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ABCHEALTH DIGITAL HEALTH & AI CONFERENCE

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LAUNCH OF THE ABCHEALTH VIRTUAL HEALTHTECH HUB

ABCHealth Healthtech Summit

JUNE 3 2025

Outcome Report

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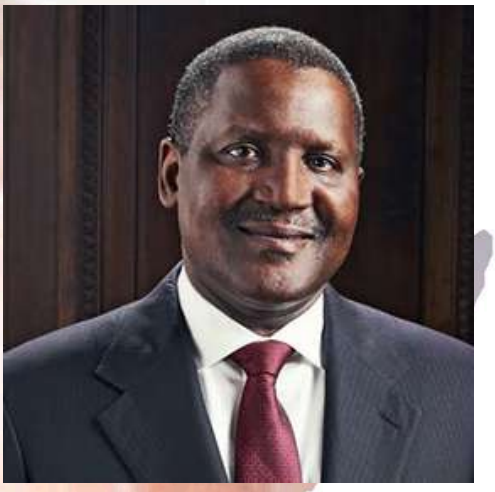
Aigboje Aig-Imoukhuede is the Founder and Chairman of Africa Initiative for Governance (AIG), a not-for-profit organisation, established to be a catalyst for high public sector performance in Africa by bringing proven private sector innovation, leadership and funding to the public sector in a private-public partnership to attract, inspire and support future leaders of Africa's public sector.

Mr. Aig-Imoukhuede is also the Founder and Chairman of Coronation Capital Limited, an Africa-focused private equity and proprietary investment firm established in 2014. Prior to this, he was Group Managing Director and Chief Executive Officer of Access Bank Plc, where he led the transformation of the bank to rank amongst Africa's leading banks. Commander of the Order of the Niger "CON", conferred by the Federal Republic of Nigeria, for his contributions to the development of banking and finance, and Ernst & Young Entrepreneur of the Year (West Africa).



Mr. Aliko Dangote GCON

Aliko Dangote is the founder and president/chief executive of the Dangote Group, the largest conglomerate in West Africa. The Group currently has a presence in 17 African countries and is a market leader in cement on the continent. One of the Group's subsidiaries, Dangote Cement Plc, is the largest listed company in West Africa and the first Nigerian company to join the Forbes Global 2000 Companies list.

The Group has diversified into other sectors of the Nigerian economy including agriculture and is currently constructing the largest petroleum refinery, petrochemical plant and fertilizer complex in Africa.

Internationally, Dangote sits on the board of the Corporate Council on Africa and is a member of the Steering Committee of the United Nations Secretary-General's Global Education First Initiative, the Clinton Global Initiative, the McKinsey Advisory Council, and the International Business Council of the World Economic Forum.

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FOREWORD

Mories Atoki (Dr.)
Chief Executive Officer
ABCHealth

History will remember this decade as the moment Africa's health systems either seized the unprecedented opportunity offered by digital transformation, or missed it. We are at a threshold where the decisions we make, the alliances we form, and the infrastructure we build will determine whether digital health becomes a continental engine for equity and resilience, or yet another fragmented wave of unrealized potential. The stakes are high: our health systems face a double burden of disease, a rapidly growing population projected to exceed 1.7 billion by 2030, and an urgent demand for sustainable, accessible, and high-quality care. Technology, specifically the convergence of digital health and artificial intelligence, is no longer a peripheral tool. It is the structural foundation upon which the future of African healthcare will stand.

The theme of this conference, Engaging the Digital Health Ecosystem; Enabling Interoperability, Scalability and Sustainability across Health Systems, reflects a deliberate and strategic ambition. Across the continent, over 1,300 digital health solutions are active today, spanning mobile health, AI-powered diagnostics, telemedicine, supply chain tracking, and electronic health records. Yet, more than 60% operate in silos, unable to exchange data or integrate with national health systems. Interoperability is a public health necessity. Without it, innovations remain isolated, patient histories remain incomplete, and health outcomes remain sub-optimal despite the promise of technology. The economic and health dividends of getting this right are significant. The World Health Organization estimates that digital health could reduce service delivery inefficiencies by up to 25% in low- and middle-income countries. McKinsey research suggests that AI-enabled healthcare could generate over $15 billion in annual economic value for sub-Saharan Africa by 2030 through improved diagnostics, predictive analytics, and workforce optimization. At the same time, the rise in mobile penetration, now over 46% in sub-Saharan Africa, with smartphone adoption projected to reach 88% by 2030, means we have an unprecedented channel for reaching patients, even in remote communities.

But scale without sustainability is an illusion. Too many promising digital health interventions fail after initial funding cycles because they lack viable business models, robust governance, or integration into national policy frameworks. Sustainability means that digital solutions are designed for long-term adoption, aligned with local health priorities, supported by domestic financing, and governed by clear standards that protect data privacy, foster innovation, and ensure cross-border collaboration.

The ABCHealth Digital Health & AI Conference is our platform to confront these challenges and co-create solutions. This gathering convenes policymakers, innovators, investors, multilateral agencies, academia, and frontline health providers, not in isolation, but as interconnected actors in a single health technology ecosystem. Over the course of our sessions, we will interrogate case studies where interoperability has been achieved at scale; debate regulatory models that enable, rather than stifle, innovation; and examine how private and public sector investments can be strategically aligned to accelerate digital health adoption without compromising equity.

Our goal is not just to talk about technology, but to anchor it within a vision for health systems that are resilient, inclusive, and future-proof. A vision where an expectant mother in a rural community can have her medical history instantly accessed by a trained clinician hundreds of kilometers away; where AI-powered predictive analytics can trigger early interventions to avert disease outbreaks; and where every country in Africa contributes to and benefits from a harmonized, secure, and interoperable health data ecosystem.

The time to act is now. We have the talent, the technology, and the momentum. What remains is the shared commitment to align our innovations with systems that can carry them forward for generations. This conference is where those alignments begin.

INTRODUCTION

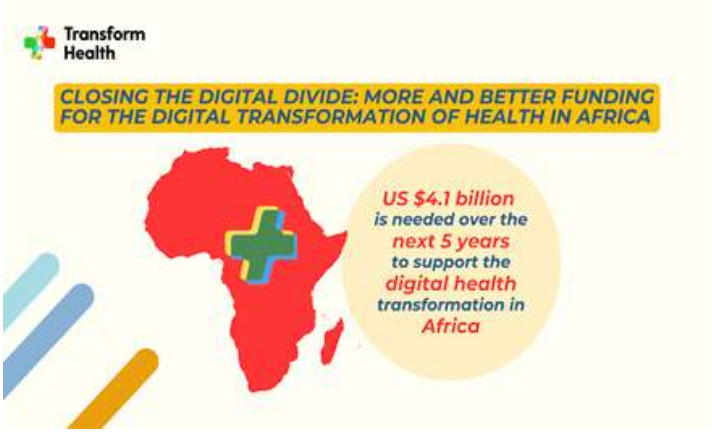
The ABCHealth Digital Health & AI Conference, held as part of the ABCHealth HealthTech Summit at WHX Lagos, was convened under the theme 'Engaging the Digital Health Ecosystem: Enabling Interoperability, Scalability & Sustainability across Health Systems.' Stakeholders from across the digital health landscape including policymakers, healthcare leaders, private sector investors, development partners, technologists, and innovators gathered to confront the complex, multifaceted challenges that continue to define the evolution of digital health in Africa and globally. The event was structured to reflect the urgency of rethinking and realigning how digital health interventions are conceptualized, scaled, and sustained, particularly in resource-constrained settings.

The conference catalyzed cross-sector dialogue to address key barriers, such as interoperability, scalability, and financial sustainability, and chart pathways for long-term health system transformation. Throughout the sessions, there was a strong consensus that while digital health tools are proliferating across the continent, their effective integration remains hamstrung by technological, infrastructural, and policy-level dissonance. that more than 50% of digital health interventions in low- and middle-income countries (LMICs) fail to integrate into national systems due to the absence of standardized data exchange protocols, incompatible digital infrastructures, and siloed implementation approaches.

A recurring theme throughout the conference was the difficulty in transitioning promising digital health projects beyond the pilot phase. The African Union's Digital Transformation Strategy (2020–2030) was cited as a clarion call, noting that nearly 70% of digital health programs launched across the continent never scale beyond their initial pilot due to funding gaps, misalignment with health policy, and infrastructural inadequacies. There is an expressed concern that these short-lived projects not only waste resources but also erode stakeholder confidence in digital health as a viable, sustainable tool for health system strengthening. Real-world examples of disconnected health systems across cocountries were highlighted emphasizing how lack of interoperability hindered care continuity and data sharing. Experts underscored the urgent need for standardized frameworks, alongside strong regulatory mechanisms, to enable secure and seamless health data exchange.

Beyond financial limitations, scalability is severely constrained by deep digital divides. Infrastructure deficits especially limited internet connectivity, erratic electricity supply, and inadequate IT hardware—were discussed as critical inhibitors. Experts shared that in many rural and underserved regions of Africa, paper-based records are still the norm, and healthcare workers often lack even basic digital literacy. A 2023 study from the African Digital Health Network (ADHN) was cited, which found that 58% of healthcare workers in rural health facilities were unfamiliar with essential electronic health record (EHR) functionalities. This reinforces the argument that building human capacity and digital readiness is as essential as providing technological solutions.

While there is growing global consensus on the critical role digital health plays in strengthening health systems, emphasized a persistent disconnect between policy-level recognition and actual financial commitment on the ground. It was noted that most African governments still allocate less than 1% of their annual health budgets to digital health initiatives, a figure starkly misaligned with the scale of investment needed. According to estimates shared during the conference, about $4.1 billion in annual funding is required to sustain, maintain, and scale digital health infrastructure across low- and middle-income countries (LMICs).



There is also a need to look into innovative financing model, blended financing, outcome-based investments, and public-private partnerships, to de-risk digital health investments and ensure longevity. Examples such as Zambia's SmartCare EHR system were discussed as cautionary tales. Initially successful, SmartCare's implementation faltered after donor support waned, leaving many health facilities with underutilized or or defunct systems. This pointed to the need for long-term financial strategies, government co-investment, and private sector

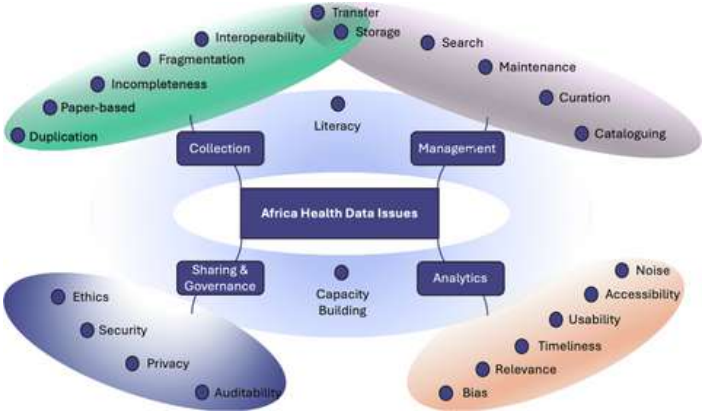
engagement to ensure digital health becomes embedded in national systems rather than remaining external or peripheral interventions. One of the most transformative topics of the conference was the role of artificial intelligence (AI) in health. The dialogue on AI was robust, exploring its use in predictive diagnostics, remote patient monitoring, operational optimization, and health data analytics. The conference highlighted recent evidence, such as a 2022 Lancet Digital Health study, showing that AI models have reached over 90% diagnostic accuracy in detecting diseases like diabetic retinopathy and breast cancer. Despite this promise, there is still expressed caution about ethical risks, data privacy concerns, algorithmic bias, and regulatory lag.

Regulatory readiness was therefore flagged as a strategic imperative. While regions like the European Union have enacted comprehensive legislation, such as the AI Act, many African countries still lack the policy and legal frameworks necessary to govern AI integration in healthcare safely. There is a need to f adopt agile, contextually grounded regulatory mechanisms to ensure that AI deployments in Africa are ethical, equitable, and aligned with public health goals.

To bring this vision to life, the ABCHealth Digital Health and AI Conference convened a series of dynamic panel sessions that brought together leaders from government, international organizations, private sector innovators, and health institutions. Four distinct panel sessions were held, each addressing key pillars of digital health transformation- interoperability, scalability, governance and sustainability. These panels featured high-level executives and technical experts who provided a breadth of perspectives and lived experiences from across the African continent. Public and private sector leaders emphasized the need for strong policies, innovation, and collaboration to scale digital health in Africa.

The conference was also an incubator for forward-thinking initiatives. The launch of the ABCHealth Virtual Health Hub was hailed as a major step forward. This post-conference virtual platform was introduced as a mechanism to support sustained collaboration among stakeholders, serve as a knowledge repository, facilitate regulatory guidance, and provide incubation and acceleration for promising digital health solutions across Africa. The Hub is expected to act as both a collaborative engine and a policy innovation lab, bridging gaps between development, implementation, and sustainability.

The launch of this Hub was situated within a broader recognition that Africa's digital health future cannot be left to chance or fragmented experimentation. The conference affirmed that transformation at scale requires institutional support, dedicated financing, and shared infrastructure across nations. Strong data governance emerged as the bedrock of this future, enabling secure, ethical, and equitable use of digital tools and AI. Several experts emphasized the urgency of building resilient systems for data collection, stewardship, and sharing that respect local norms and public trust. This includes framing data as a public good, investing in data protection mechanisms, and ensuring that communities remain at the center of decision-making about how their data is used.



In closing, the conference set a new tonemoving beyond fragmented interventions toward coherent, systems-level change. It showcased the value of pan-African collaboration and the immense potential of digital health and AI to improve health outcomes when investments are intentional, inclusive, and sustained. The momentum generated must now translate into national policies, regional action plans, and transcontinental partnerships that anchor digital health firmly within Africa's broader development goals. With the right governance structures and sustained political will, digital transformation can become a catalyst for health innovation, equity, resilience, and lasting impact. From digitizing primary healthcare systems to enabling precision medicine, strengthening disease surveillance, and expanding telemedicine to remote communities, the opportunities are transformative. However, real impact will require a strong commitment to interoperability, data security, and capacity building, ensuring that digital tools are not just available, but usable and trusted by providers and patients alike. By prioritizing inclusivity, especially for underserved populations, and fostering collaboration between governments, innovators, and investors, Africa can leapfrog traditional barriers and create a future where health systems are smarter, more connected, and more responsive to the needs of its people.

Opening Remarks

by

Ms. Zouera Youssoufou-
MD/CEO, Aliko Dangote Foundation

Ms. Zouera Youssoufou - MD/CEO, Aliko Dangote Foundation

The ABCHealth Digital Health & AI Conference opened on a note of bold clarity and strategic ambition, guided by the opening remarks delivered by **Ms. Zouera Youssoufou,** the MD/CEO of the Aliko Dangote Foundation and Board Member of ABCHealth. Her address was a catalytic call to action that laid the intellectual and moral groundwork for the summit's deliberations. Framing the theme, "Engaging the Digital Health Ecosystem: Enabling Interoperability, Scalability & Sustainability across Health Systems," within the broader context of Africa's ongoing health transformation, the remarks delivered a visionary yet pragmatic roadmap. The opening address emphasized that the intersection of digital health and artificial intelligence is a tangible necessity for the present moment.

What emerged from her message was an urgent insistence that the African continent must move beyond fragmented, crisis-driven interventions and donor-dependent models that have historically dominated public health approaches. She warned that such fragmented systems while often well-intentioned are insufficient to respond to the scale and complexity of Africa's health challenges. Instead, she advocated for a paradigm shift: one that calls for integrated, system-wide innovation anchored in locally driven solutions, robust data ecosystems, strong governance, and the strategic engagement of the private sector .In her framing, digital transformation is not a supplement to Africa's health systemsit is the very infrastructure upon which resilience, equity, and efficiency must now be built.

The opening remarks was the assertion that artificial intelligence must be treated as a core infrastructure within health systems, particularly in regions where human capacity is overstretched and healthcare access is often delayed or uneven. AI, as described in the address, offers transformative potential because it does not fatigue, it learns continuously, and it can operate at scale with consistency. But we should be careful to point out that this is not a matter of simply acquiring new technology, it is a matter of integrating intelligent systems in a way that complements, rather than replaces, the human touch, while correcting for the historical in a way that complements, rather than replaces, the human touch, while correcting for the historical inefficiencies embedded in health systems across Africa. Importantly, the remarks was grounded not in abstract theorizing, but in lived experience and concrete action.

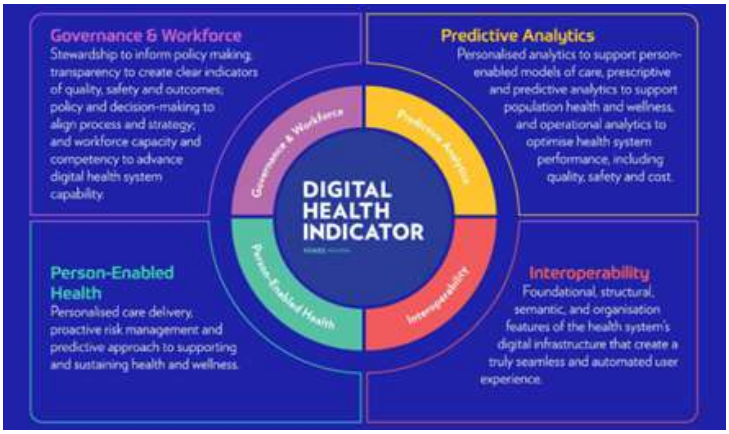
Drawing on the example of the Coalition Against COVID-19 (CACOVID), a national, private sector-led emergency response initiative in Nigeria, the speaker illuminated what private sector leadership can look like when it is structured, ambitious, and aligned with national goals. CACOVID served as a blueprint, not just for emergency response, but for how businesses can move from corporate social responsibility to deep systemic engagement. The emphasis was clear: writing cheques is not enough. True transformation requires that private enterprises step into the role of co-architects of public health solutions—investing not only in infrastructure and supply chains, but also in strategy, governance, and delivery mechanisms that work at scale.

This framing aligned closely with the vision and mandate of ABCHealth itself. Though headquartered in Nigeria, the organization was positioned as a pan-African platform designed to facilitate regional cooperation, cross-sectoral partnerships, and scalable innovations that transcend national boundaries. Backed by institutional anchors such as the Dangote Foundation and the Global Business Coalition for Health, ABCHealth was portrayed as both a convener and a coordination mechanism, a space where corporate action could be harmonized with national health priorities and regional policy frameworks.

