART I—ESTABLISHMENT OF THE BOARD

1. Public Procurement Board
2. Object of the Board
3. Functions of the Board
4. Membership of the Board
5. Term of office
6. Meetings of the Board
7. Committees of the Board
8. Secretariat of the Board
9. Chief Executive of the Board
10. Expenses of the Board
11. Accounts and audit
12. Financial year of the Board
13. Annual report

PART II—PROCUREMENT STRUCTURES

14. Scope of application
15. Procurement entity
16. Declaration of procurement entity
17. Tender Committee
18. Meetings of Tender Committees
19. Tender evaluation panel
20. Tender Review Boards

PART III—PROCUREMENT RULES

21. Procurement plan
22. Qualification of tenderers
23. Prequalification proceedings
24. Decision on prequalification
25. Participation by suppliers, contractors or consultants on nationality basis
26. Form of communication
27. Documentary evidence in procurement proceedings
28. Record of procurement proceedings
29. Rejection of tenders, proposals and quotations

Section

30. Early termination of the procurement contract
31. Public notice of procurement contract awards
32. Indemnities from suppliers, contractors and consultants
33. Disagreements of goods, works or services
34. Language

# Case of Framework contracting – background

## 1. National Medicines Policy 3<sup>rd</sup> edition 2017

### Section 3.2.4

For large volume general essential medicines supplied in the public sector, the government will **publish the tender results of the annual framework (“rate”) contracts**, and **the RMS sales price** based on a **fixed distribution margin**. This information will also **guide the NHIS reimbursement price**.

## 2. Ghana Supply Chain Master Plan

The above is a major policy shift in the procurement and pricing regime in the medicine policy arena in Ghana



# Case of Framework contracting – what it is and the objectives

## Framework contracting is a procurement process that results in long-term contracts

- Framework Contracting (FWC) part of the ongoing reforms to strengthen and improve the performance of the Public Health Supply Chain in Ghana
  - MOH, GHS, and partners including GF
  - Procurement of essential medicines at Regional Medical Stores (RMS) and Teaching Hospitals (TH)

## Key objectives for the application of framework contracts in the Ghana context

1. Remove fragmentation of procurement activities
2. Increase the benefits of economies of scale
3. Ensure continuous availability of good quality health commodities at affordable prices
4. Use of FWC as a bargaining tool for effective price negotiation

# Value of Procurement and Procurement tools

- Total Value of 54 selected medicines procured under FWC was about USD 12 Million
- Procurement Tools
  - Consultative process to agree on the selection process
  - National Competitive Tendering process
  - Entire procurement process managed by a customized Procurement software called TEOMS (Tender Evaluation and Order Monitoring System)



# Case of Framework contracting – unforeseen challenges

**8% upward review of Medicines under FWC contracts**

**Long supply lead time**

**Supplier Performance**

**Quantification Challenges**

**Supply Planning**

**High Indebtedness and Payment of Suppliers**

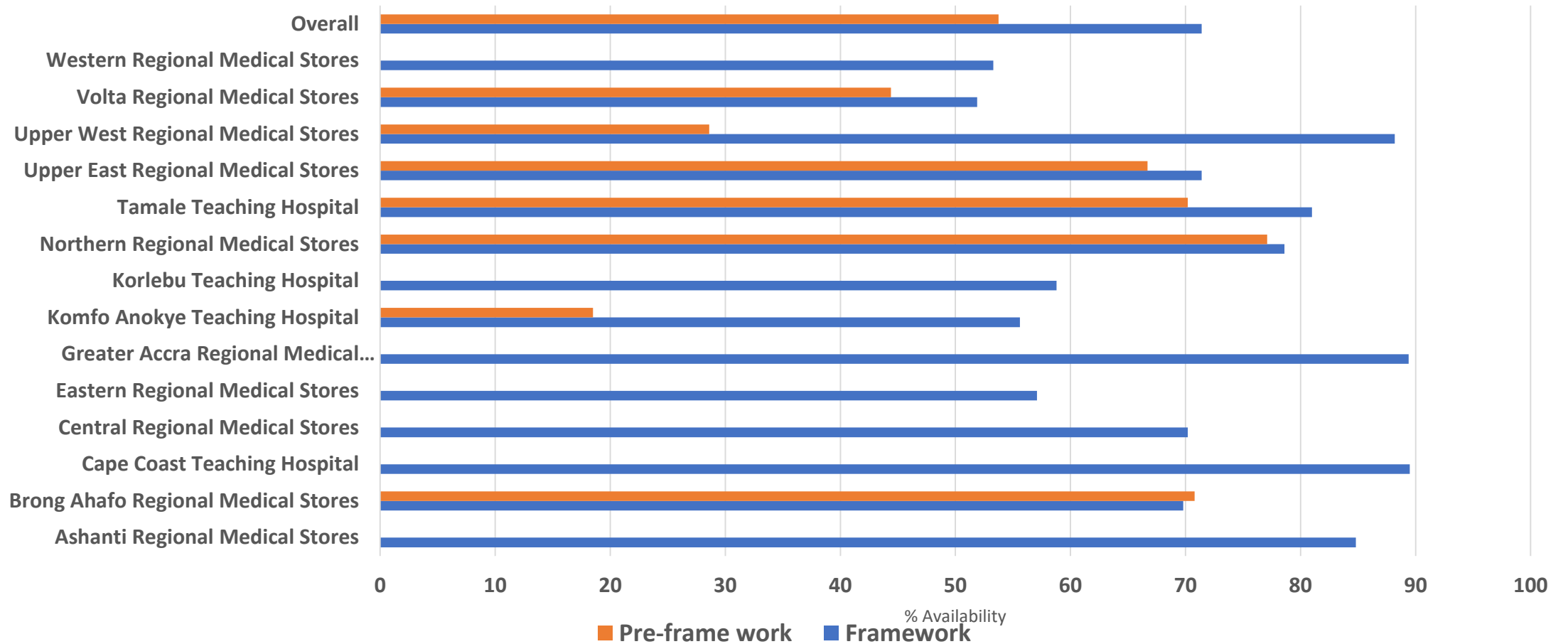
**Shortage of key essential medicines (due to single supplier under FWC)**

**Order fill rate**

**Coordination and information sharing at the Regional level**

# Case of Framework contracting – outputs – overall availability

Commodity availability at end of review period (framework vs pre-framework)



# Case of Framework contracting - how this has helped Ghana

**Overall good process**

**Improved availability**

**Good prices**

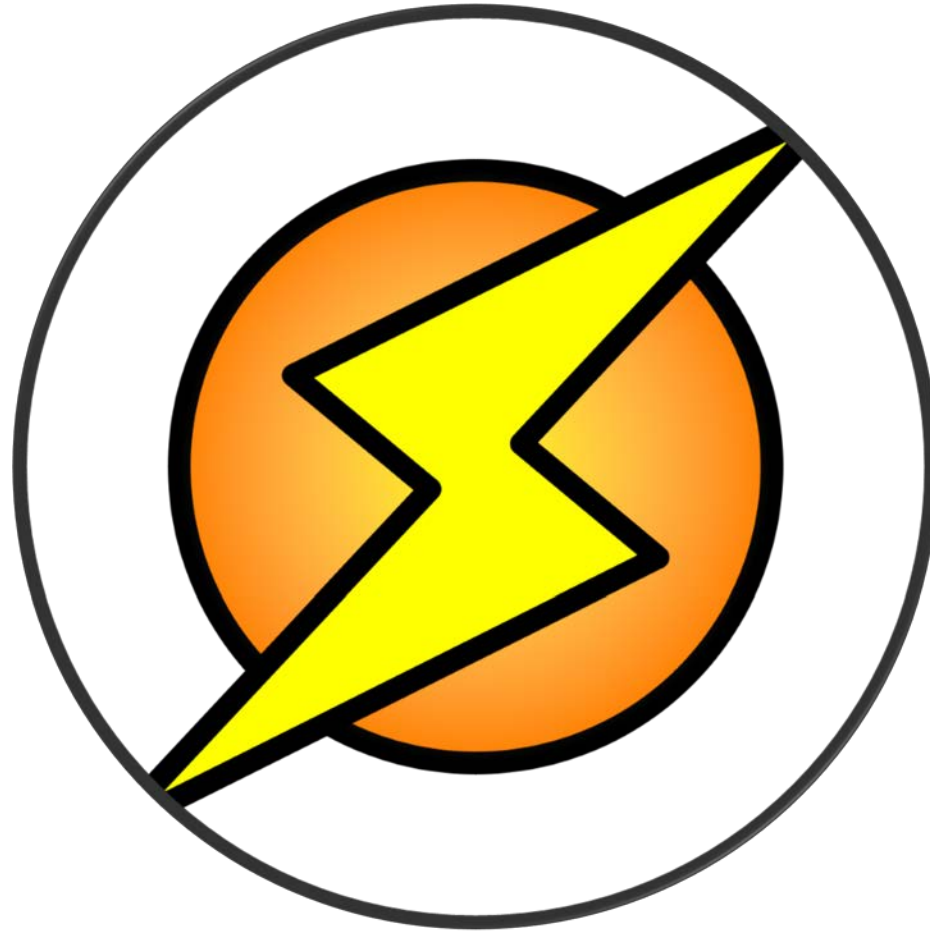
# Looking ahead - using evidence from HTA for price negotiation (example of hypertension study)

1. HTA could guide the determination of the price range within which a product would be considered cost-effective in the context of cost-effectiveness thresholds
2. The indicative price range would serve as a guide in the price negotiation process
3. At the moment, the Hypertension model provides leverage for the prices of amlodipine and bendrofluazide in the context of price negotiation to determine the price range which would be cost-effective
4. The defining factor: is for the HTA process to adapt existing benchmarks and thresholds for cost-effectiveness to serve as a guide



THANK YOU!

# 60 seconds rapid summary



# Tried and Tested Methods: Thailand



**Mrs. Netnapis Suchonwanich**  
**Advisor of HITAP, Thailand**  
**Former Deputy Secretary General of NHSO, Thailand**

# Medicines procurement and price negotiation in Thailand

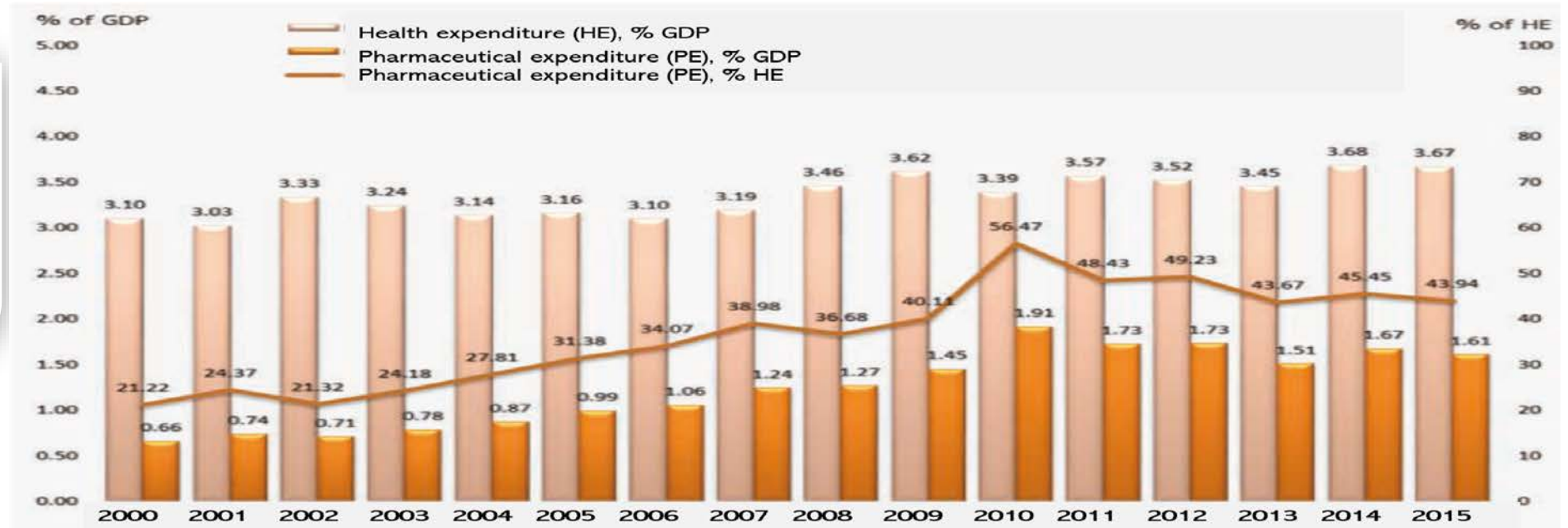
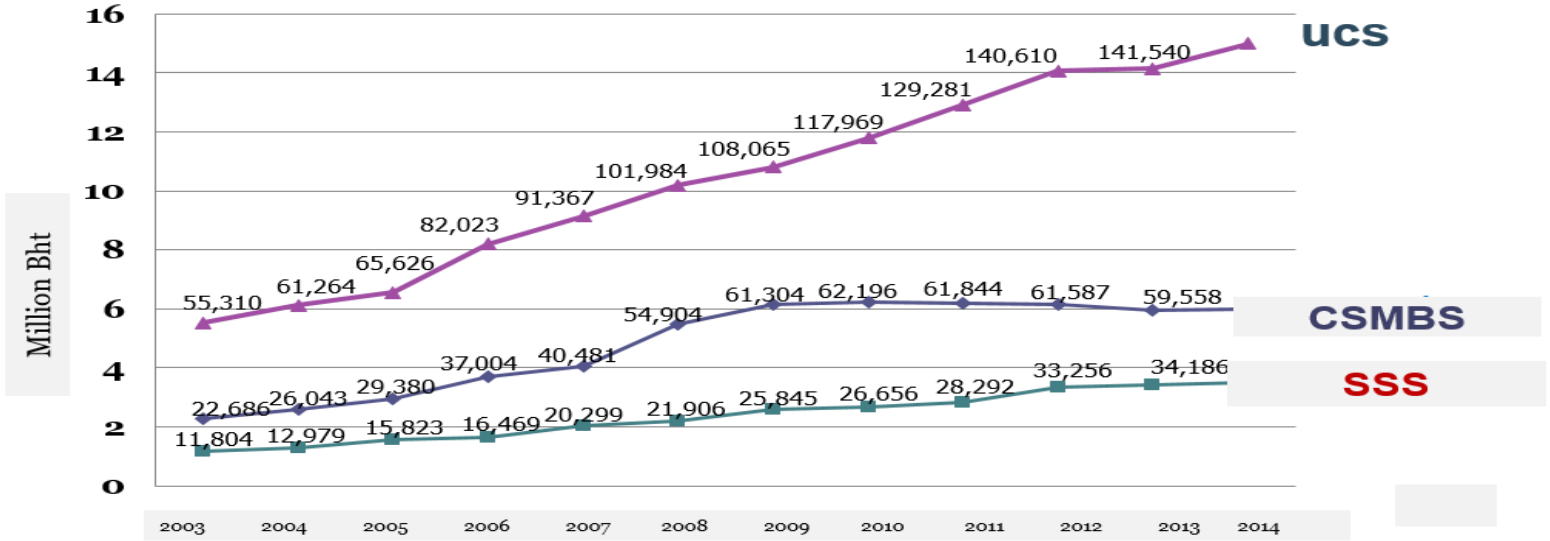


**Netnapis Suchonwanich**  
**Advisor of HITAP, Thailand**  
**Former Deputy Secretary General of NHSO, Thailand**



# Comparing health expenditures among 3 main health insurance schemes during 2003-2014

2002



# National Drug Policy 2019

**Vision : Universal access to essential medicines under rational drug use and quality assurance , and national self-reliance**

**Improve equitable access  
& encourage appropriate use**

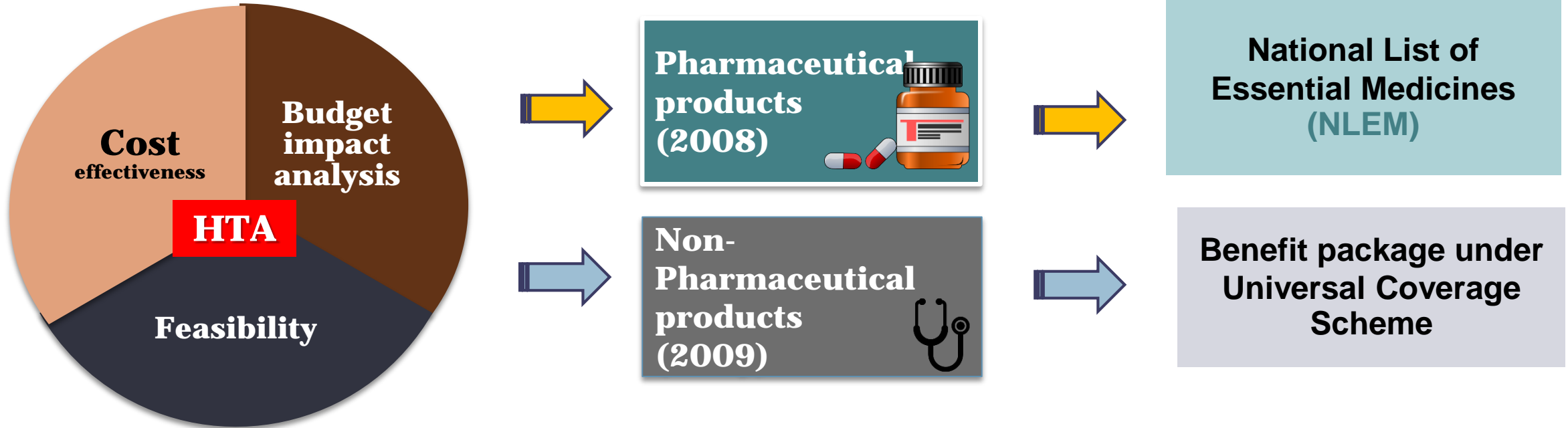
**Ensure availability  
of quality products**