To bring these concepts to life, the speaker pointed to Rwanda as a compelling example of digital health transformation in action. In Rwanda, over 4,000 health facilities have been digitized and connected to a national command dashboard capable of real-time surveillance, resource tracking, and outbreak prediction. While acknowledging that Rwanda's smaller population and centralized governance structure enabled quicker implementation, she challenged other countries to distill actionable lessons from the Rwandan experience rather than use their complexity as a rationale for delay. The message was clear: it is not a matter of capability, but of coordination, investment, and intent. Only through

this unified approach can digital health move from isolated pilots to sustainable, system-wide solutions.

Another theme in the address was the urgent need to move beyond piecemeal, donor-dependent projects that often lack long-term sustainability. Too many digital health initiatives on the continent, she warned, remain trapped in the "pilot" phase, failing to scale, failing to integrate, and ultimately failing to shift systemic outcomes. These short-term projects, while well-intentioned, often create isolated pockets of progress that dissolve once funding ends or political priorities shift. The speaker instead called for a paradigmatic shift toward nationally owned, integrated health ecosystems where technology is aligned with strategic policy goals, embedded within governance structures, and sustained through long-term financing mechanisms, not just grants.



The 3 pillars of the conference theme; interoperability, scalability and sustainability was explained as concrete design imperatives for any digital health system that hopes to endure, integrate and evolve. The address challenged the audience to move beyond fragmented pilot projects and toward coordinated ecosystems that are built to last. Interoperability, it was argued, must be hardwired into the core of all digital health investments. Too often, systems are designed in silos, resulting in parallel data repositories, non-communicating platforms, and missed opportunities for holistic patient care. A truly interoperable system must align national platforms with subnational delivery mechanisms; and enabling seamless data exchange across both public and private providers. Without systems that can talk to one another, there can be no coherent policy direction, and no meaningful analytics for decision-making.

Equally emphasized was the importance of scalability, not simply as an afterthought, but as a primary benchmark for success. It was reinforced that innovation in digital health cannot be measured by the novelty of a solution or the excitement of a pilot. Instead, success must be tied to the ability of that solution to expand across geographies, reach diverse populations, and embed within existing health infrastructure. There was an urgent call to end the culture of perpetual piloting that has defined much of Africa's digital health experimentation over the last decade. Instead, the case was made for "designed-to-scale" solutions those that take into account affordability, local capacity, interoperability, and regulatory fit from the outset.

What remains uncertain is whether Africa will lead this transformation or be left to adapt to systems built elsewhere. For this reason, a special emphasis was placed on African-led innovation, regional collaboration, and the alignment of technology with local health system needs. It encouraged a departure from dependency on foreign technology solutions that often lack contextual relevance, and instead proposed a model rooted in homegrown platforms, regional standards, and African expertise. This vision calls for a generational shift in mindset—one that reclaims agency over the continent's digital health future.

There is critical need for robust data governance, ethics, and trust frameworks as artificial intelligence becomes increasingly central to healthcare delivery across Africa. With AI influencing clinical decisions, diagnostics, and resource allocation, the speaker called for proactive leadership in shaping regulations that protect data, respect patient rights, and promote fairness.

This includes ensuring that algorithms are trained on diverse, representative African datasets and are free from inherited global biases. Without deliberate, context-specific governance, there is a danger that digital health solutions will import the same structural inequities they aim to resolve. This includes establishing legal frameworks for data protection, cultivating public trust in digital tools, and ensuring that AI algorithms are trained on representative African datasets.

To set the tone, the opening remarks offered a bold imperative: the era of experimentation is over. Africa must now build systems that endure, scale, and serve all. The continent's digital health future will be shaped not by the size of investments alone, but by the strength of collective commitment and the courage to build equitable, sustainable health systems.

Goodwill Messages

by

Professor Akin Abayomi-
The Honorable Commissioner for Health, Lagos State

Mr. Kaakpema Yelpaala 'KP'-
Faculty Director, InnovateHealth Yale, Yale School of Public Health

Professor Akin Abayomi- Honorable Commissioner for Health, Lagos State

The goodwill address at the ABCHealth Digital Health & AI Conference given by The Honourable Commissioner for Health- Professor Akin Abayomi opened with a heartfelt welcome to a diverse assembly of global health leaders, innovators, and exhibitors. Delivered on behalf of the Lagos State Government, it acknowledged Lagos not merely as a host city, but as an increasingly significant node in Africa's growing digital health ecosystem. Now in its most expansive edition to date, the WHX Lagos Summit convening was recognized as a powerful convergence of minds committed to charting the continent's digital health future.

Anchoring the state's contribution to this landscape was the introduction of SHIP, the Smart Health Information Platform. This flagship initiative represents a bold and strategic move by Lagos to digitize and integrate its health ecosystem. SHIP is designed not merely as an infrastructure project but as a comprehensive health intelligence system that enables secure, real-time movement of patient data between healthcare facilities. It was positioned as a transformative force that can fast-track care delivery, support virtual consultations, reduce systemic inefficiencies, and inform smarter public health decision-making.

What makes SHIP especially consequential is its function as both a policy instrument and a service delivery tool. With a centralized data archive already under construction and major general hospitals and primary healthcare centers onboarding, the platform is nearing its first full launch. Within months, Lagos aims to demonstrate how data can be securely transferred across facilities and how these capabilities will reshape the way healthcare is accessed and managed across the state. By using aggregated health-seeking behavior data, the government intends to better allocate scarce resources, identify emerging health risks early, and design interventions that are timely, precise, and impactful. This digital infrastructure effort is not being undertaken in isolation. Instead, it is powered by a robust public-private partnership that recognizes the unique strength of both sectors. The public sector holds the mandate an reach, the private sector players bring technical innovation, operational agility, and capital. The initiative was framed as an open invitation for technology providers and health enterprises to join a collaborative effort in building an efficient, scalable digital health architecture. Once the system is proven across public health facilities, it is expected to expand to private providers, consolidating data into a unified system that reflects the totality of Lagos' health landscape.

The vision shared was the industrial development tied to healthcare and biotechnology. The Lekki Free Trade Zone was spotlighted as a key opportunity zone, uniquely positioned near transformative infrastructure investments including the Dangote Refinery, a deep-sea port, and a second international airport. Investors and exhibitors were encouraged to explore the Free Trade Zone as a potential base of operations. The state envisions this corridor as the new industrial Lagos, ideally suited for healthtech manufacturing, digital R&D, and regional distribution, especially for technologies built with African challenges and use cases in mind

In celebrating the scale of this annual convening, the Commissioner went beyond ceremonial courtesies to frame Lagos as an ambitious testbed for frontier-level innovations that span the full spectrum of healthcare needs. The conference was hailed as an opportunity for policymakers to directly engage with transformative tools and assess their relevance to African realities.

He expressed particular excitement about the theme of this year's summit digital health and AI affirming that we live in a time when digital and AI-enabled solutions are not optional but essential for future-proofing healthcare. As health systems globally contend with resource constraints, population growth, and shifting disease burdens. It was emphasized that digital technologies must be leveraged not only to modernize infrastructure but to extend care to those historically left behind. Lagos, he affirmed, is eager to lead in this regard.

It was a reminder that while policy and infrastructure matter deeply, transformation lies in connection between governments and private sectors, between people and the systems that serve them. By extending the invitation to enjoy Lagos in its fullness, the message embodied the theme of the summit: collaboration, openness, and shared ambition for a healthier, smarter Africa.

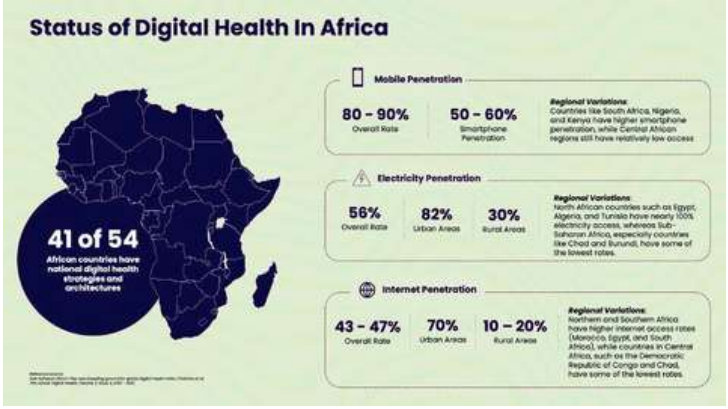
The Commissioner's address evolved each component of this theme, painting a holistic picture of Lagos' strategy in transitioning from fragmented care models toward a digitally integrated health ecosystem.

- On interoperability, the address underscored the urgent need to break down historical data silos that have long impeded coordinated care, timely referrals, and data-informed interventions. SHIP, as conceptualized, is not simply a data warehouse but a foundational layer for health systems interoperability, enabling a seamless interface between various electronic medical records (EMR), diagnostic labs, pharmacies, and community-based care services. Interoperability, he noted, is not just technical; it is also structural and institutional, requiring regulatory alignment, digital literacy among frontline providers, and patient consent protocols that respect privacy while promoting access.

- Scalability was contextualized within the dynamic and fast-growing population of Lagos, projected to exceed 30 million residents in the coming decades. Any solution not designed with scale in mind, he warned, risks obsolescence. As such, the Commissioner emphasized the modular architecture of SHIP, which allows for phased rollouts, adaptive configurations to suit primary, secondary, and tertiary levels of care, and data federation models that can accommodate private sector integration. This foresight ensures that health technology infrastructure deployed today remains responsive to the needs of tomorrow's urban and peri-urban populations.

- When addressing sustainability, the message deepened into the economics and governance models underpinning digital health. The Commissioner advocated for sustainability models rooted in shared ownership, value-based care incentives, and digital financing mechanisms. These include the integration of SHIP with health insurance platforms, donor systems, and payment gateways, all aimed at reducing out-of-pocket expenditures while improving service delivery efficiency. Sustainability, he argued, cannot be an afterthought, it must be engineered into the design of technology, workforce development plans, maintenance schedules, and institutional culture.

SHIP was presented as a living blueprint, an evolving platform that is not confined to Lagos' borders. Its design reflects a broader ambition to position Lagos as a digital health innovation hub not only for Nigeria but for West Africa. As a platform, SHIP has the potential to become interoperable across state and national boundaries, feeding into the Nigeria Health Information Exchange (NHIE), the National Health Management Information System (NHMIS), and ultimately the Africa CDC's continental digital health strategy. In this way, the Commissioner connected Lagos' local innovation to a global agenda, showing how local execution can catalyze continental transformation.



He further discussed capacity development, highlighting the investments Lagos State is making to digitally upskill its health workforce, from health records officers to community health workers. The SHIP rollout is paired with an ambitious digital health literacy program aimed at embedding comfort and proficiency with health technology tools at every level of service delivery.

The address extended to the human element of innovation. The Commissioner challenged the audience to design with empathy, ensuring that digital health solutions reflect the lived realities of users, patients in rural Ibeju-Lekki as much as clinicians at LASUTH. He warned against the trap of technocentrism, deploying digital tools without local feedback loops, and instead emphasized the importance of co-creation, contextualization, and inclusive innovation.

Concluding his goodwill message, he noted where regulatory agencies meet startups, where policy meets product, and where health outcomes are reframed as shared responsibilities. His words echoed a call to action, that as stakeholders gather to showcase innovation, they must also commit to scale it, sustain it, and steer it toward those who need it most.

By extending a warm message to explore the resilience of Lagos, the address embodied the spirit of collaboration that underpinned the entire summit. It was a strategic framing of Lagos State's role as both a beneficiary and a builder of Africa's digital health future.

Mr. Kaakpema Yelpaala- Faculty Director, InnovateHealth Yale, Yale School of Public Health

Kaakpema Yelpaala, a distinguished digital health entrepreneur, lawyer, and global health advocate, delivered a deeply resonant message. As the founder of Access.Mobile and a Yale Greenberg World Fellow, his work over the past decade has spanned several African countries, Uganda, Ghana, Kenya, Nigeria, and South Africa, building scalable digital health platforms tailored to local realities. Recognized early by Microsoft and steeped in both legal and technological expertise, his insights are grounded in years of navigating complex health ecosystems. More significantly, his lived experience bridging African heritage and global exposure, positioned him to deliver a keynote that was both a personal appeal and a strategic roadmap for Africa's digital health future.

With algorithms increasingly determining how care is delivered, from diagnostics to clinical decisions, the growing absence of African data in these models presents not just a technical gap, but a threat to health equity and patient safety. The address highlighted how algorithms today are built with datasets sourced largely from North America, Europe, and parts of Asia, contexts vastly different from the African health landscape. This mismatch could lead to misdiagnoses, ineffective treatment plans, and AI-driven tools that ignore cultural and clinical nuance. He offered vivid illustrations: maternal health bots that misinterpret symptoms due to sociocultural misalignment, diagnostic tools that fail to recognize diseases on darker skin tones, and systems that embed bias due to the exclusion of African datasets.

Drawing parallels to Africa's mobile money revolution, a phenomenon that now boasts over 280 million users and a $1 trillion economic footprintit demonstrated that the continent has the capacity not just to catch up but to lead. The mobile money ecosystem succeeded because of intentional design, bold policy moves, and local investment. This same deliberate architecture, the keynote argued, must now be applied to digital health and artificial intelligence. The was reminded that leapfrogging is not a myth, it is a choice. But to replicate such success in healthcare, Africa must build inclusive infrastructures, standardize data flows, and invest in the homegrown talent capable of shaping technology that speaks to its people, languages, diseases, and delivery systems.

Interoperability was framed as an imperative principle ensuring that disparate platforms, tools, and systems can work seamlessly across public and private sectors. This, the speaker stressed, is crucial for avoiding the trap of fragmentation, where digital health tools exist in isolation, unable to share data or scale effectively. Scalable systems must be designed from the ground up with Africa's infrastructural constraints in mind, supporting offline functionality, low-bandwidth environments, and multiple languages.

He further advanced the notion that the AI revolution is not only technical, it is geopolitical. Unless Africa contributes to the solution, it risks becoming a perpetual user of imported systems rather than a co-architect of its own solutions. If these systems are built without African participation, they will not only fail to serve the continent effectively, they will deepen existing inequalities.

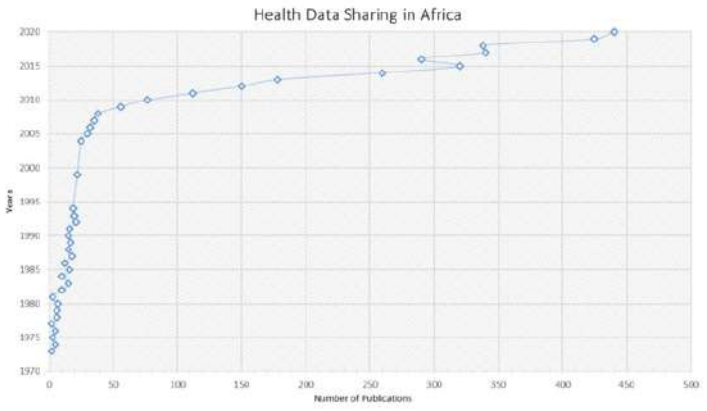
He brought the room back to a simple but powerful truth: AI is being trained now. The decisions made today will shape healthcare systems for decades to come. If African voices, data, and institutions are absent from the training processes, the continent will be sidelined in the most critical revolution of the 21st century. But this is not inevitable. The tools, talent, and urgency exist, what's required now is collective resolve. The audience was left with a message that went beyond optimism: it was a mandate. Stop waiting for permission. Build the data. Define the frameworks. Insist on inclusion. Because the future of health in Africa cannot be imported, it must be invented, intentionally and unapologetically, by Africa itself.

He further explored how Africa must anchor this transformation in ethical governance. As algorithms increasingly influence care pathways, ethical questions around consent, data sovereignty, and algorithmic bias will define trust in these systems. Yelpaala emphasized the need for pan-African digital governance frameworks, designed by Africans, for Africa so that ethical AI is not reactive or borrowed but built into the system from the outset. He stressed that data collected from African populations must be governed by African institutions with transparent

oversight mechanisms to ensure privacy, equity, and public interest are safeguarded. He also challenged academic institutions, policy think tanks, and regional regulatory bodies to rise to the moment. The development of Africa-centric AI frameworks, including standardized taxonomies, indigenous health data repositories, and local cloud storage capacity, was presented not as optional, but as critical infrastructure, akin to roads and electricity.

Mr. Yelpaala drew a direct link between digital sovereignty and economic development. By building locally owned digital health tools, not only does Africa retain control over its data and patient narratives, but it also creates high-value jobs in data science, engineering, product design, and health informatics. These are the jobs that will define Africa's 21st-century workforce, and digital health must be seen as both a health intervention and a driver of inclusive economic growth.

He also made a bold case for decolonizing health data. The very idea that African populations should be passive contributors to global datasets without benefiting from the tools those datasets train is both ethically flawed and economically extractive. He urged African governments and private sector leaders to invest in data equity strategies, initiatives that ensure data collected in Africa stays in Africa, is accessible to African innovators, and contributes to local solution development before being exported or monetized abroad.



Although recent improvements in digital technology enable better ways to collect and manage data for research purposes, including in health, research still experiences significant limitations in access to data, especially in Africa and these issues range from funding, gaps in technology (e.g., from internet connectivity to Health Information System – HIS), digital and data literacy, enabling policies and governance models, cultural or ethical considerations and poor data management practices. Moreover, he urged technology entrepreneurs to embed local context into product lifecycles—from ideation to deployment. Whether it's enabling natural language processing for Swahili and Yoruba, or building clinical decision tools that account for endemic diseases, technology must speak Africa's language, literally and clinically. He encouraged innovators to conduct usability testing not just in urban hospitals but in rural clinics, and to view local feedback not as a barrier but as an asset in the design process.

In his concluding thoughts, Yelpaala returned to the role of collective leadership. Governments alone cannot bear this burden. Private sector innovators, research institutions, funders, patient advocacy groups, and even diaspora professionals must step into their respective roles. He called on the continent's leading digital health organizations, including conveners like ABCHealth, to not only drive innovation but to champion digital inclusion charters, open-source collaboration, and outcome-based funding models that hold the ecosystem accountable to the very communities it aims to serve.