**GOAL**

**Keep cost affordable**

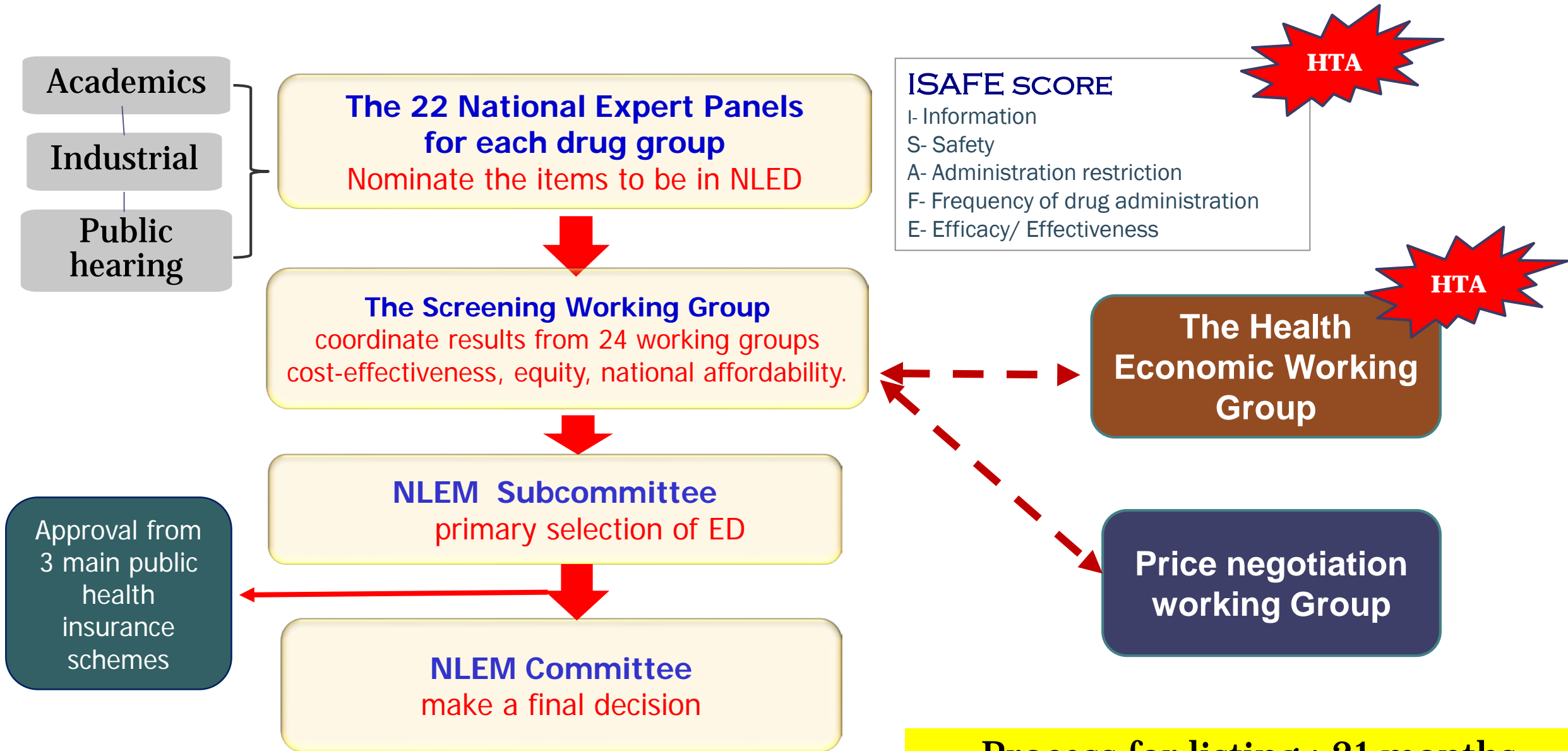
**Self-reliance**

# Using HTA in benefit package decisions in Thailand

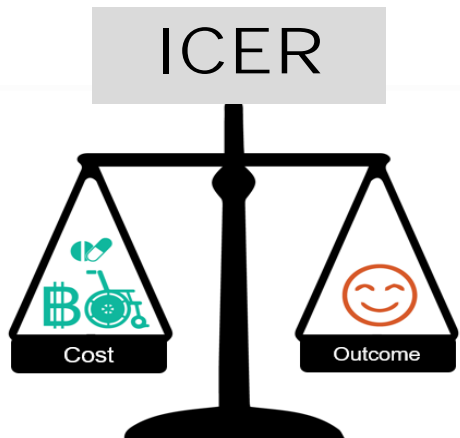


HTA = Health Technology Assessment  
NLEM = National list of essential medicines

# Development of National List of Essential Medicines



# Cost-Effectiveness threshold and price negotiation



$$\frac{Cost_{new} - Cost_{base}}{Outcomes_{new} - Outcomes_{base}}$$

Incremental Cost (THB)

500,000

1. ICER 300,000 THB/QALY at current price



2. Negotiated price based on CE threshold



3. Final negotiated price based on budget impact and affordability of 3 schemes



Incremental QALY

5

Accept the technology if ICER < 160,000 THB/QALY\*

\*5,000 USD (1 USD = 35 THB)

-500,000

5

# Pricing and Access tools

## Pricing tools

External reference price

Internal reference price

**Pricing control :**  
Class based pricing, price cuts

Value based pricing using HTA

Market driving pricing

## Access tools

### Policy driven :

- Included in NLEM & reimbursement benefits (choose one drug/one price policy)
- Compulsory licensing/Voluntary licensing

Therapeutic or disease prioritisation

Patient segment prioritisation

### Patient access model :

Managed entry agreement such as risk sharing agreement, Prior authorization for defined indication, Codependent Tech. agreement etc.

# Price negotiation model for NLEM

Disease	Drug name	model	% discount
Hep C	Peginterferon	Value based pricing	72 %
Hep B	Tenofovir	Medicine patent pool Thai GPO manufactured	83%
Breast cancer (HER2+)	Trastuzumab (440mg)	Volume purchase under Managed entry agreement	42%-80%
Prostate Cancer	Leuprorelin/Triptorelin	Choose one price	13% -69%
CA colon	Oxaliplatin	Market competition	82%
Gaucher type1	Imiglucerase	Risk sharing under Managed entry agreement	46%
Diffused large B-cell lymphoma	Rituximab	Managed entry agreement	20%-84%(100mg) 60%-82% (500mg)

# Drug Policy intervention

Disease	Drug name	model	% discount
Breast cancer	letrozole	Compulsory licensing	93%
Breast cancer	Doxetaxel	Compulsory licensing	96%
		Tax exemption for free good (originator)	89%
ART	Efavirenz (EFV) 200 mg	Compulsory licensing	<b>93%</b>
ART	Efavirenz (EFV) 600 mg	<ul style="list-style-type: none"> <li>• Compulsory licensing</li> <li>• GPO manufacturer</li> </ul>	<b>92%</b>
ART	Lopinavir+Ritronavir (LTV/RTV)	Compulsory licensing	<b>82%</b>
Antiplatelet drugs	Clopidogrel	Compulsory licensing	95%
Hep C	Sofosbuvir, ledipasvir	Voluntary licensing	91%(sof) 92%(sof+ledi)



# Appraisal results and decision making

**Table 4 – The relationship between assessment and appraisal results.**

Policy

Assessment results\*

## Multi criteria decision making for policy makers

- Subsidy considered on the basis of Cost effectiveness, incremental cost effectiveness ratio (ICER)

→ *Cost effectiveness is a key, but not sole criterion for listing*

- Catastrophic prevention
- Medium to long term budget impact assessment
- Ethical concerns
- Supply side capacity to scale up new interventions
- **Equity consideration**

Not cost-effective  
(ICER >1 per-capita GDP/QALY)