He also emphasized the critical role of infrastructure investment in bridging the digital divide, not just in broadband or hardware, but in the invisible systems that underpin digital health: identity verification, health records standardization, and data protection. Without robust and universally accessible digital identity systems, patients risk being invisible in the data economy, unable to build longitudinal health records, access mobile services, or assert ownership over their information. Yelpaala advocated for a pan-African health data commons, grounded in principles of consent, traceability, and patient agency, which would allow health systems to be both responsive and respectful.

Regional cooperation emerged as another focal point of the address. While national investments are vital, he argued, the greatest gains will come from regional harmonization, shared technical standards, cross-border data sharing protocols, and collaborative regulatory frameworks that allow innovations to scale beyond single-country silos. Referencing the African Continental Free Trade Area (AfCFTA) and the Smart Africa Digital Health flagship, he called for a continental consensus around the governance of digital health and AI. Without it, he warned, Africa risks becoming a patchwork of disconnected pilots and redundant systems. But with it, the continent could establish a unified digital health corridor, where a vaccine passport issued in Lagos is accepted in Nairobi, or a maternal health app developed in Kampala scales seamlessly to Dakar.

Keynote Addresses

by

Mr. Laurie Hawkins-
Founder, AITIA Global, Estonia (Virtual)

Dr. Adeolu Arogundade-
President, Society of eHealth & Telemedicine, Nigeria (In-Person)

Laurie Hawkins- Founder, AITIA Global

The keynote presentation titled 'Accelerating Universal Health Care in Africa: Showcasing Australia's Digital Health Foundation Building Blocks,' was delivered by Mr. Laurie Hawkins, Founder of AITIA Global and architect of Australia's foundational digital health infrastructure. With decades of experience advancing interoperable healthcare systems, he presented a bold roadmap for digital health transformation across the Africa.

Drawing from his key role in integrating eight state and territory governments, the federal system, and private health sectors into a unified national framework, his keynote reframed digital innovation in healthcare not as a future ambition but as an urgent, achievable necessity. In Hawkins' perspective, digital health is not merely a technological upgrade, it is the structural enabler of Universal Health Coverage (UHC), the key to unlocking equitable access, care continuity, resilience, and efficiency within healthcare systems across Africa.

From Australia's profound journey in crafting a continent-wide health data ecosystem, the address reframed the African digital health conversation, urging policymakers, health innovators, technologists, and development partners not to treat digital health as a lofty vision for tomorrow, but as a practical necessity for today. The central thesis of this keynote was that digital health must be viewed not just as a matter of technological adoption, but as a foundational enabler of Universal Health Coverage (UHC). The path to equitable, accessible, and resilient health systems is intrinsically tied to how well Africa designs and implements digital infrastructure that is interoperable, citizen-centric, and strategically inclusive.

The keynote took the audience on a deep dive into Australia's success in building what is now widely regarded as one of the most advanced national digital health architectures globally. The Health Services Library, a consolidated, nationwide digital platform that unites data from all eight state and territory public health systems consolidated, nationwide digital platform that unites data from all eight state and territory public health systems, the federal government, and the private healthcare sector. This effort, an undertaking of rare magnitude, resulted in a single "source of truth" for health and social care across the continent. The Health Services Library houses over 444,000 services across public, private, and not-for-profit sectors, categorized into 20 primary and approximately 200 sub-categories, thereby creating a comprehensive and living national registry of healthcare resources.

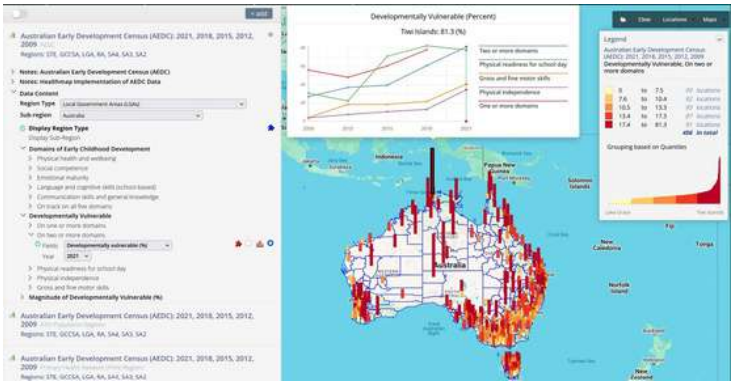
The library is not a static database; it is a dynamic, interoperable engine that powers hundreds of digital interfaces, including telehealth platforms, government health portals, mobile health apps, emergency response tools, and AI-powered triage systems. It integrates more than 300,000 accredited health professionals through a National Provider Directory and allows citizens to search for services, such as late-night pharmacies, mental health support, or maternal care, at any time and from any location across the country. Such seamless discoverability, powered by a simple widget and accessible in over 20 languages, represents a profound shift in how health access is conceptualized and delivered.

Unlike developed nations burdened by legacy systems, expensive data silos, and fragmented Health Information Exchanges, African countries have the unique opportunity to leapfrog these constraints by building a unified, future-ready digital health foundation from the ground up. The call to action was unambiguous: adopt a single digital path for the continent, one that is cloud-based, interoperable, AI-enabled, and built with privacy and consumer control at its core. This, the speaker proposed, is not only a cost-efficient approach but one that significantly accelerates access and quality of care.

The address further illuminated how Australia's journey has been powered not just by technical architecture, but by a culture of data democratization and public empowerment. Through HealthMap, another landmark innovation, Australian users, ranging from local governments and healthcare planners to journalists and ordinary citizens, can visualize and interrogate data at the postcode, state, or national level. These visual tools are designed to be participatory and intuitive, showing real-time health indicators such as chronic disease rates, maternal mortality clusters, healthcare workforce shortages, and environmental risk zones. Importantly, these tools

do more than inform; they shape funding decisions, drive programmatic interventions, and empower citizens with transparency and accountability, interventions. The applicability to Africa is direct and urgent. With many African nations contending with rapid urbanization, youth population growth, and constrained public sector capacity, the ability to visualize and respond to granular health data in real-time is not a luxury, but a necessity. The keynote challenged African stakeholders to embrace visual analytics that demystify data and place it in the hands of those who can act on it, clinicians, community leaders, NGOs, and policymakers alike.

Another critical segment of the keynote showcased the development of the Global COVID-19 Data Observatory, a predictive analytics engine built using data from WHO, Johns Hopkins University, CDC, and other global sources. This tool successfully tracked every COVID-19 wave since January 2020 and utilized traffic-light indicators, geospatial mapping, and machine learning to predict outbreaks, identify vulnerable communities, and simulate targeted public health responses. One of the standout applications of this observatory was its use in identifying social and health inequalities within the United States, an approach that could be transformative in African cities navigating post-pandemic recovery and future outbreak preparedness.



Through the lens of these case studies, digital transformation is not simply about digitizing paper records or setting up electronic medical systems in hospitals. Instead, it is about building a sustainable, integrated health information infrastructure that connects services, informs decision-making, anticipates future health needs, and enables agile response to crises. Telehealth, API-based service integration, mobile-first platforms, and AI-powered decision support tools are essential pillars in this ecosystem, not as futuristic aspirations, but as practical solutions for delivering care to rural, peri-urban, and underserved populations. A pivotal insight from the presentation was the emphasis on choosing collaboration over fragmentation. With 54 African nations often taking divergent paths toward health digitization, the continent risks replicating the inefficiencies of developed nations unless there is a collective shift toward standardization, shared infrastructure, and cross-border interoperability. The keynote urged African leaders, development partners, and multilateral institutions to consider a continental digital health pact, an agreement to align on standards, promote open-source frameworks, and pool resources toward a unified digital health architecture.

Hawkins' philosophy centers on data as a public good. He shared Australia's experience with HealthMap, a platform that enables users, from clinicians to policymakers, to visualize and explore health indicators by postcode, region, or demographic profile. From maternal health to chronic disease hotspots, these tools unlock data for better service planning, funding allocation, and crisis response.

A crucial part of the keynote covered the Global COVID-19 Data Observatory, built using WHO, Johns Hopkins, and CDC datasets. Through innovative traffic-light dashboards and predictive modeling, Hawkins and his team were able to track outbreak trajectories, identify vulnerable populations, and simulate public health interventions in real-time. He noted how this tool, powered by advanced geospatial analytics, is now available for adaptation in African cities to strengthen urban pandemic preparedness.

Concrete illustrations were provided of how telehealth and API-based service integration have redefined access to care in remote Australian communities. By embedding digital functions, such as location-based service finders and AI-enhanced triage tools, into national systems, Australia has extended care equity and reduced the operational burdens on its health workforce. Hawkins emphasized that such solutions are not luxury innovations, but essential tools for achieving UHC, especially in settings with dispersed populations and resource constraints. The keynote address culminated in a powerful appeal for continental collaboration. As African nations confront growing health burdens and complex population needs, his insights reminds all present that with the right partnerships, infrastructure, and intent, the future of health in Africa can be re-engineered from the ground up.

Dr. Adeolu Arogundade- President of the Society for Telemedicine and eHealth

The second keynote address of the ABCHealth Digital Health & AI Conference at the HealthTech Summit in Lagos was delivered in person by **Dr. Adeolu Arogundade,** President of the Society for Telemedicine and eHealth in Nigeria. A distinguished physician, digital health strategist, and systems transformation advocate, Dr. Arogundade brought to the stage a powerful and unflinching perspective on what it truly means to achieve digital health equity across Africa. His address, grounded in both extensive clinical experience and deep engagement with health technology implementation, urged participants to reframe the digital health discourse as a systemic necessity.

Central to his message was the argument that universal health coverage cannot be realized unless the continent addresses the persistent and often invisible disparities in access, infrastructure, and utilization that continue to marginalize millions. Digital innovation, he stressed, must never become a distraction from the harder work of equity, equity that guarantees access, usability, and outcomes regardless of geography, income, education, or social status. Reframing digital health through this lens transforms it into a vehicle not just for modernization but for justice. His keynote was a call to rethink not just the tools we build, but who they are built for, and whether they are reaching those who need them the most.

The need for a new perspective in digital health strategy was made clear. He dismantled the illusion that access to technology automatically translates to improved health outcomes. Instead, he argued, the critical question must be: who actually benefits from digital tools? With this framing, digital health becomes not only a conversation about devices, apps, or bandwidth, but about structural reform Equal distribution of technological inputs, it was emphasized, does not equal equitable outcomes. For instance, though Lagos State boasts over 3,000 health facilities, per capita access remains lower than in less populated areas like Nasarawa, revealing a deeper systemic imbalance that technology alone cannot fix. These discrepancies underscore that access cannot be assumed simply by geographic presence or technological penetration, it must be intentionally designed, measured, and corrected.

Digital divide is a reflection of economic, and social inequities that technology must intentionally help to dismantle. One of the most powerful arguments is mobile health as a cornerstone for overcoming these inequities. Despite Nigeria's impressive teledensity, reported at 103.6% nationwide in 2023, there exists a striking asymmetry between urban and rural regions, where coverage drops as low as 48%.

Mobile phones may be ubiquitous in cities, but in underserved areas, connectivity remains unreliable, data plans unaffordable, and health-related digital services limited. Yet, paradoxically, in some regions, mobile phone ownership (up to 2,200 devices per 5,000 people) vastly outpaces the number of available hospital beds, sometimes fewer than a dozen. This staggering disparity reveals both the depth of the health infrastructure crisis and the immense, untapped potential of mobile technology to close access gaps.

In response, the keynote address emphasized the importance of harnessing mobile-first strategies, not as a luxury or convenience, but as a necessity. These include SMS-based health alerts, remote diagnostics, maternal care messaging systems, and chronic disease tracking platforms. By leveraging what people already have in their hands, rather than relying solely on high-bandwidth apps, countries can deploy targeted interventions that are both inclusive and scalable.

Light was shed on Nigeria's own experiences and innovations in digital health, with particular focus on the NigComSat-1 Telemedicine Pilot. Launched by the government as a pioneering national initiative, . Described as a landmark achievement, the pilot demonstrated that even in infrastructure-challenged regions, targeted digital interventions can bridge vast gaps in healthcare access. The benefits, ranging from reduced patient travel times to enhanced clinical accuracy significantly outweighed the costs, validating the importance of continued public investment in health tech.

Despite these bright spots, the address did not shy away from Africa's systemic barriers. Infrastructure limitations-unreliable electricity, poor broadband coverage, low smartphone penetration, remain

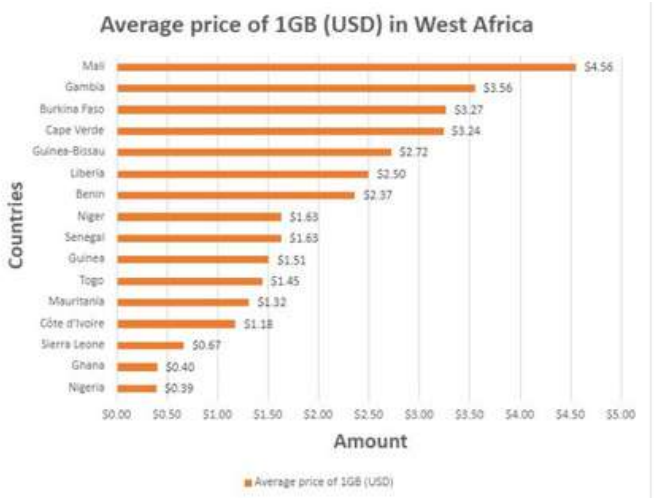
major constraints in large parts of the continent. Even in areas where networks exist, the high cost of mobile data continues to exclude millions of users. Despite these bright spots, the address did not shy away from Africa's systemic barriers. Infrastructure limitations-unreliable electricity, poor broadband coverage, low smartphone penetration—remain major constraints in large parts of the continent. Even in areas where networks exist, the high cost of mobile data continues to exclude millions of users.

If the cost of accessing health tools is higher than the cost of being sick, then digital health will only replicate existing disparities. The case was made for public policies that drive down the cost of data, encourage open-source development, and subsidize community-based digital infrastructure. The speaker also highlighted how digital health is too often conceived without the user in mind. Interfaces are too complex, languages are not localized, and systems are rarely co-created with frontline workers or patients. These gaps erode trust, reduce engagement, and render tools ineffective. Bridging this usability divide, it was stressed, is essential for the equitable scaling of digital health platforms.

Two major obstacles to digital health in Africa was addressed: Weak regulatory frameworks and Poor interoperability. Without clear laws on data privacy, diagnostics, and platform standards, digital systems remain fragmented and discourage long-term investment. Drawing lessons from the U.S., where disjointed health IT led to skyrocketing costs, the speaker stressed the need for adaptable, enforceable policies. He also highlighted the dangers of siloed systems across the continent, urging a shift toward "interoperability by design", where digital platforms are built to communicate from the start, enabling seamless data exchange and stronger national health intelligence.

Across the continent, digital health initiatives have often emerged in silos, designed around narrow pilot projects or localized use cases without consideration for broader integration. This has created a patchwork of incompatible electronic medical records, disconnected surveillance tools, and redundant data collection systems. Such fragmentation not only wastes resources but undermines the effectiveness of national health intelligence by leaving critical data inaccessible or incomplete.

Far from being a technical upgrade, interoperability is a change in mindset, toward collective progress, system cohesion, and the delivery collective progress, system cohesion, and the delivery of equitable, data-driven care across all levels of the health system. Without this, years of digital advancement risk becoming isolated innovations that fail to transform health outcomes on a meaningful scale. Despite the significant infrastructure and access barriers facing digital health in Africa, the keynote delivered an optimistic and practical roadmap anchored in local innovation and equity. It emphasized the value of low-tech, high-impact solutions like SMS-based platforms for medication reminders, immunization tracking, and maternal health, tools that remain effective even in areas with limited internet access or digital literacy.



The often-overlooked crucial element of equitable healthcare delivery are the community health workers. These frontline actors, deeply embedded within their communities, serve as trusted intermediaries between formal healthcare systems and underserved populations. Empowering these workers with the right digital tools can exponentially expand the reach and quality of care, particularly in areas underserved by hospitals or doctors.

This approach also addresses the chronic issue of healthcare workforce distribution, where urban centers are often oversaturated while rural communities remain neglected. By investing in their training and digital enablement, governments can unlock a more resilient, community-led tier of healthcare that operates with proximity, empathy, and adaptability.

While the public sector holds the mandate for universal care, the private sector holds the keys to innovation, capital, and scale. But for collaboration to succeed, both sectors must be willing to adapt. The private sector must align with public health goals, not just profitability. The final words of the keynote were profound "Bridging the digital health divide isn't rocket science it just takes good connection and a sense of purpose."

Panel 1

Themed

Advanced Health Data Governance and Privacy: Navigating AI Integration, Compliance, and Ethical Challenges

Mr. Kenneth Okolie- CEO, Synlab Nigeria

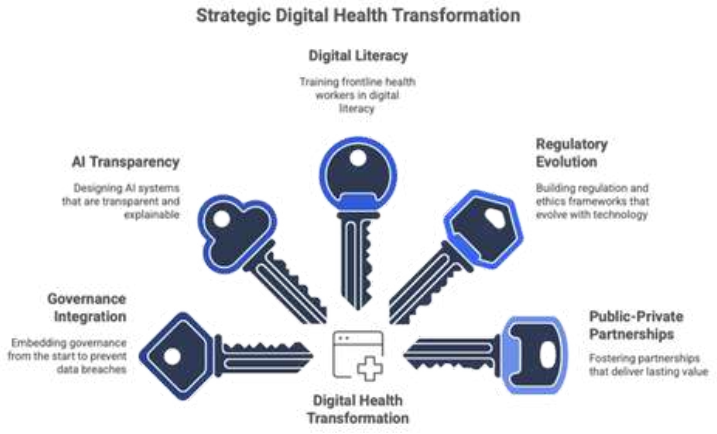
The first panel session of the ABCHealth Digital Health & AI Conference, titled 'Advanced Health Data Governance and Privacy: Navigating AI Integration, Compliance, and Ethical Challenges,' was opened by **Mr. Kenneth Okolie, Chief Executive Officer of Synlab Nigeria**, who also served as the session chair. In his capacity as a leader at the helm of one of Africa's largest medical diagnostics networks, he brought both industry insight and public health awareness to a presentation that served as a critical framing for the rest of the conference.

With a strong understanding of both the operational and regulatory dimensions of healthcare, he articulated the emerging challenges posed by artificial intelligence in a data-driven healthcare ecosystem, challenges that are rapidly shifting from theoretical concerns to urgent, system-wide issues. His presentation established the intellectual foundation for the discussion that followed, offering a structured analysis of the core risks and responsibilities involved in integrating AI into African health systems.

Emphasis was laid on the centrality of data in today's healthcare innovation landscape, noting that the phrase "data is the new oxygen" reflects the reality that AI applications are entirely dependent on high volumes of personal, sensitive, and complex health data. However, he warned that just as oxygen can be dangerous when mishandled, health data, in the absence of proper governance, can cause systemic harm.

This assertion set the tone for a discussion that recognized both the transformative potential and the inherent risks of AI-driven healthcare. He noted that while AI presents opportunities to scale diagnostic efficiency, personalize treatments, and support real-time decision-making, these benefits cannot be pursued without addressing the underlying issues of data privacy, consent, accountability, and system resilience. Three critical challenges facing the digital health sector in Africa were highlighted, First was the paradox of data abundance without structure: while digital tools are proliferating, most health systems remain fragmented, and the data they generate is often inaccessible, inconsistent, or unprotected. Second was the issue of sustainability, highlighted by the statistic that over 70% of digital health interventions on the continent fail to progress beyond the pilot stage. This, he explained, is frequently due to poor planning around governance, regulatory compliance, and funding continuity. Third was the challenge of unregulated AI integration. He likened this to giving the keys of a high-performance vehicle to someone who has never been trained to drive, a situation that creates the illusion of progress but in fact introduces severe risk to health system stability, patient safety, and public trust.

These observations were reinforced with a series of real-life case studies. One particularly impactful example involved a patient in Lagos who received three different diagnoses from three different hospitals, simply because there was no interoperable data-sharing system between them. Another case illustrated the vulnerability of digital infrastructure, where a health tech start-up collapsed after donor funding ended, leading to the permanent loss of patient records, a failure of both planning and policy.



He also shared the scenario of an AI-based diagnostic tool that flagged a health condition, but without any transparent rationale or explainable logic, resulting in confusion and loss of confidence among healthcare providers and patients. These examples demonstrated the very real consequences of deploying digital solutions without the necessary governance safeguards in place. A significant portion of the presentation was dedicated to what he described as an "African reality check." He cautioned against the wholesale adoption of Western digital health models, arguing that strategies effective in one context may be misaligned or counterproductive in another. To drive home this point, he used a fishbone

another. To drive home this point, he used a fishbone diagram to identify the systemic weaknesses often overlooked in African digital health planning: inadequate IT infrastructure, weak regulatory enforcement, insufficient investment in training, and a mismatch between donor-driven initiatives and local needs. He posed a critical question to the audience "Can we really afford to build our digital health future on a shaky foundation?" This question encouraged policymakers, funders, and health innovators to prioritize context-specific solutions that reflect the continent's unique constraints and opportunities.
In response to these identified gaps, he presented a structured model for digital health governance centered on four foundational components: data ownership, access control, usage monitoring, and incident response. He argued that governance must be an integral part of system design from inception, not an afterthought applied once systems are already in place.

Drawing on global statistics, he highlighted the extent of the problem: nearly 40% of health systems worldwide still operate without electronic health records, and more than 30% of those with digital systems lack interoperability. For African countries that are in the early stages of digital transformation, this represents both a challenge and an opportunity to build more coherent systems from the ground up.

He highlighted that most AI tools are trained on datasets that do not represent African populations, resulting in algorithmic bias and diminished clinical relevance. To address this, he called for deliberate investment in African-led AI research, the development of local and culturally relevant datasets, and the inclusion of local knowledge in design and deployment processes. This, he argued, is essential not just for improving accuracy, but for ensuring equity and fairness in how AI tools are applied.

To guide strategic action, the presentation concluded with five clear imperatives: embed governance at the inception of every digital health initiative; invest in digital literacy and continuous training for healthcare professionals; demand transparency and explainability in AI tools; build adaptive regulatory frameworks that reflect the African context; and strengthen partnerships across public and private sectors to align innovation with ethical standards. These recommendations were not presented as optional ideals but as critical requirements for achieving a functional, trusted, and future-ready digital health ecosystem. In conclusion, the session not only highlighted the critical governance gaps facing Africa's digital health systems but also issued a direct challenge to policymakers, technology leaders and private sector actors: to move from ad hoc, fragmented interventions to structured, ethical and inclusive systems that can support responsible AI deployment.

With sound data stewardship, contextual regulatory frameworks, and multi-stakeholder collaboration at the core, the continent stands at a pivotal moment , one where it can define a path toward health innovation that is not only advanced but also equitable, secure, and trusted.

Representing a range of sectors and expertise, the panelists included policy leaders, innovators, private healthcare executives, and digital health experts who are actively shaping Africa's AI and health data governance landscape.

The Panelists include:

- **Dr. Chimezie Uche** - Founder and CEO of Doctroid Healthcare Services
- **Kareem Adeniji** – MD, Tabade Pharmaceutical Chemists Limited
- **Shina Arogundade** – Co-Founder, Myitura
- **Tosin Ozoya** - Principal Consultant, Sare Health Africa
- **Chiazo Okadigbo** - Associate Director, Forensic, Deloitte

Moderator: Dr. David Akpan – Deputy Director Partnerships & Programs, eHealth Africa

Before diving into the panel discussion, the moderator, Dr. David Akpan, Director Partnerships & Programs, eHealth Africa set the stage by framing the session's core dilemma: the unprecedented promise of artificial intelligence in transforming healthcare, and the parallel urgency to ensure the data fueling that transformation is responsibly governed. He began by acknowledging that we are living in a time where the fusion of AI and health systems is rapidly altering how care is accessed, delivered, and optimized. From predictive

diagnostics to algorithmic decision-making and precision medicine, AI is driving innovation at a speed that few sectors have witnessed before. But as he noted, the engine behind these innovations is data, particularly health data, which is inherently sensitive, personal, and high-risk if not properly handled. He pointed out that while Africa is steadily adopting digital solutions, it faces a unique dual burden, accelerating innovation while simultaneously developing the legal, regulatory, and institutional safeguards needed to protect its citizens.

Dr. David Akpan - Deputy Director, Partnership & Programs eHealth Africa

He urged the audience to consider that governance cannot afford to be reactive, especially in the realm of AI. It must be anticipatory, proactive, forward-looking, and capable of addressing ethical, legal, and social considerations before harm occurs. How do we ensure transparency in algorithmic decision-making? How do we define consent in an AI-driven system? How do we build public trust in tools that are still evolving?

He also highlighted the broader ecosystem required for responsible data governance: not just policies and laws, but the institutions to enforce them, the human capital to design and audit AI systems, and the cross-border collaboration required for health data to move securely in an interconnected region. Framing the conversation as a balancing act between innovation and protection, he concluded by inviting the panelists to unpack these tensions and offer concrete strategies for ensuring that the future of AI-enabled health systems in Africa is not only intelligent, but also just, equitable, and secure.

One of the most resonant contributions came from **Dr. Chimezie Uche**, the Founder and CEO of Doctroid Health, a technology-driven healthcare platform that is actively developing AI-integrated tools such as Greycare to improve access, diagnosis, and care delivery, a leading one of the continent's AI-driven digital platforms. In responding to a question on how emerging technologies can be responsibly integrated into digital health ecosystems while maintaining patient data governance, he delivered a technically grounded response rooted in the lived realities of both patients and practitioners navigating Africa's evolving health systems. Drawing on both practical experience and strategic insight, he began by emphasizing the importance of embedding governance into digital health systems from the earliest stages of design. He explained that in building platforms like Greycare, his team has prioritized the incorporation of consent management, data privacy, and ethical oversight not as post-deployment considerations, but as core components of platform architecture.

He cautioned against treating patient consent as a one-time legal checkbox, especially in African contexts where there is a long-standing deficit of trust in health systems. Instead, consent must be seen as a dynamic, culturally grounded, and ongoing process, shaped by the realities of language, digital literacy, social norms, and health inequalities. In his view, true patient autonomy cannot exist without informed, context-sensitive engagement that allows users to understand and control how their personal data is used, shared, and stored over time.

Dr. Chimezie Uche- CEO, Doctroid Health

He argued that interoperability must be accompanied by harmonized data governance protocols, otherwise it risks becoming a vector for data leakage and misuse. He noted that without clear policies on how data moves between systems; who can access it, under what circumstances, and with what oversight, the benefits of connected care can be undermined by ethical and legal violations. He called for a coordinated effort to develop shared standards for ethical data exchange, ensuring that interoperability supports rather than erodes patient rights and institutional accountability.

His intervention ultimately reframed the role of digital health entrepreneurship on the continent. Rather than focusing narrowly on technological breakthroughs, he positioned ethical integration as the true measure of success. Platforms must be designed not only for functionality but for fairness, inclusivity, and resilience. As he explained, this requires leadership that understands the dual responsibility of advancing

innovation while protecting those most vulnerable to its unintended consequences. Ethical health data governance, in this vision, is not an external constraint it is the foundation on which meaningful, equitable, and scalable digital transformation must be built.

As the conversation progressed, the panel shifted from platform design and patient-facing digital tools to the broader industrial applications of AI within the pharmaceutical sector. Within the pharmaceutical value chain, AI is transforming not only how drugs are discovered and tested, but also how they are manufactured, distributed, and tracked across health systems. In this context, the integrity, privacy, and ethical handling of sensitive health data whether from clinical trials, pharmacovigilance systems, or real-time supply chain monitoring becomes a high-stakes concern. **Kareem Adeniji, Managing Director of Tabade Pharmaceuticals,** offered a detailed account of how artificial intelligence is being deployed across various points in the pharmaceutical value chain, while raising important concerns about the ethical and regulatory structures needed to ensure that innovation does not compromise data integrity, patient safety or public trust.

Mr. Kareem Adeniji - MD, Tabade Pharmaceuticals

He began by articulating how AI has become instrumental in refining core pharmaceutical processes. In particular, he highlighted the use of predictive algorithms in forecasting drug demand, a capability that has helped reduce stockouts. Another area of impact he emphasized was the identification and interception of counterfeit medications, which remains a persistent threat across African markets. Machine learning models and data-driven authentication mechanisms, he noted, have helped Tabade and its partners enhance surveillance across supply chains and maintain the integrity of distributed pharmaceuticals. However, the conversation did not dwell solely on technological potential. What stood out in his remarks was the balanced and realistic assessment of the risks associated with AI-driven transformation in the pharmaceutical space. He emphasized that unlike other sectors where data may be transactional or behavioral, pharmaceutical data often involves highly sensitive health information, especially in areas like clinical research, pharmacovigilance, and prescription monitoring. These data points are linked directly to human subjects, many of whom participate in trials or use experimental therapies, thereby elevating the ethical stakes and the legal obligations of pharmaceutical firms. As such, AI integration in this context demands more than operational efficiency.It requires strict adherence to governance frameworks that are designed with patient safety and data protection at their core.

He cautioned against the tendency to implement AI tools and then build compliance mechanisms around them as an afterthought. This retrospective approach, he warned, leaves gaps that can undermine patient trust, invite legal challenges, or expose institutions to reputational and regulatory risk. Instead, he advocated for a proactive model, where governance is not added later but embedded during the design, testing, and deployment of AI systems. This includes pre-implementation risk assessments, stakeholder consultations, and alignment with both national and international data protection regulations. He emphasized that pharmaceutical companies must move beyond general compliance checklists and adopt sector-specific safeguards that reflect the complexities of the drug development and supply ecosystem.

In practical terms, this means instituting strict access controls for clinical trial data, ensuring anonymization standards are enforced and regularly updated, establishing real-time audit mechanisms for pharmacovigilance systems and clearly defining data retention and deletion policies. He also noted that these systems must be designed to meet evolving standards of informed consent, especially as more pharmaceutical firms adopt AI to analyze real-world evidence, process electronic health records, or model patient outcomes. These practices, he argued, must be guided not just by what is legally permissible, but by what is ethically defensible, especially when dealing with vulnerable populations or cross-border data flows.

While regulatory institutions are tasked with safeguarding public health, many remain under-resourced and ill-equipped to monitor the rapid proliferation of AI technologies. He called for a regulatory modernization agenda that includes investment in digital capacity. In his view, if regulation fails to evolve at the same pace as technological deployment, AI could outstrip institutional controls resulting in a governance vacuum where accountability becomes difficult to

enforce. he pharmaceutical industry, by virtue of its proximity to patient health outcomes and reliance on deeply personal data, occupies a unique position of trust.

Shina Arogundade - Co-Founder, Myitura

Shina Arogundade, Co-Founder of Myitura, focused on a critical and often underexamined dimension of artificial intelligence in healthcare: the risk of algorithmic bias and the imperative to design systems that serve diverse populations without reinforcing systemic health inequities. In a conversation framed around the governance of health data and the responsible integration of AI, his insights grounded the discussion in the realities of user-centered care, emphasizing the balance between algorithmic sophistication and the lived experience of the patient.

A central theme of his remarks was the dual role that AI plays in both advancing and potentially undermining health equity. He began by explaining how Myitura uses AI to personalize health interventions, improve treatment adherence, and make health platforms more responsive to the individual needs of users. These innovations while powerful require close scrutiny to ensure they do not replicate the very inequities they are intended to solve. He noted that while personalization can help tailor solutions to specific users, it can also unintentionally marginalize individuals from underrepresented communities if the underlying datasets or training models carry historical biases. This challenge is especially relevant in African contexts, where digital health systems must account for diverse populations across geography, language, income level, and healthcare access.

To address this, he described Myitura's deliberate internal strategy for auditing their AI algorithms for patterns that may be skewed or discriminatory. The process involves continuous review of how recommendations and outputs are generated, with particular attention to whether certain demographic or socioeconomic groups are being underserved, excluded, or misrepresented. He stressed that algorithmic fairness is not a static goal but a continuous process that requires vigilance, iteration, and reflection. These audits are not conducted in isolation but are supported by real-world user data and feedback mechanisms that help developers detect blind spots and correct for unintended consequences in real time.

An important aspect of his approach is the role of user feedback as a governance tool. He explained that user engagement does not end at onboarding or interface design it is an ongoing relationship that informs how the AI behaves, evolves, and is held accountable. Myitura actively integrates patient-reported outcomes and feedback loops into their system architecture, allowing the platform to learn not only from clinical data but from patient experiences, preferences, and challenges. This model of participatory governance reinforces the idea that patients are not passive data subjects but active stakeholders in the digital health ecosystem.

Another point of emphasis was algorithmic transparency and its role in building trust. He stressed that as AI becomes more integrated into patient engagement platforms, it is crucial that users and healthcare providers understand how outputs are generated. Black-box systems that make decisions without explanation are particularly problematic in health contexts, where trust and comprehension are foundational to user adoption. He argued that transparency must be designed into the AI model, providing not only technical documentation for regulators and developers but user-friendly explanations that allow non-technical stakeholders to understand how and why a recommendation has been made.

Ms. Chiazokam Okadigbo - Associate Director , Delloitte Nigeria

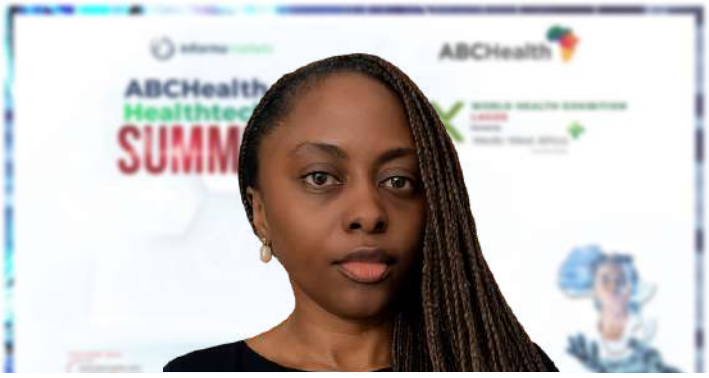
Chiazokam Okadigbo, offered a clear structured, risk-aware analysis of the increasing reliance on AI in African health systems AI is framed not as a neutral technology but as a mechanism whose effectiveness and potential for harm depends entirely on the

systems, structures, and people governing it. The realities of deploying AI in sensitive sectors like healthcare, where the risks of misuse are amplified by the very strengths that make these tools so powerful. While Artificial Intelligence offers transformative capabilities, such as the ability to rapidly analyze vast datasets and deliver clinical insights at scale. it also introduces unprecedented vulnerabilities. AI is not neutral, she warned. It is only as reliable, secure, and ethical as the data it is fed, the guardrails guiding its use, and the governance structures holding it accountable.

At the center of her argument was the dual-edged nature of AI: a system that can enhance efficiency and decision-making, but also magnify errors, reproduce structural biases, and expose sensitive data to exploitation if not properly secured. In the healthcare context, where the cost of misjudgment is human life, these risks are not theoretical they are immediate and high-stakes. She cited growing concerns around inaccurate data, algorithmic bias, and the unethical use of patient information. When the source data is unrepresentative, the outcomes generated by AI systems are not just flawed they are dangerously misleading.

She argued that true data protection starts with intentional architecture: how data is classified, structured, anonymized, and stored before it even enters an AI system. Data governance, in her view, must be comprehensive, not just focused on access control but on embedding ethical principles directly into the design of digital systems. She emphasized the importance of data minimization, segmentation, and anonymization as foundational pillars of ethical AI deployment. Especially in healthcare, where individual data points can reveal deeply personal, even life-altering information, there must be safeguards in place to ensure that even if data is breached, it remains unintelligible, non-identifiable, and non-transferable.

The urgent threat posed by human error, noting that an estimated 70% of data breaches in the health sector stem from non-malicious insider actions. Staff clicking on phishing links, unintentionally revealing credentials, or failing to recognize suspicious activity are among the most common entry points for cyberattacks. To mitigate this, she called for robust digital literacy and cybersecurity training, especially for frontline healthcare workers. Understanding data protection principles, such as anonymization, secure authentication, and responsible data sharing must become standard knowledge, not just among IT professionals but throughout the health workforce. On bias, she stressed the need to train AI using African health data to ensure relevance and fairness. She also argued that data governance must be seen as infrastructure proactively preventing, detecting, and adapting to new risks. Finally, she called for clear, context-specific regulatory frameworks. Without clarity, innovation becomes chaotic. Regulators and innovators must collaborate to create standards that work for African realities, ensuring AI is deployed ethically, safely, and effectively.