Low budget impact

High budget impact

• Imiglucerase for Gaucher type 1

• PD-first policy for ESRD

2a

—

• Anti-immunoglobulin E for severe asthma

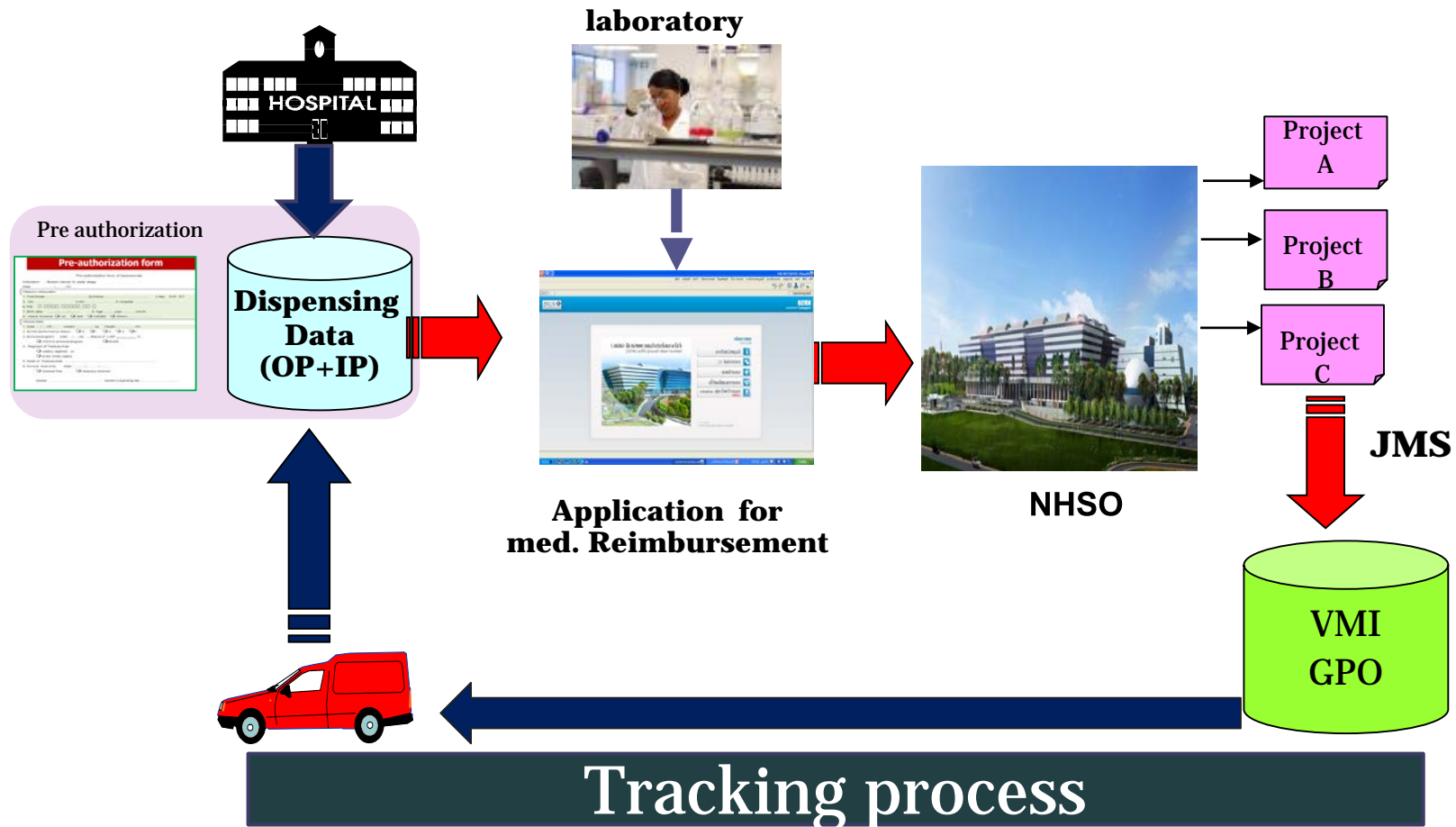
pled

ICER, incremental cost-effectiveness ratio; GDP, gross domestic product; QALY, quality-adjusted life-year; THB, Thai baht.

\* Two cost analysis studies, that is, screening for risk factors for leukemia in people living in the industrial areas, and system for screening, treatment, and rehabilitation of alcoholism, are not included in this table.

† High budget impact >THB 200 million per annum; low budget impact ≤THB 200 million per year.

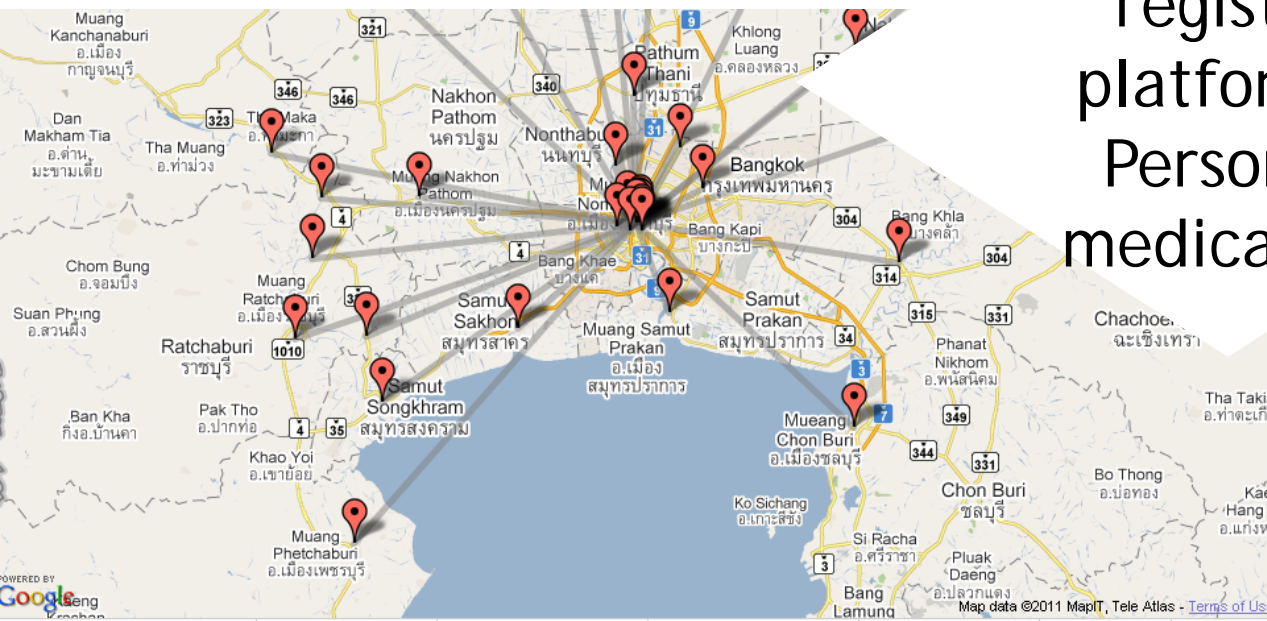
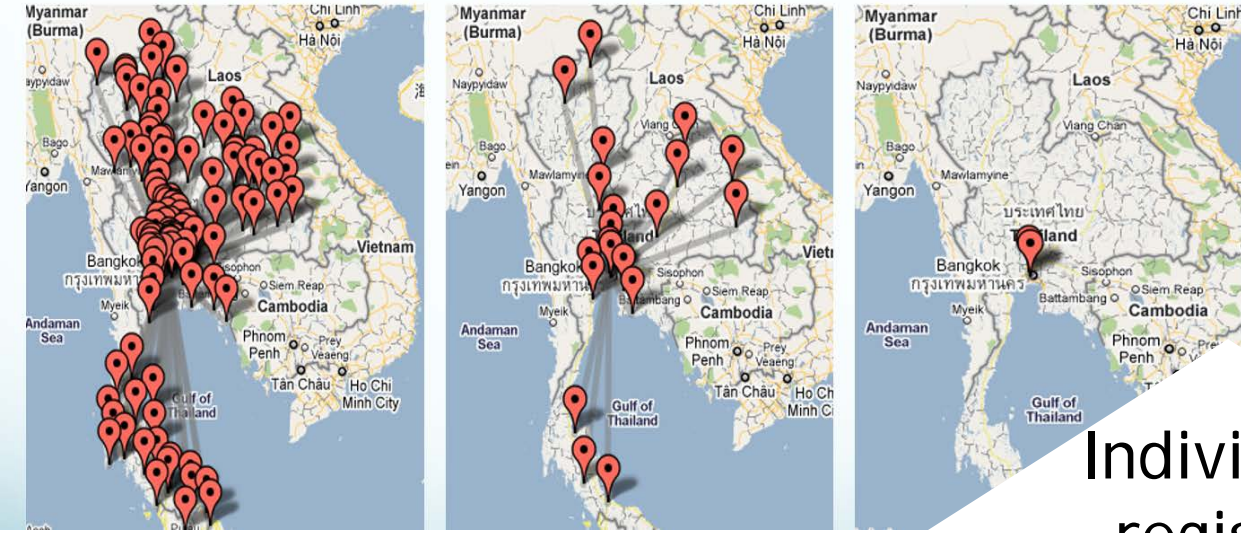
# Smart vendor managed inventory (VMI)



**The beneficiary enrollment and provider registration is needed.**

# Antidotes distribution management

( by urgency and price criteria)