Tosin Ozoya- Principal Consultant, Sare Health Africa

Tosin Ozoya, remarks called for a recalibration of the governance conversation, one that begins not with imported regulatory blueprints or technology-first solutions, but with a thorough understanding of how African health systems function in practice.

Before Africa can fully embrace the promises of artificial intelligence, it must confront the more fundamental question of context. What does healthcare look like in Africa? Who has access? What infrastructure exists? And what are the gaps that still define the lived experiences of both patients and providers? These, she argued, must be the baseline questions that shape any conversation about digital transformation.

The real task for African innovators, regulators, and policymakers is not just about acquiring sophisticated technologies but about interrogating their relevance, their risks, and their utility. "What are our health systems like? What do we truly need? And how can AI be shaped to fit us, not the other way around?" she asked.

On the issue of data privacy. She challenged the assumption that AI introduces novel risks, pointing out that long before the digital era, patient confidentiality in African healthcare systems was often precarious. She offered the example of physical patient folders being left unattended on desks, or stored in offices accessible to anyone. "What AI has done is not create entirely new risks," she explained, " but to accelerate pre-existing vulnerabilities at scale." And with acceleration must come proportional safeguards. If digital systems are expanding rapidly,

then the regulatory and ethical frameworks governing them must expand with equal urgency, and with more intentionality. From a regulatory standpoint, she proposed a tiered model of oversight, recognizing that not all AI applications carry the same level of risk. She suggested that AI tools used for logistics optimization or appointment scheduling may require a different governance standard than those supporting mental health assessments, oncology diagnostics, or surgical planning. A one-size-fits-all approach, she warned, is both inefficient and potentially harmful. Instead, regulatory frameworks must be risk-aligned, adaptable, and capable of evolving alongside the technologies they govern. Such frameworks should also include mechanisms for post-market surveillance, algorithmic auditing, and outcome monitoring, ensuring that AI systems continue to meet ethical and clinical standards long after deployment.

But more than regulatory architecture, she called for a shift in how governance itself is conceived. Governance, she stressed, must be participatory, co-created through 360-degree dialogue between ministries, technologists, developers, civil society, patient representatives, and frontline healthcare workers. Policy should not be made behind closed doors or released in isolation; it must be shaped through an iterative, inclusive process that brings stakeholders together across bureaucracies, languages, geographies, and digital literacy levels. Regulation cannot merely react to innovation, it must shape it, from the ground up.

The first panel session, "Advanced Health Data Governance and Privacy: Navigating AI Integration, Compliance, and Ethical Challenges," served as a foundational moment in the day's discussions—laying bare the relationship between emerging AI technologies, data protection, and the structural capacity of African health systems to govern them effectively. Moderated by **Dr. David Akpan** and featuring a cross-disciplinary panel of leaders from healthcare, policy, legal compliance, and innovation, the session dissected how the rapid evolution of digital tools is outpacing regulatory preparedness across the continent.

The conversation unpacked Africa's fragmented data governance landscape, where inconsistent standards, limited institutional capacity, and inherited foreign models have left innovators navigating murky ompliance waters. Panelists discussed how regulatory ambiguity, not just regulatory absence is often the greatest threat to ethical AI deployment, leading to wasted resources and delayed implementation. A consistent theme across the session was the critical need for clarity, localization, and collaboration. This includes designing compliance frameworks that reflect the realities of African healthcare where informal providers are prevalent, digital literacy varies, and infrastructure gaps persist.

Speakers raised specific risks associated with importing AI tools trained on non-African datasets, warning that such systems can embed bias, misdiagnose patients, and further marginalize underserved populations. Instead, they called for investments in indigenous datasets and African-led AI development. The ethical architecture of AI was another focal point, with calls for systems that embed consent, and transparency from the ground up. The panel also stressed the need to build internal cultures of data stewardship, where every actor in the healthcare system, from clinicians to IT staff, is trained in privacy, security, and ethical handling of information.

The conversation emphasized that effective governance must extend to inclusive, participatory policymaking that incorporates the perspectives of innovators, and the oversight of both public and private institutions. Data governance, in this view, is not just about protecting data, it's about protecting people, and ensuring that innovation does not compromise human dignity or exacerbate existing inequities.

The session closed with a call for Africa to forge its own digital health path, rooted in its unique social, economic, and cultural contexts. This means moving beyond dependency on imported tools toward African-driven innovation, governance, and digital sovereignty. They stressed the need for homegrown health-tech ecosystems that leverage Africa's youthful population, growing mobile penetration, and community health networks while addressing challenges like fragmented infrastructure and underfunded health systems.

Panel 2

Themed

Strategic Regulatory Pathways for Digital Health Innovation: Data Governance, AI Integration, and Compliance in African Healthcare Markets

Dr. Njide Ndili - Country Director, PharmAccess ; President, Healthcare Federation of Nigeria

The second panel session of the ABCHealth Digital Health & AI Conference, titled 'Strategic Regulatory Pathways for Digital Health Innovation: Data Governance, AI Integration, and Compliance in African Healthcare Markets,' was chaired by **Dr. Njide Ndili**, Country Director of PharmAccess . With her extensive experience in both public and private health systems and her longstanding advocacy for equitable health access, she delivered a deeply analytical opening that shaped the intellectual and policy contours of the session. Her presentation offered a sweeping overview of the structural, technological, and ethical dimensions of digital transformation across African healthcare markets.

The address began by situating digital health within the broader spectrum of what are increasingly known as digital determinants of health those socio-technical conditions shaped by access (or lack thereof) to digital tools, services, and infrastructure that now play a pivotal role in defining health outcomes. In an era where connectivity, data, and technology influence everything from diagnostics to access to care, there is a growing recognition that digital transformation is no longer a luxury or an afterthought, it is a core health determinant in and of itself. This insight served as a foundation for the session's key question: how can African countries strategically regulate, govern, and harmonize digital health pathways in a manner that ensures innovation is ethical, inclusive, and ultimately improves public health outcomes?

Central to this conversation was the notion that the velocity of digital innovation has far outpaced the regulatory mechanisms meant to govern it. Artificial Intelligence (AI), data analytics, mobile health platforms, and digital diagnostics are being deployed with increasing frequency across the continent. While these technologies bring enormous potential enhancing efficiency, expanding access, enabling real-time monitoring, and supporting personalized care they also raise profound ethical, legal, and infrastructural concerns. At present, many African countries are grappling with fragmented data protection frameworks, inadequate enforcement capacity, and a general lack of public awareness about data rights and responsibilities. Governance frameworks have not kept pace with the increasing volume, velocity, and value of health data being generated across both public and private sectors. This inconsistency not only threatens patient privacy but also hampers the interoperability and scalability of digital health innovations across the region.

There was a call to reframe data governance through a patient-centric lens. Rather than viewing data as an institutional asset or a commercial commodity, the future of digital health must be structured around the principle that patients own their data and have agency over how it is accessed, used, and shared. This model of patient-centered data governance envisions individuals as active participants in their care, not passive recipients, by granting them rights to control their health information through secure, consent-driven data frameworks. Consent, in this context, was articulated as both primary (enabling the use of data for direct care, such as during labor or emergency treatment) and secondary (permitting anonymized use of personal data to inform broader public health or research initiatives, such as improving maternal health systems regionally).

To operationalize this vision, the concept of a "data vault" system, a secure, patient-controlled repository where health records are stored and can only be accessed with explicit consent from the individual. Such a model ensures that data is unlocked solely for purposes that benefit the patient or align with broader system-level improvements while maintaining confidentiality, autonomy, and transparency. Legislation and technical safeguards must work hand in hand to protect patient interests, with the establishment of national or regional healthcare data institutions being one of the suggested governance mechanisms.

The necessity of building trust emerged repeatedly as a core pillar of digital health advancement. Without public trust in how health data is collected, stored, and used, the legitimacy and success of digital transformation efforts will be severely compromised. Trust, however, is not a static outcome; it is the result of consistent, transparent, and equitable governance practices that prioritize the well-being of individuals and communities over profit or expediency. This is especially critical in a continent like Africa, where vulnerable populations may be more exposed to the

risks of data misuse. Part of the complexity surrounding digital transformation in health is its inherently cross-sectoral nature. It touches not just on health ministries, but also departments of ICT, finance, education, and justice. Thus, governance models must be multi-sectoral and foster collaboration between public institutions, private innovators, civil society, and regional bodies. This was where the discussion of public-private partnerships (PPPs) and regional cooperation gained prominence. By pooling expertise, infrastructure, and regulatory approaches, African countries can leapfrog isolated, duplicative efforts and co-create interoperable systems that drive health equity across borders.

Importantly, the session chair also highlighted the danger of excluding youth the very innovators shaping the future of digital health from policymaking spaces. Africa's youthful population represents not just the largest demographic in need of digital health solutions, but also the key architects of those solutions. Bridging this gap is essential for crafting policies that are relevant, adaptable, and forward-looking.

On AI integration, artificial Intelligence was portrayed as a double-edged sword capable of augmenting clinical decision-making and resource allocation, but equally vulnerable to reinforcing systemic biases if trained on incomplete or non-representative data. This requires building local AI development capacity, establishing ethical guidelines rooted in African socio-cultural norms, and ensuring that AI systems are evaluated not just for technical efficiency, but for their real-world impact on patient outcomes, inclusivity, and equity.

Harmonizing health data governance across African countries is essential for effective digital transformation. Through this, countries can build unified, patient-centered data governance structures that enable secure data aggregation, exchange, and ethical use. Regional collaboration and standardized frameworks will enhance trust, attract investment, and ensure that digital health innovations are scalable, equitable, and responsive to Africa's unique health needs. The address concluded on a call to collective responsibility. More importantly, it demands that all stakeholders, governments, tech innovators, development partners, and communities, converge around shared values of equity, human dignity, transparency, and accountability. The panelists insights helped to deepen the conversation, explore practical pathways forward, and illuminate how Africa can lead in building patient-centered, ethically governed digital health ecosystems.

The Panelists include:

- **Dr. Raphael Akangbe –** AD, Data Protection Officer, Lagos State Ministry of Health
- **Irene Nwaukwa** – Founder/CEO, Infinity Health
- **Dr. Olayemi Dawodu** – CEO, Cerba Lancet Laboratories
- **Chibby Dangana**- Founder/CEO, Data Factory Global
- **Adam Yehia** – CEO DrugStoc

Moderator: Ms. Folake Owodunni – CEO, Emergency Response Africa

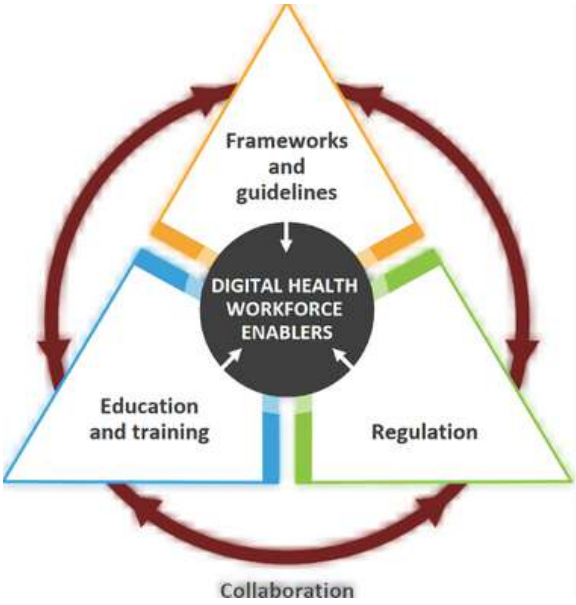
Setting the tone for the highly engaging panel conversation on the theme 'Strategic Regulatory Pathways for Digital Health Innovation: Data Governance, AI Integration, and Compliance in African Healthcare Markets.' The session moderator, **Folake Owodunni**, Co-Founder and CEO of Emergency Response Africa. Drawing on her extensive experience in designing emergency health systems that integrate technology with community care.

Ms. Folake Owodunni – CEO, Emergency Response Africa

She laid the foundation on the premise that understanding precedes regulation. It is only when we deeply understand the nature, speed, and impact of innovation that we can meaningfully govern it. Regulation, she emphasized, is not a passive response to change but an intentional and anticipatory framework that must evolve in tandem with the technologies it seeks to manage. She highlighted the reality that digital transformation particularly in the context of health is moving faster than regulation in

many African countries. Innovation does not wait for policies to catch up. It advances in real time, responding to market demands, technological possibilities, and public health emergencies. This disjointed pace between innovation and policy development exposes critical gaps in privacy, governance, interoperability, and accountability. These gaps are systemic vulnerabilities that can weaken public trust, limit scalability, and endanger the very people health systems are designed to serve.

In addition to policy alignment, she emphasized the importance of building institutional regulatory capacity. Legislation alone is not enough; regulators must be empowered, trained, and resourced to keep up with the evolving digital landscape. She called for strategic investment in local expertise, regulatory literacy, and inter-agency coordination. This would enable governments not only to create enforceable rules but also to adapt and respond proactively to new technologies as they emerge.



Framing the session's theme, '*Strategic Regulatory Pathways for Digital Health Innovation: Data Governance, AI Integration, and Compliance in African Healthcare Markets*' she called on the audience to move beyond admiration for innovation and engage critically with the systems that must be built around it. This includes examining how regulations can keep pace with AI adoption, and how data governance can be both secure and patient-centered. She emphasized that without robust, context-specific frameworks, the speed of innovation could outstrip the safeguards needed to protect patients, ensure equity, and maintain public trust in emerging digital health solutions. She also added that these emerging digital health solutions will be of utmost value, when they originate from being both secured and patient-centered. One of the most resonant contributions in the second panel came from the opening speaker, **Adam Yehia** the Co-Founder of DrugStoc, who shared a compelling account of how artificial intelligence is being strategically deployed to optimize medicine supply chains and streamline healthcare logistics across Nigeria and beyond. He emphasized that the adoption of AI within their operations was not a futuristic ambition, but an operational necessity, born out of the sheer complexity and scale of managing pharmaceutical distribution in a rapidly evolving healthcare landscape.

Adam Yehia - Co-Founder, Drugstoc

Drawing from firsthand experience, he made a strong business case for the integration of AI in pharmaceutical systems, particularly highlighting its capacity for predictive analytics. For DrugStoc, AI was not simply a tool for efficiency, it was infrastructure, vital for scaling productivity and ensuring that life-saving medicines reach providers and patients in a timely, data-informed manner.

But even as he outlined these gains, He offered a sobering critique of the existing digital health landscape. He noted that more than 70% of pharmacies and over 60% of hospitals across the continent remain undigitized, a reality that significantly undercuts the potential of AI. For any AI tool to function optimally, it must be fed with reliable, structured, and timely data conditions that are not yet standard in many African healthcare settings. Thus, he argued, it's not just about digitizing systems, it's about making the data useful, standardized, and interoperable so that it can feed meaningful insights into predictive models.

He addressed the human side of the digital transformation, particularly the role of patient education, data ownership, and consent. In his words, there remains a profound gap in public understanding of what health data is, what it means, and how it can be used. Without this awareness, digital consent becomes symbolic a box to tick rather than a meaningful, informed agreement. He urged regulators

and stakeholders to not only create data protection guidelines but to embed digital health literacy at the core of regulatory design. Consent, he stressed, should be more than legal formality; it should be a process grounded in understanding and agency. Patients need to know what it means to say "yes" or "no" to the use of their data, and that begins with public education.

In addressing regulatory systems, He made a case for open dialogue between innovators and regulatory bodies, highlighting the need to co-create governance models that are both flexible and protective. He urged regulators to be less reactive and more collaborative, noting that effective digital health systems require shared understanding, iterative design, and mutual trust. He emphasized that policymakers must think beyond borders, interoperability, especially in a pan-African context, is not optional.

As Africa increasingly positions itself for cross-border health initiatives and regional collaboration, the ability of healthcare systems to speak to one another becomes essential, not just technically, but legally and ethically. He closed by emphasizing that the future of digital health lies in how well they protect the rights of patients, how transparently they operate, and how meaningfully they are understood by the communities they serve.

The second speaker, a panelist whose work sits at the intersection of public service and digital innovation, brought a unique perspective shaped by his experience within both government structures and regulatory ecosystems, **Dr. Raphael Akangbe,** Assistant Director and Data Protection Officer at the Lagos State Ministry of Health, explained how state-level governance can serve as both an enabler and protector of digital health systems in Africa's largest city.

Dr. Raphael Akangbe- AD, Data Protection Officer, LsMoH

His contributions to the panel focused on the institutional mechanisms Lagos State has adopted to govern digital transformation responsibly. He mentioned how Lagos State Ministry of Health was the first body in Nigeria to achieve compliance under the Nigeria Data Protection Regulation (NDPR), a move that has placed the state ahead of the curve and made it an attractive destination for investors and global health technology partners. From this vantage point, he introduced the Smart Health Information Platform SHIP a state-led initiative designed to consolidate disparate health technologies into one interoperable digital infrastructure. The platform not only allows data to flow more efficiently between health facilities across the state but does so within a strict governance framework that prioritizes data protection, patient privacy, and system accountability.

Crucially, he explained that all vendors seeking to integrate with the state's health systems must undergo a Data Protection Impact Assessment (DPIA) before onboarding. This requirement ensures that digital innovation in Lagos does not advance at the expense of governance, but rather in alignment with it. For him, compliance is not a formality but a prerequisite for trust and system resilience.

He highlighted the importance of regulatory literacy, arguing that if regulators do not understand the technologies they are meant to oversee, they risk becoming barriers rather than stewards of innovation. Lagos has responded to this challenge by establishing a decentralized governance model in which Data Protection Champions (DPCs) are embedded within every department of the Ministry. These individuals serve as the first line of response in identifying and addressing data-related concerns, helping to ensure that regulation remains agile and responsive.

As a final highlight, he pointed to the SHIP project as a manifestation of Lagos State's long-term digital health strategy. Here, data governance is not viewed as an add-on but as a foundational principle. In sum, this speaker's reflections illuminated how Lagos is crafting a new governance blueprint, one that treats data as a public trust and regulatory compliance as a shared responsibility. Through collaboration, and investment in institutional capacity, the state offers a replicable model for how African governments can guide ethical digital health innovation while maintaining the confidence of their citizens.