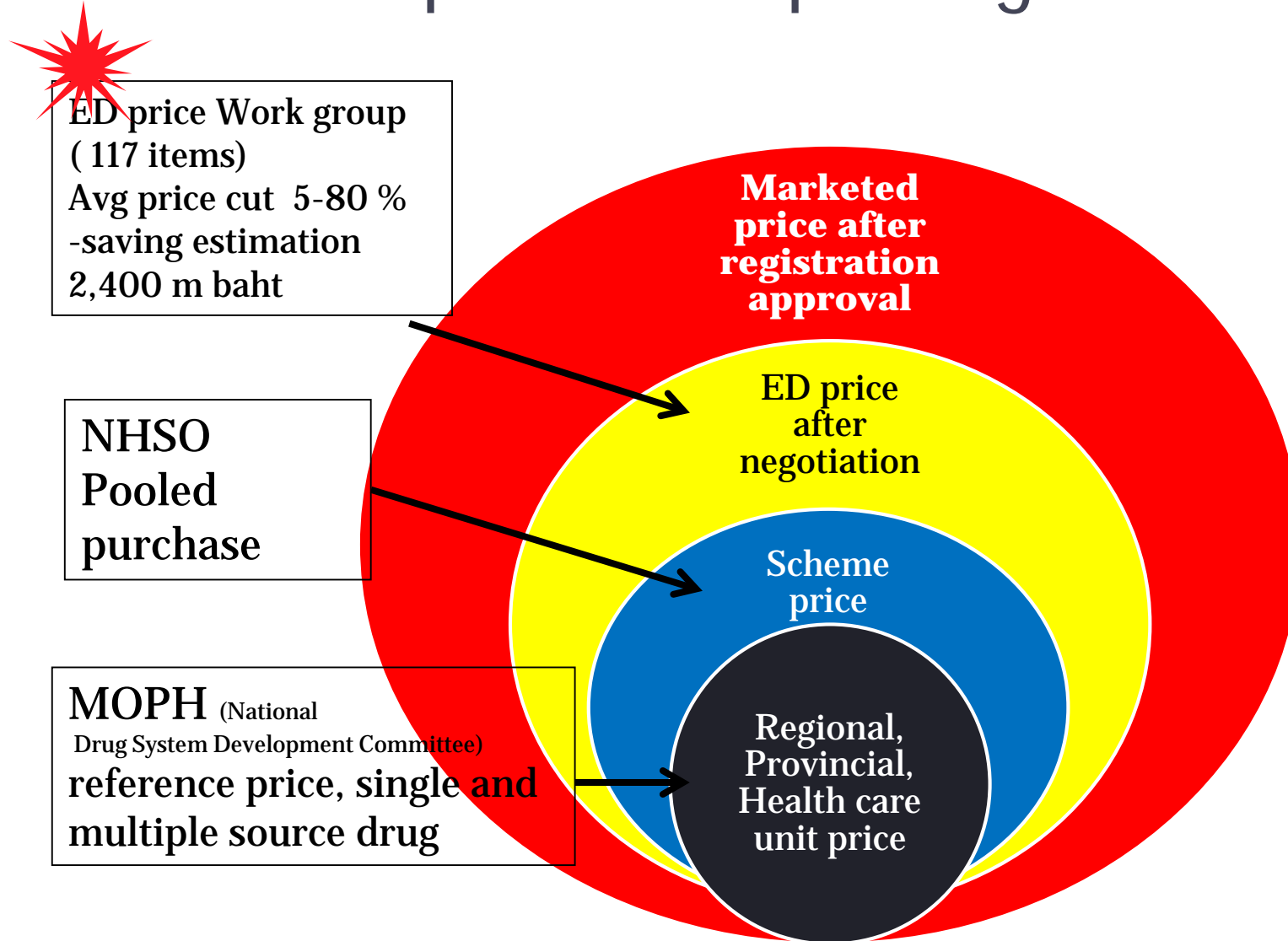


Individual registry platform : Personal medication

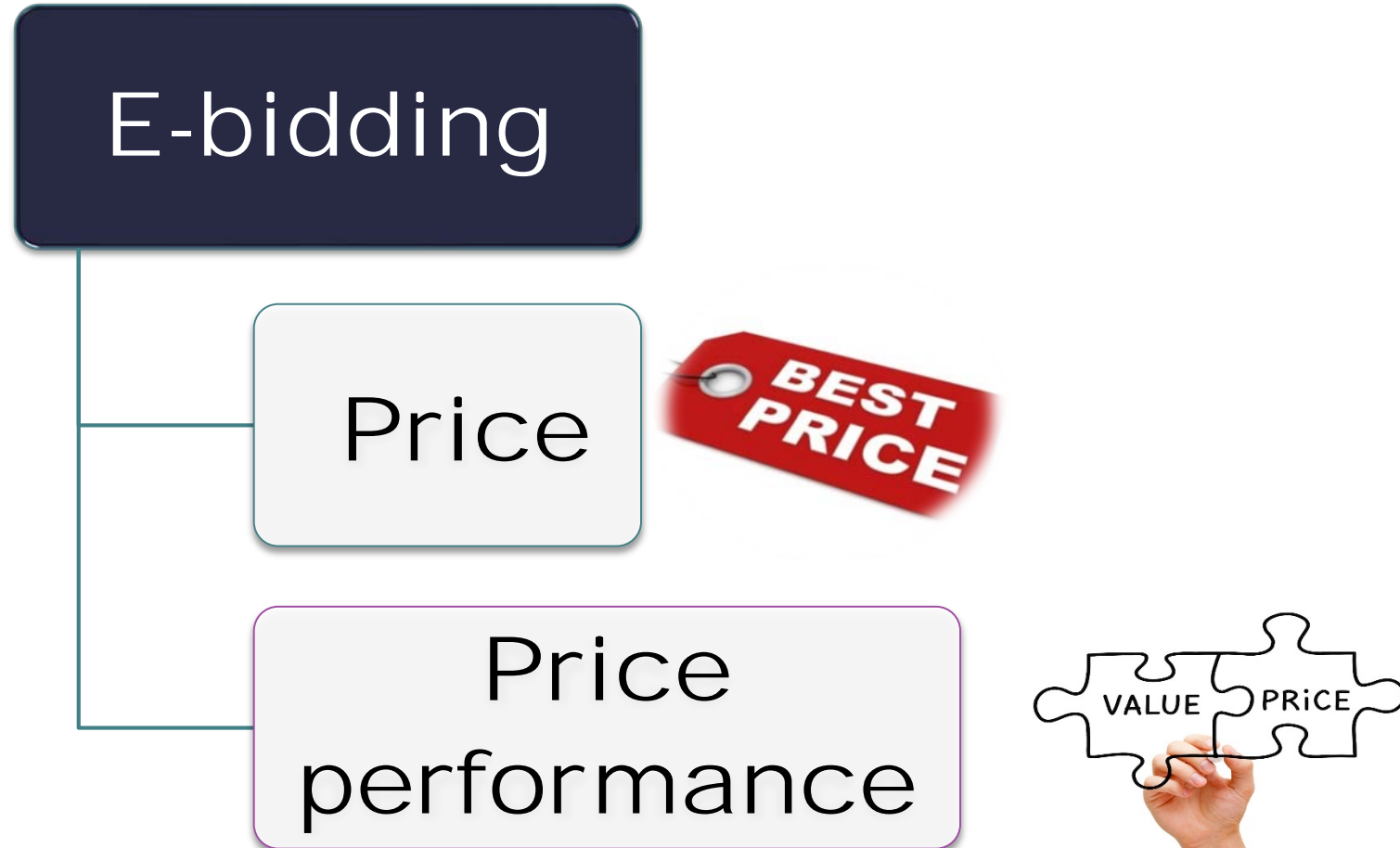
หน่วยบริการ	ที่อยู่	เบอร์โทรศัพท์มือถือ	ระยะห่าง (กิโลเมตร)	ชื่อยา	จำนวน	เบิกยา
ศูนย์พิษวิทยา รามาธิบดี	กทม.	โทร 022011083, 0801234567	0.00	Sodium nitrite	10 amp.	<input type="button" value="เบิกยา"/>



# Level of price and pricing measures



# Amendment the procurement act for medicines and medical devices in Thailand, since 2017



1

# E-bidding – using price approach

## Evaluation criteria

1. Vendor : qualification meet to the bidding criteria.
2. Product : quality and specification meet to the bidding criteria
3. Price : the lowest price will be the winner

2

## E-bidding – using price performance approach

<b>No.</b>	<b>Evaluation criteria</b>	<b>Compulsory variable</b>	<b>Optional variable</b>
V1	price	✓	
V2	Supplier verification		✓
V3	Quality assurance & useful features for the government		✓
V4	Government innovation list		✓



**V3 : Quality assurance or useful features for the government  
included 4 sub-variables (100 scores)**

<b>No.</b>	<b>Sub-variable</b>	<b>score</b>
SV1	Manufacturer standard	30
SV2	Product qualification	20
SV3	Lab certification	35
SV4	Dominant for medical application	15
	<b>Total</b>	<b>100</b>





## SV1 : Manufacturer standard (100 scores)

Standard criteria (choose only one option)	score
A. GMP PIC/S by PIC/S Participating authorities	100
B. GMP/PICs by THAI FDA	80

## SV2 : Product qualification (100 scores)

3	score
A. WHO list of prequalified medicinal products	100
B. Qualification approved in GREEN BOOKS	100
C. Approved medicinal list in University network database	100
D. At least 3 approvals of Certificate of analysis via external certified lab	100

# Is post marketing surveillance still needed if we've applied WHO list of PQ medicinal Products ?

## WHO List of Prequalified Medicinal Products

- This list contains medicinal products used for HIV/AIDS, tuberculosis, malaria and other diseases, and for reproductive health, which have been assessed as part of the WHO Prequalification Programme and found to be acceptable, in principle, for procurement by UN agencies.
- The WHO Prequalification Programme focuses on a selection of products that have been identified by the respective WHO disease departments as essential for treatment of the above-mentioned diseases or for reproductive health (see "Invitations for Expression of Interest"). Prequalification of medicinal products normally involves evaluation of data relating to their quality, safety and efficacy as well as inspection of the relevant manufacturing and clinical site, as described elsewhere in this web site.
- Listed are the pharmaceutical products (manufactured at the specified manufacturing sites according to accepted specifications) for which - at the time of assessment - the product data and information submitted were found to meet the norms and standards recommended by WHO and for which - at the time of inspection - the relevant manufacturing and clinical sites were found to be in compliance with Good Manufacturing Practices, Laboratory Practices and Clinical Practices, as applicable. Some of the products have been listed relying on the assessment carried out by certain regulatory authorities, which are willing to share information with WHO (see Alternative listing procedure).

### ■ For further information click:

- [General notes](#)
- [Listing of prequalified products](#)
- [Alternative listing procedures](#)
  - [USFDA approved/tentatively approved products](#)
  - [EMA approved products](#)
- [Suggestions relating to procurement](#)
- [Disclaimer regarding the WHO List of Prequalified Medicinal Products](#)
- [Acknowledgement](#)

### ■ For updates to list of prequalified medicines click below:

- [List updates](#)

### ■ For the List of Prequalified Medicines click below:

By using this web site, you confirm that you have read, understand and to the extent applicable, accept and agree with the information provided in "General Notes" and "Disclaimer".

[List of Prequalified Medicines](#)





 Challenges of HTA for rare disease  
 Emerging of co-dependent technology

## Interchangeable of biosimilar products

Generic	Biosimilar	New biologic
Quality	Quality	Quality
Purity	Purity	Purity
Stability	Potency	Potency
	Immunogenicity	Immunogenicity
	Stability	Stability
	Biosimilarity	Comparability
	Comparability	Preclinical
	Interchangeability	Full clinical
	Preclinical	
	Abbreviated clinical	

## Indication-based pricing in BIA

### Welcome to the Jumble

Several cancer types are getting increasingly crowded with immuno-oncology drug approvals

Drug	Approval status:			Head and neck cancer
	Lung cancer	Skin cancer	Bladder cancer	
Opdivo	2nd line	1st line for melanoma	2nd line	2nd line
Keytruda	1st line	1st line for melanoma	1st (some) and 2nd line	2nd line
Tecentriq	2nd line	In late stage trial	1st (some) and 2nd line	In early stage trials
Imfinzi	In late stage trials	In early stage trials	2nd line	In late stage trials
Bavencio	In late stage trial	1st line for Merkel cell carcinoma	2nd line	In late stage trials

# Upcoming for HTA guideline version 3

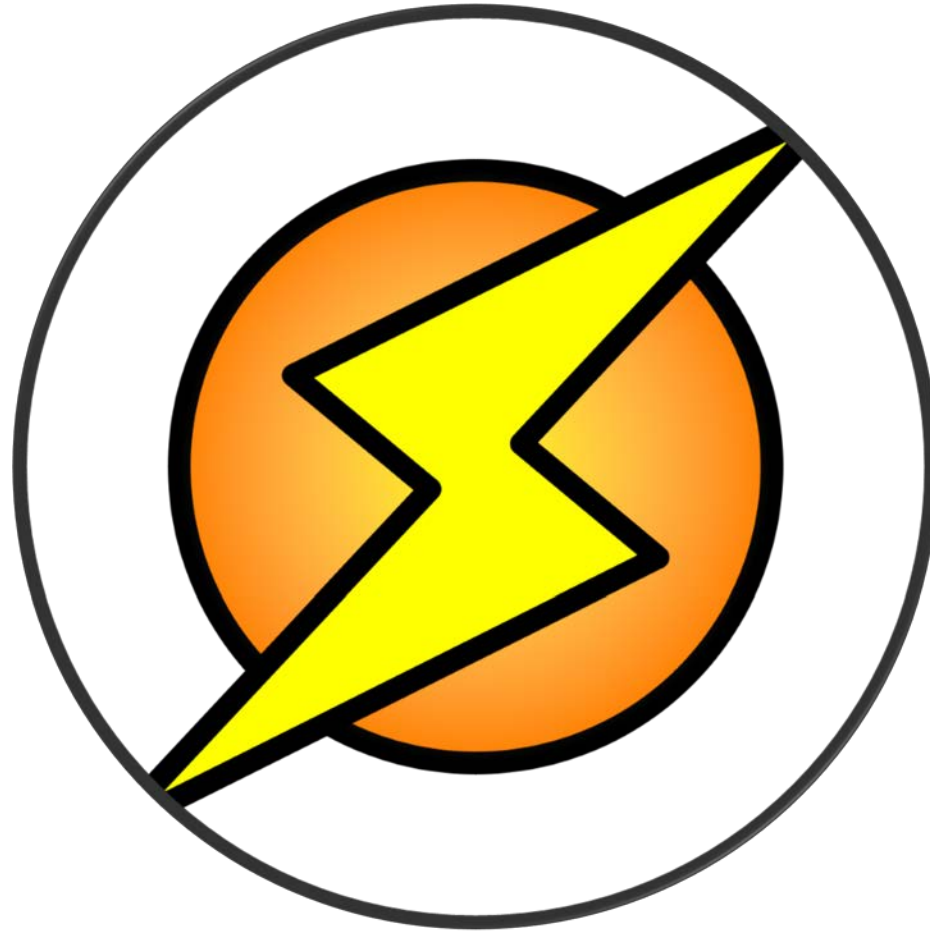
1. **The feasibility study of the use of health technology**
2. **The use of real-world evidence in the evaluation of health technology**
3. **The evaluation of health economics value for health technology in biosimilar products, codependent technologies, health promotion measures, complex health intervention measures and the measures for rare diseases**



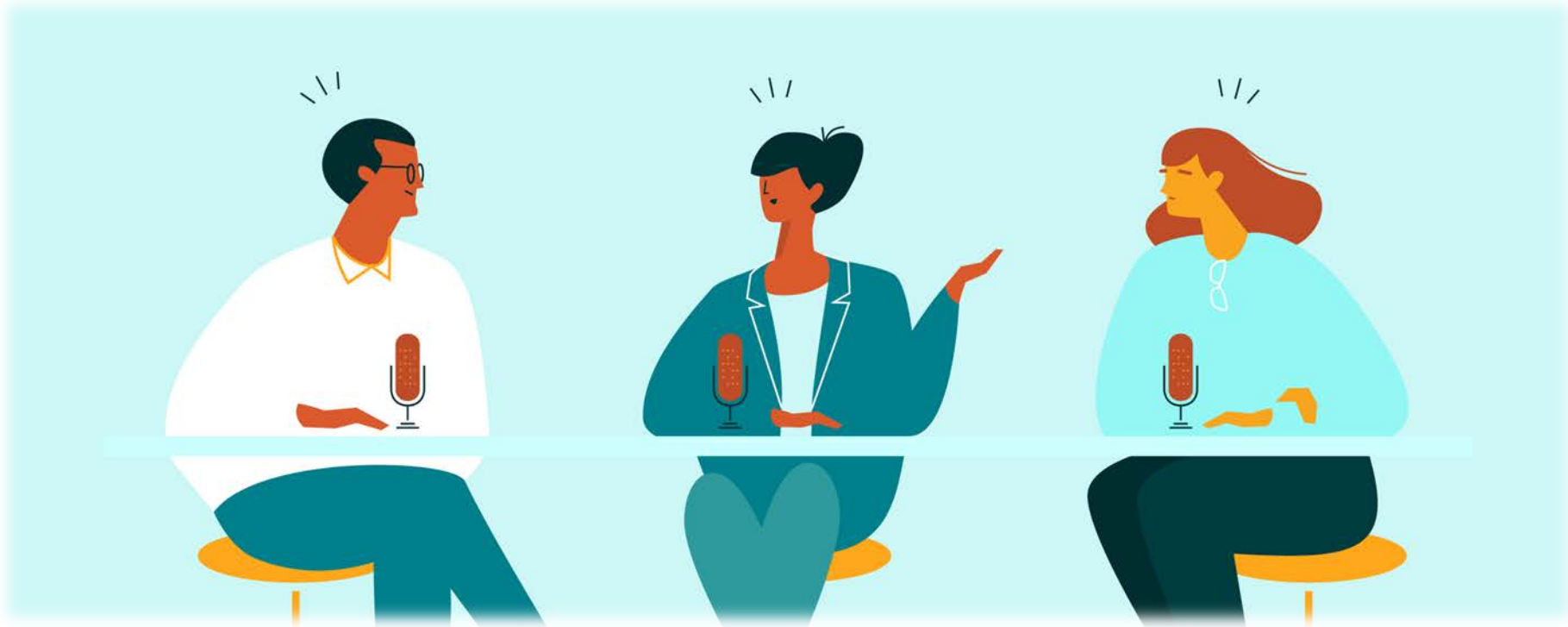


**THANK YOU!**

# 60 seconds rapid summary



# Discussion



# Luejong: Dancing for a healthy life



**Mrs. Deepika Adhikari**  
**Senior Program Officer, Essential**  
**Medicines and Technology Division,**  
**Department of Medical Science,**  
**Ministry of Bhutan**