The conversation then shifted to the critical themes of compliance and regulation core pillars in the success or failure of digital health innovation through the contribution of **Irene Nwaukwa**, **CEO of Infinity Health**, argued that the fundamental gap between compliance in developed countries and in Africa is not the absence of regulation, but the absence of clarity. In more advanced health systems, innovators operate

within well-defined regulatory frameworks. In contrast, African innovators often navigate murky terrain, where the rules are loosely defined, unevenly applied, or simply not communicated.

Irene Nwaukwa - Founder/CEO, Infinity Health

She challenged a notion she hears far too often,that data is the only area that needs regulation in digital health. While protecting patient data is critical, she stressed that governance must extend far beyond data privacy. Innovators, she asserted, must also be held to standards around clinical efficacy, quality assurance, and safety validation. This requires the submission of rigorous technical documentation, outlining metrics such as margin of error, sensitivity, diagnostic accuracy, and clinical use cases, not simply for investor confidence, but to meet public health needs and regulatory accountability.

In her view, regulation must become an act of co-creation, a space where regulators, innovators, health professionals, and end-users collaborate in shaping compliance models that are not only protective but enabling. She argued passionately for compliance as partnership, where both public and private actors come together to define realistic standards, acknowledge current capabilities, and work toward mutually beneficial improvements.

She also acknowledged the existing disconnect between regulators and implementers. Too often, policy is drafted in abstraction, divorced from the realities of deployment and use. Innovators must not only engage more deeply with regulators, but approach these relationships with a proactive posture, sharing their roadmaps, surfacing challenges early, and helping shape policies that are relevant, rather than reactive.

Returning to data governance, she referenced Nigeria's NDPR (Nigeria Data Protection Regulation) and posed a sobering question: "Do we even know how much of our health data is currently being used in Nigeria, and by whom?" Her point was clear, data governance without transparency and accountability is merely symbolic. A truly ethical digital health environment must be grounded in both proactive disclosure and informed public engagement. Health innovators and tech companies must be expected to track, document, and report how data is used detailing where it is stored, shared, and analyzed.

Her remarks returned to the foundational idea that compliance must evolve from a static checklist into a living, adaptive partnership. It should be an iterative process where all stakeholders convene around a common goal ensuring that digital health solutions are safe, effective, ethical, and equitable. Regulators must embrace their role not just as gatekeepers, but as enablers of progress. And innovators must hold themselves to the same standard of excellence, transparency, and accountability they expect from their governing bodies.

The conversation then turned to the intersection of regulation, data governance, and artificial intelligence and diagnostic innovation through the contribution of **Dr. Yemi Dawodu, CEO of Cerba Lancet Laboratories.** Operating across 14 African countries, Cerba Lancet occupies a unique vantage point within the continent's health infrastructure managing expansive data ecosystems and diagnostic networks that span both urban hubs and underserved regions

Dr. Yemi Dawodu - CEO, Cerba Lancet Laboratories

Drawing from Cerba Lancet's compliance experience, Dr. Dawodu explained that the organization had already aligned with the EU's General Data Protection Regulation (GDPR) long before Nigeria's National Data Protection Regulation (NDPR) came into force. This early adoption of international standards enabled the creation of a harmonized platform for data governance, one supported by dedicated Data Protection Officers and oversight committees in each operating country.

As a histopathologist by training, Dr. Dawodu spoke from deep clinical experience about the overwhelming diagnostic burden in pathology. One specialist might be responsible for interpreting results for hundreds of thousands of individuals, a ratio that AI could help rebalance. For example, AI applications

in cervical cancer screening can rapidly process thousands of pathology slides, significantly reducing human workload and turnaround time. She was also clear-eyed about the limitations of current AI tools. Many of these systems are trained on datasets sourced from Western populations, and their clinical performance often deteriorates when applied to African biological and pathological contexts. This presents serious risks of misdiagnosis, especially in high-stakes fields like oncology. The solution, she noted, lies in building AI systems trained on indigenous African data, something Cerba Lancet is actively contributing to by leveraging its vast footprint and diagnostic records across the continent.

In response to a pointed question on how smaller organizations can scale up compliance and ensure data safety, She emphasized that compliance is not the exclusive domain of large, well-funded institutions. Even organizations can build robust protections by taking advantage of cost-effective, third-party services for NDPR audits, vulnerability assessments, and data risk management. These services, she noted, are increasingly accessible and tailored to local contexts. More importantly, she underscored that safeguarding health systems often begins with something as simple and vital as staff education.

Training employees to recognize phishing links, practice sound digital hygiene, and report suspicious activities can serve as a low-cost but powerful defense against cyber threats. Compliance, in her view, is not just a technical objective, it is a culture that must be embedded at every level of an organization. With the right awareness, partnerships, and incremental investments, smaller players can establish strong foundations for trust, safety, and regulatory alignment in the digital health space.

Chibby Dangana- Founder/CEO, Data Factory Global

Offering, her insights centered around a key imperative:Africa's fragmented regulatory landscape must be unified to unlock the full potential of digital health innovation. **Chibby Dangana** remarks health innovation. delivered a strategic response to the critical question of what urgent interventions are required to harmonize AI integration, cross-border data flows, and innovation in a continent where regulatory ecosystems remain largely fragmented and underdeveloped. She acknowledged that although notable progress has been made across various African nations with the adoption of national data protection laws, these efforts remain largely fragmented and disconnected, limiting the potential for cohesive regional collaboration, standardization, and the scaling of digital health innovations.

The absence of a coherent, mutually recognized regulatory framework across jurisdictions continues to pose a significant barrier to innovation and digital health advancement. Unlike the European Union, which benefits from the General Data Protection Regulation (GDPR), a unifying legal instrument that facilitates seamless data exchange across member states due to its standardized principles. Africa finds itself burdened by a mosaic of divergent legal regimes, inconsistent enforcement mechanisms, and uneven compliance benchmarks.

This regulatory dissonance creates a landscape fraught with uncertainty. Entrepreneurs and innovators often struggle to navigate the conflicting legal requirements across borders, leading to costly delays in product roll-out and operational scaling. More critically, this uncertainty undermines trust and deters cross-border collaboration, particularly in the digital health space where the movement of sensitive data is essential for building effective, people-centered solutions. The lack of harmonized standards also weakens investor confidence, as financial backers are less inclined to support ventures operating in legally ambiguous environments.

Africa must move decisively toward establishing a unified regulatory architecture, one that supports interoperability, enables lawful cross-border data flows, and fosters trust between citizens, innovators, and institutions. The African Union's Digital Transformation Strategy was mentioned as a promising entry point to lead this agenda, particularly if it evolves into a binding framework that encourages member states to converge around shared principles of privacy, security, ethics, and operational standards in digital health.

True harmonization, she stated, cannot be accomplished through legislation alone. It must be supported by deliberate, long-term investment in building the human and institutional capacity

required to implement and uphold these laws effectively. Without a parallel focus on regulatory literacy, compliance infrastructure, and stakeholder engagement, even the most well-drafted policies risk remaining dormant or inconsistently applied.

The 2nd panel session highlighted the urgent need to align Africa's accelerating digital health innovationssuch as AI-enabled diagnostics, telemedicine, with robust, fit-for-purpose regulatory frameworks. While innovation is surging across the continent, regulation remains fragmented, inconsistent, and frequently ill-suited to address emerging risks in data governance, AI deployment, and cross-border health interoperability.

Speakers spotlighted the fragmented nature of current data protection regimes across the continent. Despite the progress made in enacting national data laws, the lack of harmonization and mutual recognition between jurisdictions continues to pose serious barriers. This inconsistency not only stifles innovation and slows down product deployment but also discourages cross-border partnerships and diminishes investor confidence.

A vital theme was the need to complement legal harmonization with capacity-building investments. Legal instruments alone are not enough; regulatory institutions must be strengthened through sustained education, digital literacy programs, and compliance mentorship. Emphasis that true regulatory enablement depends on empowering both regulators and innovators to understand and navigate emerging digital health landscapes.

Speakers outlined a range of interconnected challenges that continue to hinder the development, scaling, and safe adoption of innovative health technologies across the continent. These challenges are not merely technical or regulatory, but deeply systemic, affecting everything from data infrastructure to public trust. Key barriers identified include:

- Limited interoperability and fragmented health data systems: Many healthcare institutions across Africa operate in digital silos, with no standardized protocols for data sharing or integration and this undermines continuity of care, complicates population health management, and slows down innovation.
- Low rates of data digitization across key health sectors. This limited digitization creates operational inefficiencies and significantly reduces the availability of accurate, real-time data needed for predictive analytics, effective clinical decision-making, and evidence-based policy formulation.
- As AI-driven diagnostics and decision-support tools enter African markets, the risk of algorithmic bias, opaque decision-making, and data misuse increases.
- Fragmented and inconsistent data protection regimes: The lack of harmonized legal frameworks across African countries complicates cross-border data flows, discourages investment, and impedes the development of pan-African digital health platforms.
- Widespread digital illiteracy and weak consent practices: Low levels of public awareness around data rights, privacy, and digital tools often result in uninformed or poorly understood consent. .

In response to these challenges, speakers shared actionable strategies and forward-looking solutions aimed at creating an enabling environment for digital health innovation in Africa. These include:

- Establishing interoperable digital health standards to encourage national and regional collaboration to develop shared data protocols, supported by public-private partnerships for scalable, connected health systems.
- Accelerate health data digitization: Drive government-led investments in health IT infrastructure and introduce policy incentives to phase out paper-based systems, while supporting local tech innovators with funding and integration pathways.
- Develop localized AI regulatory frameworks: Introduce ethical oversight bodies, regulatory sandboxes, and continuous monitoring tools to ensure AI tools are safe, equitable, and aligned with Africa's social and health context.
- Align regional data governance systems: Harmonize national data protection laws in line with the AU Data Policy Framework to facilitate secure cross-border data flows, promote platform scale, and build investor trust.
- Strengthen digital health literacy and consent practices: Launch education campaigns to improve public understanding of digital tools, privacy, and consent, while involving communities in tool design to ensure relevance and trust.

The panel made it clear that achieving safe, scalable, and equitable digital health innovation in Africa requires more than deploying new technologies it calls for transforming the systems that support them. With aligned priorities, investment in core infrastructure, and the inclusion of communities in designing and deploying solutions, Africa has the potential to lead in building trusted, inclusive, and locally adapted digital health systems.

Launch of the ABCHealth Virtual Healthtech Hub

- **The Healthtech Vanguards**
- **Fireside Chat**

Africa's healthcare ecosystem is undergoing an unprecedented evolution, accelerated by technological innovations that are reshaping the ways care is delivered, monitored, and accessed. The growth of telemedicine, AI-enabled diagnostics, interoperable digital platforms, and virtual care models reflects a continent on the brink of a health tech renaissance. However, while innovation is thriving, its long-term success depends on something deeper than invention: it requires connection.

Against this backdrop, the African Business Coalition for Health (ABCHealth) formally launched the Virtual Health Tech Hub, an ambitious digital platform envisioned as a unifying force for Africa's growing health technology landscape. This Hub is not just a digital tool; it is the foundation of a movement designed to harness the power of collective intelligence and entrepreneurial spirit.

.With its launch, ABCHealth laid out a clear vision—a space where collaboration becomes the catalyst for change. Startups, clinicians, researchers, digital health entrepreneurs, investors, policymakers, and technologists will all find a shared home in this Hub. The platform aims to foster not just connectivity but meaningful engagement: the kind that drives regulatory alignment, fuels cross-border innovation, and ensures African solutions are built by and for African communities.

The Virtual Health Tech Hub is designed to be much more than a repository of information or a networking tool. It is a knowledge-sharing nexus, a regulatory advisory desk, an incubator and accelerator, and a launchpad for transformative digital health solutions. It is where ideas will be tested, refined, and scaled. Where promising ventures will find mentorship and capital. Where local ingenuity will be elevated to regional relevance and global visibility.

Looking forward, the Virtual Health Tech Hub will also anchor the launched ABCHealth Academy for Health Entrepreneurs, a broader initiative to connect Africa's health innovators with global networks, best practices, and international collaborators. This academy is envisioned as the next step in ABCHealth's mission to democratize access to innovation, scale health impact, and build resilient systems through entrepreneurial excellence.

Designed as a dynamic online platform, the hub will foster collaboration, knowledge exchange, and problem-solving among multi-sector stakeholders across the health value chain. The platform aims to create a safe, inclusive digital space where innovators, health leaders, government representatives, and technologists can share resources and co-develop solutions to Africa's health challenges.

The Primary Objectives of the Virtual Health Tech Hub are:

- To leverage state-of-the art digital systems to showcase the value inherent in the virtual ecosystem and creating a safe space for networking and intellectual discussions aimed at improving health outcomes
- To promote collaboration though convening health stakeholders in various sectors including finance, logistics, policy and leveraging the Coalition's global exposure and influence in order to solve critical health challenges
- To entrench responsibility and trust for early-stage health tech startups to access resources, mentorship, and funding opportunities to scale their solutions through a Dragons' Den-like platform
- To aggregate online resources to upskill professionals and stakeholders in the healthcare and technology sectors on the latest trends, tools, and best practices in health tech.
- To support access to Africa's health market through identifying opportunities for health tech companies to highlight their products and services to healthcare providers, investors, and decision-makers.
- To leverage pioneers' knowledge in creating the necessary regulatory frameworks that are intrinsic to stakeholders' understanding of roles and responsibilities in creating an ecosystem for health innovation to thrive

Key Features of the Virtual HealthTech Hub

- Centralized Access: Users can access all key features of the virtual hub from one central location on their mobile devices.
- User Access & Authentication: Users can log in or register through the app to access the virtual hub. This can include features like single sign-on (SSO) and secure authentication methods (e.g., biometrics, two-factor authentication).
- Content Sharing & Collaboration: The app can facilitate real-time communication, file sharing, and collaboration within the virtual hub, such as group chats, video calls, document editing, etc.
- Event Management: The app will be enabled to host events and will manage event scheduling, notifications, and live streaming, making it easy for participants to join and interact.

To bring this vision to life, ABCHealth introduced a special group known as the HealthTech Vanguard, a distinguished cohort of professionals who will serve as ambassadors and expert guides for the Virtual Hub. These individuals will help amplify the platform's value across their networks, contribute to its design and implementation, and actively participate in its activities.

The HealthTech Vanguards lineup includes:

- **Dr. Chibuzo Opara,** CEO of DrugStoc
- **Dr. Olayinka Adewumi,** Acting Director of the Innovations and Technology Management Office, University of Lagos
- **Ilerioluwa Brown**, Director of Product Development, Moniepoint
- **Adam Thompson**, CEO of EHA Clinics
- **Dr. Obinna Nnewuihe**, HealthTech Thematic Lead at NESG
- **Chibby Dangana**, CEO and Founder of Data Factory Global
- **Odunayo Sanya** Executive Director of the MTN Foundation

Vanguards of the ABCHealth Virtual HealthTech Hub

The vanguard members, carefully selected for their expertise, experience, and perspectives, were recognized as pioneers, individuals entrusted with influencing the trajectory of technology-driven healthcare solutions on the continent. Their contributions, while rooted in their individual professional experiences, collectively formed insights that not only celebrated the significance of the Hub but also outlined a practical, ambitious, and inclusive roadmap for its future impact.

The conversation was framed around a single, thought-provoking challenge posed to reflect deeply on what one essential feature the Hub should offer, something relevant to every stakeholder in the health technology space, from early innovators to established industry leaders. This framing ensured that the ensuing dialogue was sharply focused on identifying structural features that would make the Hub but a living, breathing engine for sustainable innovation.

Dr. Chibuzor Opara- Co-Founder, DrugStoc

The first contribution by **Dr. Chibuzor Opara, Co-Founder, DrugStoc,** highlighted the critical need for a centralized inventory of available health technologies. By creating a unified, accessible repository of existing tools, products, and services, the Hub could serve as a single point of truth for innovators, investors, policy makers, and practitioners alike. In such a system, startups could quickly identify existing solutions to avoid duplication, investors could scan the ecosystem for opportunities aligned with their portfolios, and healthcare providers could discover cutting-edge technologies suited to their operational realities. This inventory would also foster transparency, encourage cross-pollination of ideas, and drive collaborative development, rather than isolated, fragmented innovation efforts. It would also cultivate a sense of connectivity where every stakeholder, would feel anchored within a shared ecosystem of information and opportunity.

Dr. Olayinka Adewumi - Associate Professor, Mechanical Engineering & R&D, University of Lagos,

Building on this foundation, **Dr. Olayinka Adewumi,** particularly emphasized the engagement of young innovators within academic environments. Across universities in Africa, students who develop promising concepts or even functional prototypes within the structured confines of academic programs. However, upon graduation, many of these individuals find themselves severed from the innovation pipeline, lacking the networks, mentorship, and platforms necessary to scale their ideas. By actively integrating these young minds into the Hub's ecosystem, the gap between academic innovation and real-world application could be

bridged. The implication here is that the Hub must position itself as both a knowledge platform and a talent incubator offering resources, mentorship, and exposure to ensure that early-stage innovators remain active contributors to the digital health landscape.

Ilerioluwa Brown - Director of Product, Moniepoint

This theme of expanding participation found further depth in a subsequent perspective that focused on widening the talent pool beyond traditional healthcare boundaries. **Ilerioluwa Brown, Director of Product Development, Moniepoint** enlightened us that in the vast potential of Africa's health technology future, not all transformative solutions will come from medical professionals or healthcare insiders. Indeed, many game-changing contributions could originate from technologists, designers, and creative professionals who, despite their potential, often hesitate to engage with healthcare due to the perception of it as an overly specialized or intimidating domain.

The Hub, therefore, must be a space that deliberately breaks down these institutional barriers, offering a safe, accessible environment where non-health actors can contribute without fear of being sidelined or overwhelmed. From the early design phase of a product through to its market execution, this kind of cross-sector collaboration can result in solutions that are not only functional but also user-friendly, scalable, and adaptable to the nuanced realities of diverse African communities.

The discussion also turned toward the structural and systemic alignment between academia and industry, drawing on global best practices as examples. **Adam Thompson, CEO of EHA Group** indicated that the absence of strong, formalized linkages between research institutions and commercial entities remains a persistent bottleneck in Africa's innovation pipeline. Without such connections, promising research outputs often fail to reach the market, or worse, are developed without the validation needed for real-world viability. To address this, the suggestion was made for the Hub to integrate models, where research is fast-tracked into viable products under the guidance of both academic mentors and industry practitioners. This would be complemented by the establishment of regulatory sandboxescontrolled testing environments where startups can trial their solutions under the scrutiny of compliance frameworks. By doing so, early-stage products could undergo critical validation without being stifled by the complexities of full-scale regulatory processes. This open-access approach would empower emerging companies to build, refine, and test their solutions within real-world conditions, dramatically accelerating their path to market readiness.

Central to the sustainability of Africa's digital health ecosystem is the matter of early-stage funding., **Dr. Obinna Nnewuihe, HealthTech Thematic Lead at NESG** suggested that within the Hub, the creation of a curated funding resource complete with grant databases, proposal-writing guidance, and introductions to potential investors could significantly alter this reality. By supporting innovators not just in the execution of their solutions but also during the ideation and exploration phases, the Hub would provide a buffer against premature failure and empower startups to build with both creativity and financial resilience.

Dr. Obinna Nnewuihe - Head, Nesta Ventures; HealthTech Thematic Lead at NESG & Dr. Chibuzo Opara - CEO, DrugStoc

This funding-focused support would be particularly vital in the current economic climate, where traditional investment capital is increasingly competitive and risk-averse.By embedding these resources directly into the Hub's operational framework, innovators would gain not only visibility into available funding avenues but also the skills and networks necessary to navigate them effectively. This approach would ensure that financial support is integrated throughout the innovation lifecycle not limited to the execution phase, but extending to ideation, exploration, prototyping, market testing, and eventual scale-up. Such holistic support would act as a buffer against premature venture collapse, allowing innovators to iterate and refine their solutions

Ms. Chibby Dangana, Founder/CEO Data Factory Global explained an often-overlooked but critical aspect of any innovation ecosystem: perception. She emphasized the importance of building the Hub as a truly cross-sectoral space, one that actively welcomes

and integrates expertise from a wide range of fields, ensuring that diverse skills and perspectives become essential drivers of disruptive health innovations. In reality, the health technology sector is profoundly cross-sectoral, drawing upon expertise from software development, data science, engineering, design thinking, artificial intelligence, business development, and community engagement.

Chibby Dangana- Founder/CEO, Data Factory Global

Digital transformation in healthcare cannot be achieved in isolation; it thrives when diverse talents converge, when coders sit alongside clinicians, data analysts collaborate with public health experts, and product designers work hand-in-hand with policy advocates.Addressing this challenge means intentionally crafting the Hub's identity as a space where multidisciplinary collaboration is not just welcomed but actively cultivated.

The design and communication strategy of the Hub must send a clear, immediate message that this is a platform for anyone whose skills can advance the mission of better health outcomes for Africa. Whether an individual's background lies in artificial intelligence, blockchain, behavioral science, UX/UI design, epidemiology, or rural community health outreach, they should feel that their expertise is not only relevant but vital. This inclusivity has the power to expand the innovation pool exponentially, inviting fresh perspectives that can unlock unconventional solutions to persistent healthcare challenges.

Taken together, these perspectives paint a portrait of the ABCHealth Virtual Health Tech Hub as more than just a digital platform.it is envisioned as a dynamic, multi-layered ecosystem that brings together the full spectrum of actors necessary for Africa's digital health transformation. In its fullest realization, the Hub would anticipate the future demands of a rapidly evolving continent. It would stand as a catalyst for closing long-standing gaps between research and practice, between health and technology, ultimately enabling Africa to chart its own course toward a resilient, inclusive, and innovation-driven healthcare future.

FIRESIDE CHAT

At the launch of the ABCHealth Virtual Health Tech Hub , a high-level fireside chat brought together two of the continent's leading voices in health innovation to examine the intersection of digital technology, local capacity, and the transformation of healthcare systems in Africa. The session, themed: **Catalyzing a New Era of Health Innovation in Africa – *Empowering Local Talent and Advancing Digital Technology.***

The panelist for the fireside chat include :

- **Dr. Chibuzor Opara** - CEO DrugStoc
- **Dr. Obinna Nnewuihe** - Head, Nesta Ventures; HealthTech Thematic Lead at NESG

Moderator - **Chibby Dangana** - Founder/CEO, Data Factory Global

The discussion was centered around how the continent can leverage its unique strengths, address entrenched weaknesses, and chart a new course for sustainable, inclusive health innovation. **Dr. Chibuzor Opara, CEO DrugStoc** recognized that the continent's population, already one of the fastest-growing in the world, is expanding far beyond the capacity of existing healthcare infrastructure much of which is outdated and ill-equipped for the demands ahead.

Drawing on research from the International Finance Corporation, he underscored that achieving even basic standards in health systems would require an investment of roughly $25 billion annually, a figure that illustrates both the scale of the challenge and the magnitude of the opportunity. He further stressed that simply increasing the number of healthcare workers would not suffice to meet the World Health Organization's recommended doctor-patient ratios, making it clear that the gap is not one human capital alone can bridge.

In this context, he argued, technology must be treated as a non-negotiable pillar of reform rather than a supplementary add-on. Digital health tools, artificial intelligence, and scalable data-driven systems hold the potential to radically expand access, improve efficiency, and bring down costs outcomes that conventional brick-and-mortar expansion alone cannot deliver. That achieving Universal Health Coverage will not happen by sheer expansion of facilities, but by redesigning access pathways and prioritizing patient-centric service delivery.

Adding a systemic lens, **Dr. Obinna Nnewuihe** explored the essential roles of government, academia, and the private sector, underscoring that each operates with different incentives and must therefore be engaged with tailored strategies. On the public sector front, he reminded the audience that governments remain the single largest purchasers of healthcare services on the continent. Yet, he pointed out, many startups remain unaware of how to position themselves for government procurement, forfeiting access to the most significant buyer in the health market. Greater transparency in public-sector sourcing of digital health solutions, he argued, could open transformative opportunities for innovators who are currently excluded simply because they cannot navigate bureaucratic processes.

Turning to academia, he called for universities to be repositioned as active engines of health innovation. Around the world, many of the most transformative health technologies emerged from publicly funded research, yet African universities remain largely untapped in this regard. Building formal technology transfer offices, embedding entrepreneurship into PhD programs, and opening intellectual property pipelines for licensing could unleash a wave of locally developed solutions with global relevance. He further noted that academic research must not end in publication but instead be channeled into scalable, market-ready innovations.

The Fireside Chat Speakers

From the private sector perspective, the conversation centered on the delicate balance between profit and social impact.While acknowledging that private investors are ultimately driven by returns, Dr. Nnewuihe stressed that solving societal challenges profitably is both legitimate and desirable. For investors to meaningfully engage in digital health, they must see clear pathways to returns, whether through operational efficiencies, expanded access, or value-based care models.

When asked to identify the most promising opportunities for African entrepreneurs in the health space, Dr. Opara offered a broad but strategically targeted view. Opportunities, he said, span care delivery, behavioural change interventions, infrastructure optimization and pharmaceutical supply chain modernization. He however noted the paradigm shift from reactive “sick care” to preventive “well care” a model that empowers individuals to maintain health proactively rather than waiting for illness to dictate intervention. This shift is particularly vital in contexts where healthcare access is limited, as prevention reduces both cost and systemic strain.

The discussion also turned to the resilience of African health systems in the face of shifting donor landscapes. Reflecting on recent cases where donor withdrawals led to the collapse of vital services, **Dr. Nnewuihe** warned against over-reliance on external funding. Foriegn aid, he insisted, plays a valuable role in bridging critical gaps within our health systems, but it was never intended to be permanent. Its true purpose is to be additive and catalytic serving as a temporary accelerator that strengthens our capacity rather than replacing it. Even in the presence of generous assistance, the responsibility for building and sustaining our systems must remain firmly in our hands.

Moderating the discussion, **Chibby Dangana**, Founder/CEO, Data Factory Global, pushed the conversation into deeper, less-charted territory urging stakeholders to expand their thinking beyond the familiar digital health archetypes that have dominated the discourse, such as telemedicine. While acknowledging the value of such models, she cautioned that they have too often been positioned as one-size-fits-all solutions, leading to their overextension without adequately addressing more complex and localized health needs.

She lauded that Africa’s healthcare future demands a far more diverse and purpose-built pipeline of innovation one that prioritizes gender-responsive medical devices designed to meet needs that have historically been overlooked; robust, interoperable data systems that can capture, harmonize, and interpret information across fragmented health networks; and locally manufactured diagnostic tools that reduce dependency on imports while building industrial capacity on the continent.

In her closing reflections, the moderator reiterated that the day’s conversation could not remain a collection of inspiring ideas and theoretical possibilities.it had to ignite a chain of measurable, lasting actions. With the Virtual Health Tech Hub now live, she issued a clear challenge to all stakeholders: to ensure that the platform becomes more than a symbolic launch, but a living engine of innovation, collaboration, and tangible progress.

Panel 3

Themed

Driving Investment in AI and Digital Health: Unlocking Value, Scalability, and Innovation in Healthcare Systems

Mr. Adam Thompson - CEO, EHA Group

The third panel session of the ABCHealth Digital Health & AI Conference emerged as one of the most candid and strategically significant conversations of the summit. Under the theme '***Driving Investment in AI and Digital Health: Unlocking Value, Scalability, and Innovation in Healthcare Systems'***, *chaired by :* **Mr. Adam Thompson - CEO, EHA Group.**

The session chair opened with an unflinching look at the crisis of poor-quality care, grounding the conversation not in abstract promises of innovation, but in the reality of lives lost and systems failing. Drawing from authoritative sources such as the Lancet Global Health Commission and NEJM Catalyst, he highlighted a staggering and often overlooked statistic: more than 8 million people die each year globally from poor quality healthcare, a figure that eclipses mortality from lack of access. Of these, over a million deaths occur even after patients have reached a healthcare facility a devastating reminder that mere contact with the health system is not enough. The financial toll is equally staggering, with $6 trillion in global economic losses annually due to unsafe, inefficient, and low-quality care. These are not just systemic flaws they are symptoms of deep-rooted structural weaknesses that demand a more intentional approach to innovation.

To meet the World Health Organization's minimum benchmark of one doctor per 1,000 citizens, the country would need to produce 182,000 new doctors immediately a monumental task, and still far short of the 1.5 to 2 doctors per 1,000 seen in many middle-income countries. The infrastructural shortfall is no less daunting: over 3,000 new district hospitals would be required to meet basic needs, alongside a functional primary healthcare network. Yet of the more than 20,000 primary health centres (PHCs) across Nigeria, only 20% are fully operational. These numbers, he argued, matter because they shape the context into which digital health solutions are deployed—and too often, those solutions are mismatched to the realities on the ground. This fragile reality exposes a recurring pattern: digital innovations are frequently deployed into environments that lack the physical and operational backbone to support them. Telemedicine platforms, for example, may showcase cutting-edge interfaces and AI-powered triage, but in communities without doctors to receive calls or where electricity supply is erratic, these solutions cannot deliver their intended impact. Electronic Health Record (EHR) adoption rates linger around 18–23%, internet penetration sits at 45% with uneven quality, and the absence of robust, representative datasets means AI tools are often trained on data that does not reflect local realities, leading to biased or even unsafe outputs.

Rather than framing these as insurmountable obstacles, the session chair presented a three-tier framework for aligning digital health tools with infrastructure readiness.

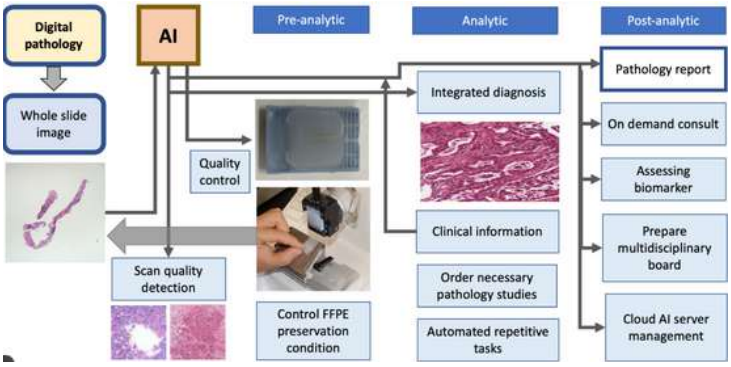
- Leapfrog technologies that work offline or with minimal infrastructure, ideal for low-resource settings.
- Hybrid solutions that balance digital capabilities with moderate infrastructure needs.
- Infrastructure-dependent technologies such as tele-ICU systems or AI pathology tools that require advanced facilities and should only be deployed where those exist.

The first tier, leapfrog technologies, represents the most agile and adaptable class of digital health innovations. These are tools intentionally designed for low-bandwidth, offline-capable functionality, making them ideal for remote, rural, or infrastructure-deprived settings. Rather than waiting for broadband expansion or grid stability, leapfrog solutions can function immediately in challenging contexts. Examples include SMS-based maternal health alerts, offline-capable electronic medical record systems, solar-powered diagnostic devices, and AI-powered clinical decision support tools embedded in basic mobile applications.

The second tier, hybrid solutions, occupies a middle ground. These are technologies designed to harness the benefits of digital transformation while retaining adaptability for environments with moderate infrastructure availability. They might require some level of connectivity or reliable power but are engineered to maintain partial functionality during outages or disruptions. For example, a cloud-based teleconsultation platform that stores key patient data locally during internet downtime and syncs automatically when a connection is restored.

Or mobile diagnostic units that transmit imaging data when bandwidth allows, while providing basic on-site assessments offline. Hybrid solutions are often the bridge between rudimentary care delivery and fully digitized systems, enabling gradual integration of digital efficiencies without the vulnerability of full dependency on advanced infrastructure.

The third tier, infrastructure-dependent technologies, comprises high-end systems that require robust, uninterrupted infrastructure to deliver value. Tele-ICU systems, AI-driven pathology diagnostics, robotic surgery platforms, and high-resolution radiology AI models fall squarely into this category. These tools need high-speed internet, stable electricity, advanced hardware, skilled operators, and regulatory oversight to function safely and effectively. Deploying them in resource-limited settings without these prerequisites risks not only inefficiency but potential harm malfunctioning AI diagnostics, interrupted life-support monitoring, or inaccurate imaging analysis can have fatal consequences.



This framework was brought to life with compelling examples from Nigeria's healthcare landscape. In some communities, public PHCs receive only a handful of patients daily, while community pharmacies and patent and proprietary medicine vendors (PPMVs) serve hundreds. Rather than attempting to redirect patients into underutilised PHCs, the more effective approach, it was argued, is to equip these high-traffic, lower-tier providers with digital tools that improve their quality of care, for example, AI-based clinical decision support systems that guide diagnosis and treatment, ensuring adherence to best-practice protocols.

The discussion also challenged the perception of regulation as a hurdle. Instead, regulation was described as a form of soft infrastructure an enabler that, when well-designed, fosters innovation by providing clarity, protecting patients, and attracting responsible investment. Nigeria's recent Data Protection Act (2023) was acknowledged as a positive step forward, but the absence of a dedicated AI-in-health framework was identified as a critical gap. Without it, scaling AI-enabled healthcare solutions safely and sustainably remains difficult.

A critical theme emerged around the misalignment of investment flows. Too often, significant funding is directed toward "shiny" consumer-facing apps while the enabling infrastructure power, connectivity, supply chains, and workforce remains underfunded. The result is stranded innovation: sophisticated tools that cannot operate in the environments for which they are intended. To address this, the session chair advocated for blended investment strategies that combine private capital for startups with public and development financing for foundational infrastructure. Development finance institutions, multilateral agencies, and philanthropic actors were identified as key partners in de-risking such investments through mechanisms like loan guarantees, technical assistance, and capacity building for regulators.

Coordinated partnerships, in his vision, are key. A mobile health startup, for instance, could partner with a telecoms provider to secure reliable connectivity, or a diagnostics These partnerships, he emphasised, are n are essential for success. Central to his address was a principle of people-centred innovation: digital tools must be judged not by their novelty, but by whether they are safe, usable, impactful, and equitable. His litmus test was simple Would you trust this for your own family? If not, it has no place in the healthcare system.

He closed with a cautionary note on the AI hype cycle, warning that Africa must avoid pouring resources into headline-grabbing tools that may be obsolete within a couple of years, leaving behind no sustainable impact. The opportunity, he argued, is not in chasing trends, but in building resilient, context-driven ecosystems where AI and digital health are integrated with infrastructure, policy, and human capacity to deliver measurable, lasting improvements. The session chair concluded with a call to action: move beyond isolated pilots and fragmented innovations toward systemic, scalable, and sustainable digital health transformation a vision in which technology, when deployed wisely, becomes a true catalyst for a healthier Africa.

As digital health and artificial intelligence continue to redefine the global health landscape, Africa stands on the threshold of a unique opportunity. The continent has the potential to harness these technologies to strengthen health systems, extend quality care to

underserved populations, and respond to its most pressing health challenges. However, moving from promise to tangible impact demands more than technological readiness it requires targeted, strategic investment, deliberate policy alignment, robust infrastructure, and cross-sector collaboration.

Framed within the context of Africa's readiness to harness digital health and artificial intelligence, the session explored the continent's potential to strengthen health systems, extend quality care to underserved populations, and respond effectively to its most pressing health challenges. It was emphasized that while the promise is vast, the pathway from potential to measurable impact requires much more than technological readiness. Targeted and strategic investment must be matched with deliberate policy alignment, robust infrastructure, and strong collaboration across the public and private sectors.

The conversation sought to unpack how capital, when thoughtfully deployed, can catalyse innovation, expand access, and scale solutions in ways that deliver both strong financial returns and measurable improvements in population health. Panelists examined what it would take to build investable, scalable, and sustainable solutions for Africa's health sector, bringing in perspectives from financiers, insurers, hospital administrators, innovators, and development partners.

To drive this conversation, the session featured an exceptional line-up of speakers, each bringing a wealth of expertise from different vantage points within the health ecosystem.

The Panelists include :

- **Dr. Jekwu Ozoemene –** Executive Director, Alternative Bank
- **Unoma Grant –** Chief Operating Officer, Paleon Memorial Hospital
- **Abiola Oshunniyi –** Manager, Clinton Health Access Initiative
- **Dr. Funmi Adewara –** Chief Executive Officer, Mobihealth International
- **Dr. Jadesola Idowu –** Chief Operating Officer., AXA Mansard Health

Moderator : Dr. Ayodele Benson Cole - Chairman, EchoScan Services

On how AI is transforming claims processing, risk modeling, and patient engagement from the perspective of a health insurance leader, **Dr.**

Dr. Jadesola Idowu- COO, Axamansard

Jadesola Idowu, began by addressing the transformative impact of AI in the domain of claims processing an area traditionally burdened by administrative challenges, delays, and inefficiencies that frustrate both patients and providers.