# Procuring During Pandemics: A mixed Panel



# Needs Assessment: COVID-19 models



**Dr. Hugo Turner**  
Lecturer, Department of infectious Disease  
Epidemiology, Imperial College London

# Ground Reality & Response: Thailand & Ghana



# A Regional Response to COVID-19: Africa CDC



**Dr. Merawi Aragaw**

**Head, Division of Emergency Preparedness & Response, Africa CDC**

**Co-Chair, Supply Chain and Stockpiling Medical Commodities**



## Africa CDC Response to COVID-19 Pandemic

# Supply Chain Management in Emergency: *the Africa CDC experience*

**30 September 2020**

Merawi Aragaw, MD, MPH

Ag.Head of Emergency Preparedness and Response Division

COVID-19 Pandemic Response, SCM Section

Africa CDC, African Union Commission, Addis Ababa, Ethiopia

# Major areas of discussion

1. Brief overview of Africa CDC
2. Some of the supply related challenges faced as a result of the COVID-19 pandemic in Africa
2. Brief overview of Africa CDC response to the challenges
3. Major supply chain lessons to draw for future public health emergencies

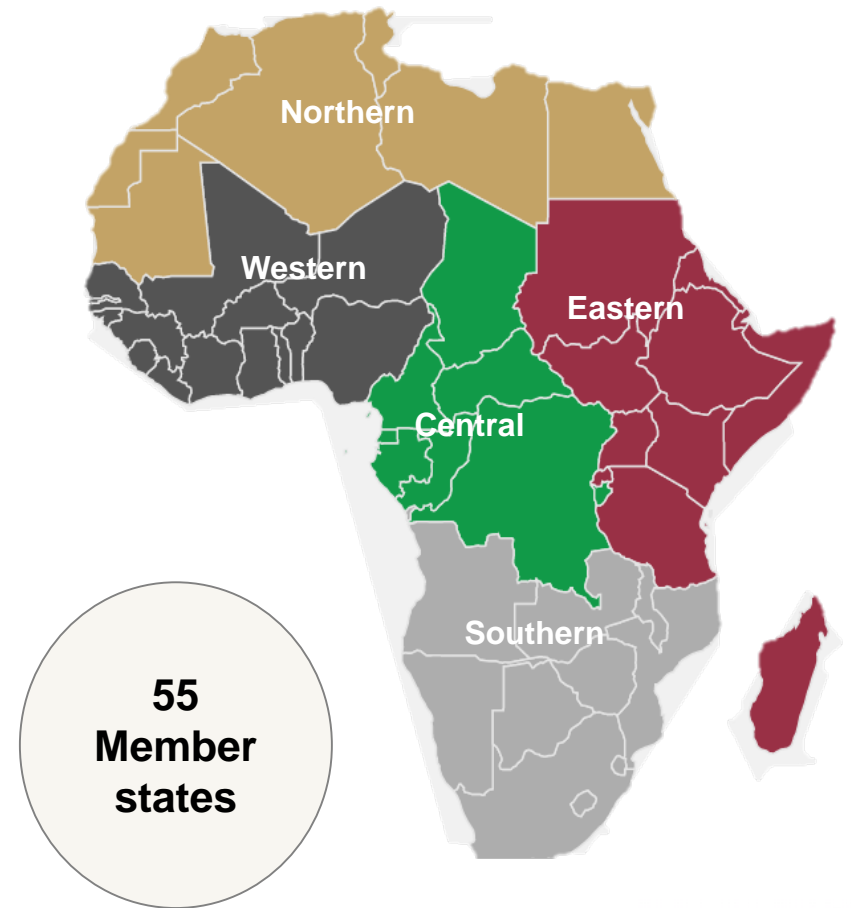
# About The Africa CDC support areas and regional approach

## Support areas provided by The Africa CDC to African states

- 1 **Policy, advocacy and coordination** to the highest political organs in African Union and member states on continental strategies and initiatives ( Like PACT )
- 2 **Developing and disseminating guidance documents** and tools on public health measures ( like IPC guidance, quantification tools )
- 3 **Providing technical support** through training, research, and deployment of technical experts to MS
- 4 **Support distribution of IPC supplies, Critical care supplies and diagnostics- lab reagents**

Supply Chain is a critical part of support in these areas

## The ACDC works through five regional collaborative centres



# International perspective for COVID- supplies

## International challenges

### Supply Shortage

- **Disaggregation of supply chains** leading to bottlenecks
- **Disruptions to workforce capacity & logistics**

### Higher demand

- **Every country wanted to secure supplies and demand was high**

### Quality

- **New entrants into supplier markets** have disrupted quality parameters

## International Solutions – marked by low international co-ordination

### Diplomacy of Supplies

- Countries **leveraging relations** to secure supplies
- Countries **taking the supplies of other countries**

### Export Restrictions

- Countries securing and **fulfilled their own demand first**

### Repurpose manufacturing

- Countries that had industrial base **repurposed their manufacturing** to fill demand gaps

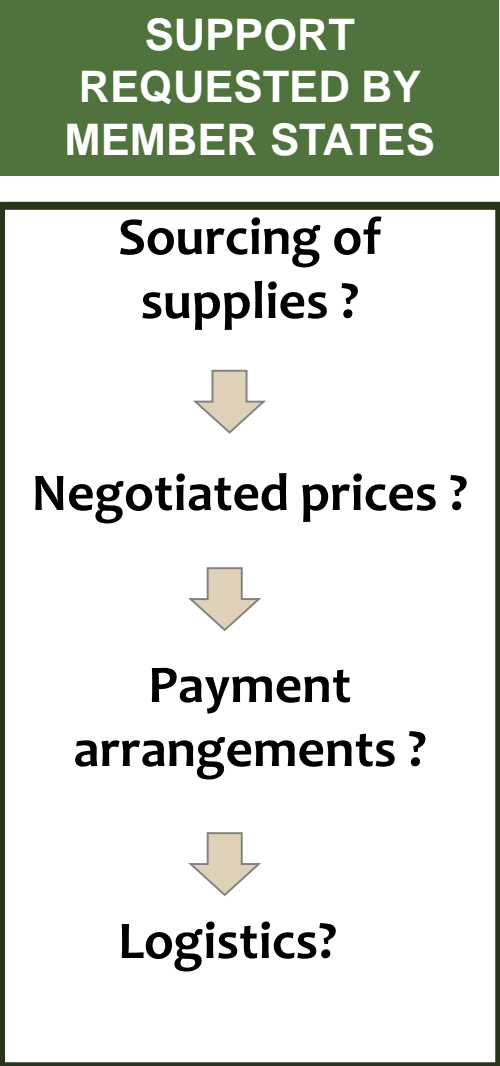
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- **Emergency use authorized**



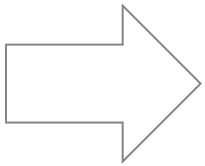


# Major supply challenges faced by Africa CDC as a result of COVID -19



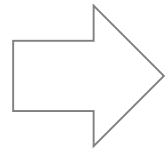
## QUANTIFICATION

- It's a new disease and various ill-defined quantification models,
- Some estimation put infections at 100 %
- Low Testing resulted in low data to know actual spread of the outbreak
- Low supply – Demand visibility of supplies at national level



## PROCUREMENT

- Africa is net importer of PPE's and many other health care related supplies
- Financial constraints
- Africa CDC had low market intelligence and analysis system to deal with the unprecedented supply disruptions
- Extremely competitive market fuelled **price increase** and **quality compromises** and **minimum order quantities** and **advance payments**



## LOGISTICS

- Even if supplies were secure logistics was an issue as borders were closed
- Limited humanitarian corridors
- Low level of preparedness – no stockpiling

# Major initiatives by Africa CDC to mitigate the challenges

1

## Established Africa Task Force for Coronavirus (AFTCOR)

**Transport and Logistics Coordinating Committee** - Open up transportation and logistics channels for key supplies and

**Supply chain TWG** – to coordinate and resolve supply related issues

2

## Launching the PACT ( partnership for accelerated COVID testing )

The initiative has three main components, i.e. **Testing, Tracking and Treating**

3

## Activation of the Emergency Procurement

First time **activation of the policy** document by the African Union Chairperson

4

## Inter-department coordination within AUC ( Africa Union Commission )

Deployment using military flights through Peace support operations division

Warehousing of supplies- **Continental Logistics Base**

5

## Launching the Africa Medical Supplies Platform

It is a digital platform intended to serve African Countries through **pooled procurement**

address issues such as **shortages, delays in distributing supplies, accessibility and affordability**

# Value proposition and procedure for the AMSP

## Value Proposition



## Procedure



Africa CDC platform team and its strategic partners

AU Member States  
Authorized Foundations & NGOs

Afreximbank

Manufacturers in Africa & worldwide

Logistics partners (eg. National Airlines, Global Freight Forwarders)

# Current status of the AMSP

As of today over 47 Africa countries are on boarded and some start placing orders in the system, including the **Africa CDC**.

Africa CDC has used the platform to get **laboratory reagents and critical care medical equipment** worth over **USD 20 million**.

# Supply chain Lessons for the future – Strategic directions

**ENHANCING  
SUPPLY CHAIN  
PREPADNESS**

**SYSTEMS** →

**Putting in place policy, plans and procedures for public health emergency SCM, like Framework Agreements and SLA's**

**STRUCTURES** →

**Prepare the necessary infrastructure and agreements to stockpile critical supplies not available in Africa**

**SUPPORTING  
LOCAL  
MANUFACTURING**

**Support and boost Local manufacturing in Africa in line with FTA ( free trade agreement ) and, developing Quality framework for African manufacturers**

**ADAPTING  
POOLED  
PROCUREMENT**

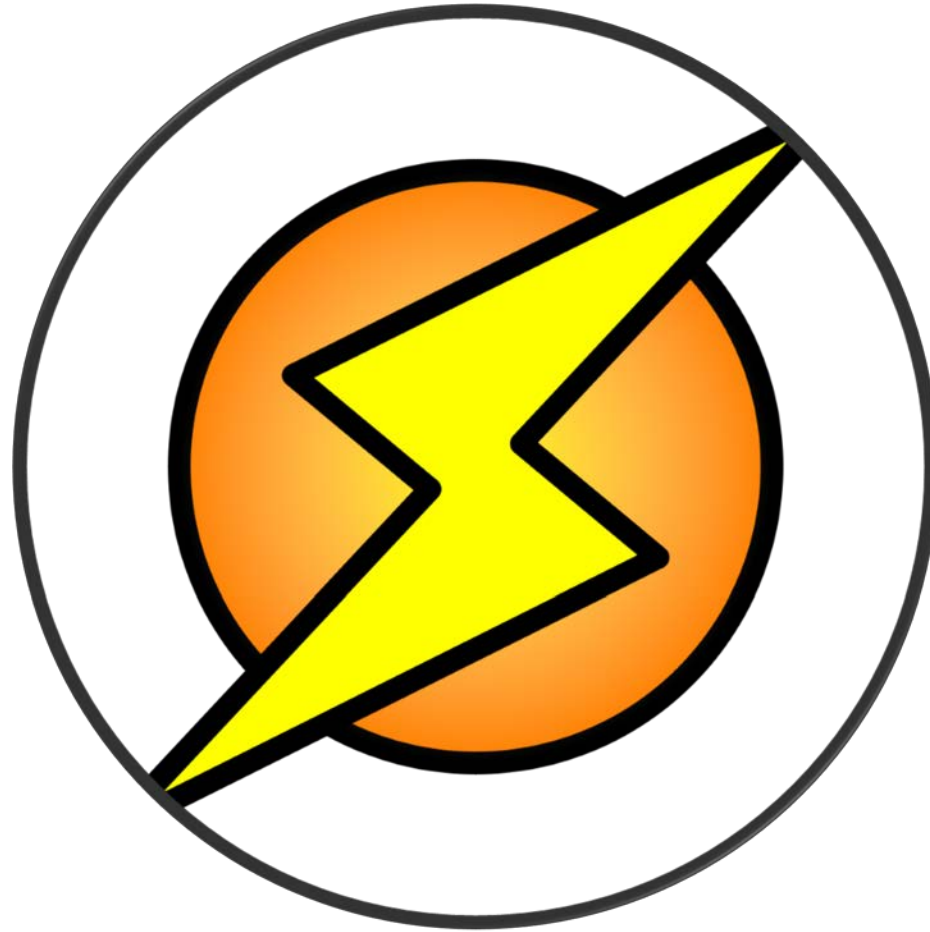
**Utilizing Pooled procurement method for future public health emergencies and**

**RESOURCE  
MOBILISATOIN**

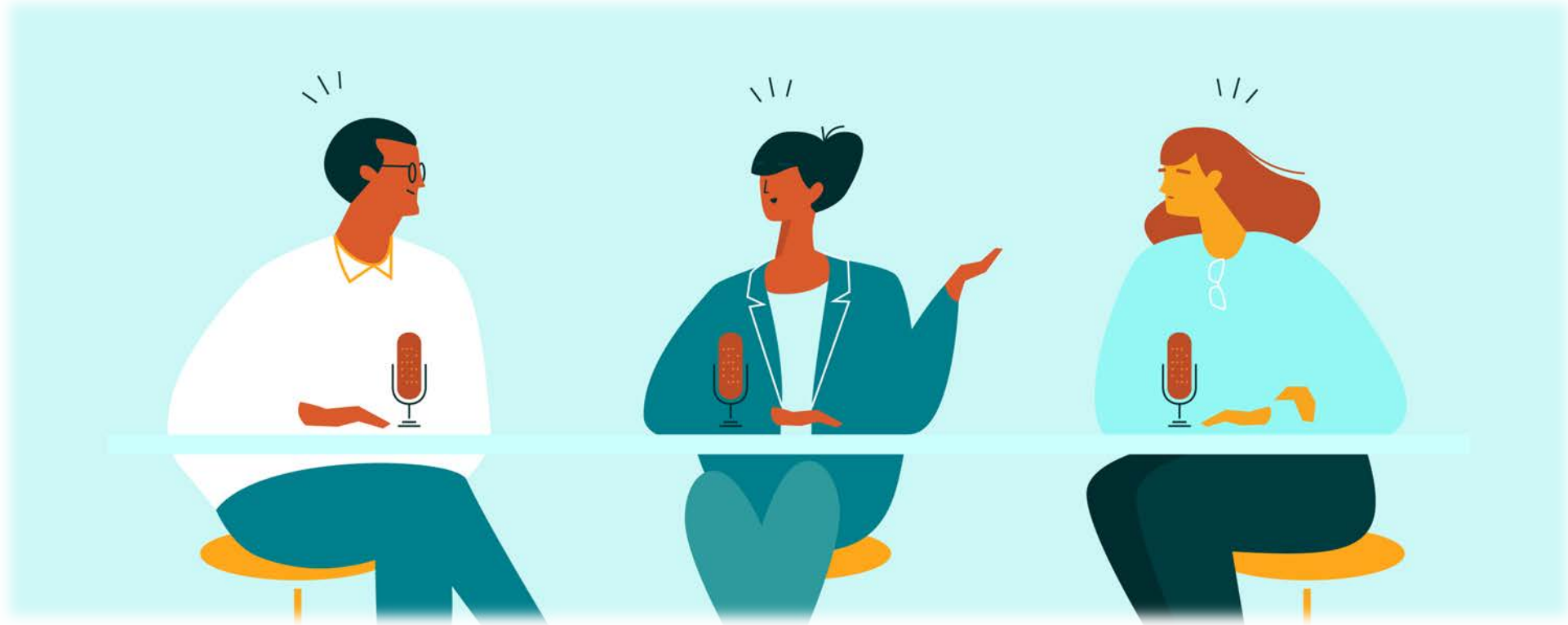
**Enhanced financing mechanisms for public health emergencies preparedness and responses**

THANK YOU!

# 60 seconds rapid summary



# Discussion





# That's a wrap: Summary and ways forward



# Hold on, we're not done yet!

## PART 3

### Sowing the seeds and watching them grow

Implementation and Monitoring and Evaluation (M&E) of evidence-informed health service delivery

- Introduce real-world implementation of HTA projects and evidence-informed decision-making through case studies from different parts of the world, and in different stages of implementation
- Identify health system inefficiencies and highlight means to address them in preparation for improved use of resources in a post-pandemic world

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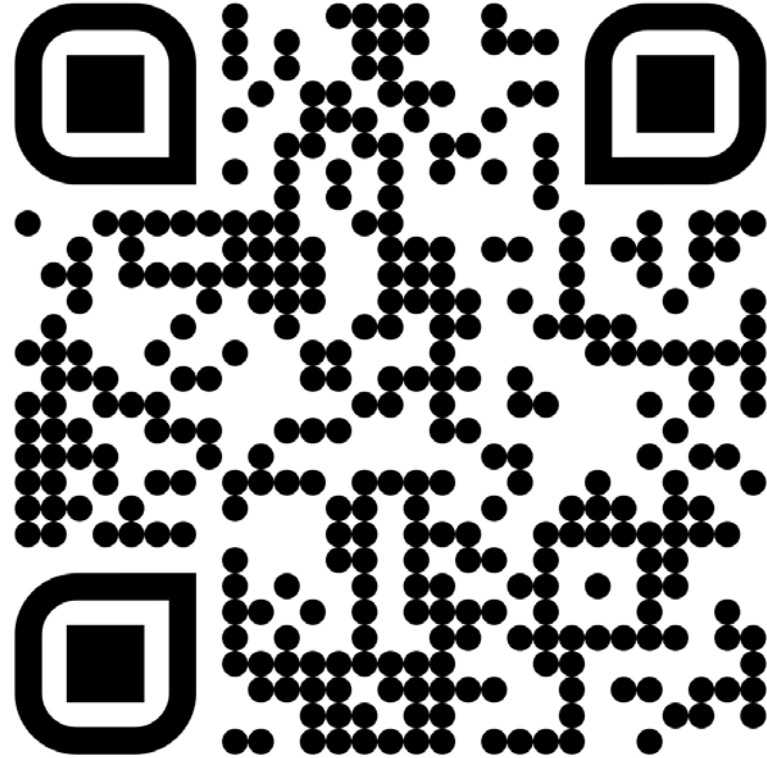
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