Historically, insurance claims processing in Nigeria often dragged on for weeks or even months due to manual verification, fragmented provider systems, and inconsistent data quality. Today, AI-driven platforms like PruraCell AI and Sprout AI have transformed the process, automating document validation, streamlining adjudication, and accelerating provider payments. This has cut the average turnaround time to just three days, with the goal of achieving real-time settlements. The result is faster reimbursements for patients, more predictable payments for providers, and greater trust in the insurance system, critical for boosting private health insurance uptake in a market where coverage remains limited.

The discussion expanded beyond administrative efficiency to explore how AI is reshaping the patient experience and advancing a patient-centered model of care. In a health financing system that has traditionally been reactive, AI is now enabling proactive engagement through personalized wellness messaging, timely reminders for preventive screenings, and interactive virtual assistants that help members navigate the complexities of their health plans. This shift moves insurance from simply paying for treatment to actively promoting healthier lifestyles and preventing costly illnesses.

A key enabler of this shift has been the integration of telemedicine into the insurance model. Through partnerships with established virtual care providers, policyholders can now access licensed doctors remotely, obtain prescriptions digitally, and avoid the time and cost burdens of travel, an especially important advancement for rural and underserved communities. A nationwide network of integrated pharmacies ensures that medicines prescribed via teleconsultation are available promptly, creating a seamless link from diagnosis to treatment adherence. AI has also elevated

risk assessment and underwriting. Leveraging over a decade of anonymized health data, the insurer can design customized plans tailored to individual health profiles, including pre-existing conditions. Advanced algorithms analyze claims histories, demographics, and where available, genomic or lifestyle data to produce more precise risk modeling. This supports fairer pricing, reduces adverse selection, and allows for niche products such as chronic disease management packages, maternal health coverage, and preventive wellness programs.

On the subject of accelerating the digital transformation of health financing, Dr. Jadesola outlined three priority investment strategies .The first is the cultivation of strategic ecosystem partnerships. Recognizing that innovation in health technology often originates in agile startups with novel ideas but limited funding and market reach
She highlighted an example using AXA Mansard's approach, where structured innovation exchange programs are used to support promising health technology startups by providing financial backing, operational guidance, and access to extensive distribution networks., This partnership model not only nurtures innovation but also embeds it within scalable frameworks, ensuring that promising tools are not stranded at the pilot stage due to lack of investment or implementation know-how.

The second strategy focuses on building workforce readiness. A technologically advanced health financing system cannot succeed without a workforce that understands, accepts, and can effectively use the tools provided. This emphasis on human capacity building strengthens the company's ability to process claims efficiently, reduce turnaround times, nd combat fraud, waste, and abuse. By pairing technology adoption with skill enhancement, the organization ensures that its innovations are not only implemented but are also used effectively and responsibly.

Finally, there is a commitment to proof-of-concept pilots before full-scale deployment. By testing solutions in controlled environments, organizations can assess cost-effectiveness, user satisfaction, and implementation challenges, avoiding premature scaling of unproven tools. This approach safeguards resources, maintains stakeholder confidence, and ensures that only impactful, viable innovations are expanded. This perspective reframed digital health not merely as an innovation in care delivery, but as a foundational shift in how healthcare systems are financed and sustained aligning the interests of patients, providers, and payers in a mutually reinforcing cycles of improved outcomes. Speaking from the standpoint of someone who has navigated the intersections of commercial banking, impact investing, and academia, the discussion unpacked the fundamental principles that determine whether an innovation in AI or digital health secures the capital it needs to thrive. From the outset, it was made clear that the assessment process for investors regardless of whether they are private banks, grant-making organizations, or academic funders tends to revolve around one unifying and deceptively simple question: What problem is being solved here? The fact that a solution is AI-enabled or technologically sophisticated does not, in itself, justify investment. There must be a clearly identifiable and urgent problem, one whose resolution has tangible benefits for the target population.

The innovation must be anchored in a clearly defined, real-world problem whose resolution would deliver measurable value to its intended audience. This leads directly to the second essential question: Is there a genuine demand for the solution? And, more importantly, is this demand supported by the capacity to pay? Demand without purchasing power is ineffective demand, and in such scenarios, external financing mechanisms, such as grants or blended capital, become vital to bridge the gap.

Dr. Jekwu Ozoemene -Executive Director, Alternative Bank

Dr. Jekwu Ozoemene also emphasized that the stage of an innovation's development is central to determining the right funding pathway. Concept-stage ideas where proof of viability is still pending are best suited to angel investors or early-stage venture capitalists with the risk appetite to support experimental ventures. Conversely, more mature solutions with a validated user base and proven business models can attract impact investors, development finance institutions, or even traditional commercial loans. Aligning the maturity of the innovation with the right form of capital is essential to avoiding both underfunding and over-leveraging, as well as ensuring that entrepreneurs seek investment from sources equipped to support their particular

stage of growth. The conversation then moved to a common but often overlooked challenge in the digital health and AI ecosystem: the high attrition rate of promising innovations that never make it to market. Far too many projects sometimes groundbreaking in their potential fail at the stage of market entry because they run out of resources for basic but critical activities such as advertising, community engagement, or scaling distribution channels. This inability to move from technical readiness to commercial viability is a major barrier to unlocking value in health innovation.

Addressing this, Dr. Ozoemene highlighted the need for patient capital funding that acknowledges the longer timeframes often required for healthcare innovations to gain traction, especially in heavily regulated environments and in contexts where behavior change among end-users is required. This type of capital is not always readily available through commercial banking channels, which typically seek faster returns. Instead, catalytic funding sources such as grants from philanthropic organizations like the Gates Foundation, play a critical role in absorbing the early-stage risks that other investors are unwilling to take on.

Risk allocation was another central principle. Investors prefer to see risks assigned to the stakeholders most capable of managing them. Here, partnerships become an indispensable tool. One of the first questions he poses to innovators seeking funding is: Who are you working with? The presence of a well-structured, multidisciplinary team is a strong de-risking signal. If an innovation is supported by professionals with decades of expertise in relevant areas, whether in clinical operations, technology architecture, marketing, or regulatory compliance, it assures financiers that the project is not dependent on a single individual's capacity.

He also cautioned that entrepreneurs who try to manage every aspect of their innovation alone often undermine investor confidence. Instead, having a multidisciplinary team covering key areas like technical delivery, business development, operations, and market access reassures investors of the project's scalability and resilience. This approach preserves ownership while strengthening the chances of securing funding and sustaining growth.

In closing, his intervention reframed the financing challenge for AI and digital health not as a simple question of raising funds, but as a matter of strategic alignment. Success hinges on matching real problems with real demand, aligning the type of capital with the stage of the innovation, structuring partnerships to mitigate risks, and securing capital sources that are patient enough to see the innovation through its full adoption, scaling, and measurable impact.

Abiola Oshunniyi - Manager, Clinton Health Access Initiative

Adding to the discussion on unlocking value, scalability, and innovation in digital health, **Abiola Oshunniyi** brought a market-shaping and policy-alignment perspective grounded in his work with the Clinton Health Access Initiative. He pointed out that any long-term success in digital health adoption must start with influencing how governments perceive and integrate innovative technologies such as AI. Across multiple geographies, his organization has consistently sought to help governments move beyond legacy funding models toward approaches that enable sustainable private sector participation.

He noted that commodities such as rapid diagnostic test kits for malaria and HIV, once viewed as experimental, are now embedded in routine care, thanks to deliberate financial modeling, confidence building, and strong government collaboration. These successes, he argued, are proof that when innovations are aligned with national priorities and supported by enabling policies, they can transition from pilot projects to scalable, sustainable solutions.

He cautioned that even private-sector-led health innovations cannot ignore government policy, as regulatory changes can abruptly dismantle entire industries. For this reason, resilient business models must be built on strong unit economics, patient affordability, and adaptability to shifting policy landscapes. He stressed that early-stage losses may be unavoidable to achieve long-term scale, but funders will only commit if they see a viable decade-long outlook coupled with a favorable regulatory environment.

He also drew attention to untapped strengths within Nigeria's existing infrastructure, citing the sophistication of the nation's financial services sector and its ability to facilitate instant money transfers

capabilities that surpass those of many countries worldwide. He proposed that the same principles of interoperability that drive this efficiency could be replicated in public health through the creation of integrated digital infrastructure, where disparate systems can seamlessly "speak" to one another. By linking fragmented identity databases and applying AI-driven analytics, Nigeria could enable highly personalized healthcare delivery, streamline services, and unlock entirely new value streams within the health sector.

Dr. Unoma Grant - COO, Paleon Memorial Hospital

However, he stressed that achieving this vision requires a shift in how public–private engagement is approached. Governments, he noted, are not merely in search of vendors to deliver isolated products or services; they seek genuine partners who can co-create sustainable solutions aligned with national priorities. He illustrated this with the example of electronic medical record (EMR) systems, cautioning that simply installing EMR software in secondary health facilities without simultaneously addressing human capacity development, policy integration, and cultural acceptance will inevitably lead to failure. The adoption of new technologies is further complicated by generational divides within the healthcare workforce, where seasoned practitioners may be less inclined to embrace digital tools.

Finally, he urged both public and private sectors to move away from over-reliance on donor funding by generating local capital, investing in domestic talent, and fostering collaboration toward universal health coverage. He painted a vision of a connected ecosystem integrating health data, education data, and other relevant datasets underpinned by AI and supported by continuous training of end-users. Such an approach, he concluded, would not only enhance adoption but also ensure that digital health solutions are resilient, scalable, and deeply rooted in the realities of the communities they aim to serve.

The panel turned to the operational realities of integrating artificial intelligence within healthcare systems particularly in resource-constrained environments, **Dr. Unoma Grant - COO Paleon Memorial Hospital** The contribution emphasized that while AI holds extraordinary potential to transform healthcare delivery, its breadth can be daunting. For healthcare providers especially within the private sector, where budgets are tight and operational demands are high, the challenge lies not in whether AI can deliver value, but in how to adopt it in a way that is targeted, sustainable, and aligned with both institutional and national priorities. One of the central messages was the need to start small. Contrary to the perception that AI requires massive upfront investment in infrastructure, most AI applications can be piloted effectively with little more than a stable internet connection and a functional computer. The temptation to make large-scale infrastructure commitments before validating a solution can lead to costly missteps. By beginning with modest, clearly defined pilot projects, healthcare organizations can test the effectiveness of AI tools, measure impact, and build the operational familiarity necessary for future scaling

A distinguishing strength of AI, as highlighted in the discussion, is its adaptability. Unlike conventional software systems that are rigid in design, AI can be customized to address the precise operational and clinical challenges unique to a particular facility. This customization is critical; the needs of one hospital, or even one department, may differ significantly from another. Copying AI implementations from other institutions without understanding the local context risks misalignment and wasted resources. Effective AI adoption must be rooted in a clear problem-definition process: identifying the gaps in patient care, operational bottlenecks, or quality shortfalls that technology is expected to address.

However, technology alone does not guarantee transformation. For AI adoption to succeed, human alignment is essential. The doctors, nurses, administrative staff, and technicians who will interact with the technology daily must be engaged early and trained thoroughly. Without their buy-in, even the most sophisticated AI tools will fail to deliver their potential. Training is not a one-off exercise it is an ongoing process of upskilling, retraining, and reinforcing best practices to ensure that staff can confidently integrate these tools into their workflows.

A particular area of emphasis was quality improvement. In the Nigerian healthcare system, there is an acute need for a more structured approach to quality assurance especially given that healthcare, a sector dealing directly with human lives, often lacks dedicated quality improvement officers. Growth in

private healthcare cannot be measured solely by the number of patients served or facilities opened; it must be anchored in the consistent delivery of high-quality care. AI can be a powerful enabler in this regard, providing real-time monitoring, decision support, and data-driven insights to maintain and elevate care standards.

From an implementation standpoint, it was recommended that AI adoption begin with small but high-impact use cases, such as automated appointment scheduling, patient booking systems, or AI-enabled enhancements to existing electronic medical records (EMR) platforms. Achieving early, visible successes can help build staff confidence, deliver measurable efficiency gains, and establish a solid foundation for broader integration. Once pilot projects demonstrate clear value and operational compatibility, they can be scaled in a deliberate, sustainable manner, avoiding the risks of overextension.

Importantly, the conversation returned to the principle that technology adoption must always be anchored in problem-solving. Too often, innovators fall in love with their original vision and lose sight of the actual problem it was meant to address. The advice was to keep the problem statement clear, compelling, and stakeholder-focused. Whether the audience is patients, staff, or potential investors, the value proposition must resonate and be easily articulated. If a solution demonstrably addresses a critical pain point and gains traction in its intended setting, investment will follow.

Dr. Funmi Adewara - CEO, MobiHealth International

Building on this point, **Dr. Funmi Adewara , CEO, MobiHealth** offered a perspective shaped by both frontline innovation and strategic market positioning, illustrating how telemedicine can serve as a catalyst for health system transformation and a sustainable investment opportunity. She reflected on the entrenched skepticism that had once surrounded the idea of remote consultations in Africa, where it was widely assumed that patients would insist on physical examinations and in-person visits. This perception created not only a behavioural barrier but also a significant challenge to investors' confidence, aas it casts doubt on the adoption potential of remote healthcare models. Despite these doubts, her team continued to refine and position their telemedicine model, confident that the right conditions for adoption would eventually emerge. Yet, her experience demonstrated that persistence, coupled with continuous refinement of the model, can position a solution to seize critical market opportunities when conditions shift.

She underlined that such persistence must be backed by strong operational planning, rigorous validation of service quality, and a long-term vision that anticipates shifts in patient needs, health system priorities, and broader societal trends. Almost overnight, telemedicine moved from being a concept with limited uptake to a vital service that bridged a critical gap in healthcare delivery. The lesson for investors was clear: some innovations may be ahead of their time, but those with strong fundamentals and adaptable delivery models are well-placed to scale rapidly when the market context changes. Backing such solutions early can yield outsized returns when adoption accelerates.

In expanding on what makes digital health models attractive to investors, she stressed that the investment case must go beyond the technology itself. The broader ecosystem in which the technology operates is equally important. This means that digital solutions must be supported by complementary infrastructure, reliable partnerships, and systems that ensure continuity of care from the first point of contact to diagnosis, treatment, and follow-up. In her own approach, scaling meant developing an integrated network, linking digital platforms to physical service points, equipping them with diagnostics, ensuring stable connectivity, and securing pharmaceutical supply chains.

From a financing perspective, she emphasised cost-effectiveness as a non-negotiable pillar in attracting both public and private payers. Demonstrating the ability to deliver substantial savings compared to traditional healthcare delivery, without compromising on quality, strengthens the business case and positions digital health as a strategic, not discretionary, investment. She illustrated this with the example of the cost difference between a low-cost teleconsultation and a higher-cost in-person hospital visit showing how insurers can save considerably while increasing access for patients. This cost advantage can also make it easier to integrate digital health into national health insurance schemes, providing a predictable and scalable revenue stream for service providers. Another dimension she

identified as essential for long-term sustainability is market diversification. Restricting a business model to one demographic or geography limits its growth potential and exposes it to market volatility. By expanding into diverse patient segments including serving the Nigerian diaspora digital health solutions can broaden their impact and establish financial resilience. Serving external markets also brings the added advantage of generating foreign currency revenues, which can act as a hedge against local currency depreciation. With the Nigerian diaspora spending billions annually on healthcare for themselves and family members back home, this represents a high-value, underutilised market segment that can enhance both profitability and impact.

Ultimately, the takeaway from her contribution was that a strong investment case for digital health in Africa is built at the intersection of scalability, cost efficiency, and systemic impact. Solutions must demonstrate their ability to adapt to varying policy environments, operate effectively within existing infrastructure realities, and serve multiple market segments. Those that can integrate seamlessly into national and private health systems, prove their economic value, and diversify their reach are far more likely to secure sustained investment and become embedded within the healthcare delivery architecture, rather than remaining as temporary or experimental interventions.

Dr. Ayodele Benson Cole - Chairman, Echo Scan Services

The third panel concluded with a dynamic exchange guided by **Dr. Ayodele Benson Cole**, whose moderation kept the focus on practical, actionable strategies. He cautioned against rushing to scale unproven solutions, stressing the value of starting with small, targeted pilots that demonstrate impact before broader deployment. A consistent theme was the need to embed innovations within existing systems, tailoring them to local realities and ensuring they are supported by strong human capacity and clear policy alignment. He also highlighted the human factor as a consistent thread running through the conversation. From his perspective, the best-designed systems will fail without the buy-in of the people operating them. He echoed panelists' calls for investment not just in technology, but in workforce readiness through training, retraining, and building a culture of quality improvement in healthcare. In his view, AI should be deployed as a tool to strengthen the quality of care, not just to expand reach or increase numbers served.

He also highlighted the human factor as a consistent thread running through the conversation. From his perspective, the best-designed systems will fail without the buy-in of the people operating them. He echoed panelists' calls for investment not just in technology, but in workforce readiness through training, retraining, and building a culture of quality improvement in healthcare. In his view, AI should be deployed as a tool to strengthen the quality of care, not just to expand reach or increase numbers served.

Dr. Benson Cole drew attention to the financing dimension as well, reminding the audience that innovations often stall not because they lack technical merit, but because they fail to secure the right kind of capital at the right time. He reiterated the point that early-stage ideas require patient, risk-tolerant funding, often in the form of grants or catalytic capital, while more mature ventures might attract commercial or impact investment. What matters, he stressed, is the ability of innovators to assemble multidisciplinary teams, de-risk their propositions, and present a clear, compelling problem statement that resonates with funders.

The third panel session, on the topic **"Driving Investment in AI and Digital Health: Unlocking Value, Scalability, and Innovation in Healthcare Systems**," left the audience with several important takeaways that blended pragmatism with ambition.

- **Start with focused, high-impact pilots** – Deploy AI and digital health solutions in targeted areas that can quickly demonstrate value before scaling across broader systems.
- **Invest in workforce readiness** – Prioritise staff training, retraining, and quality improvement to ensure successful adoption and sustained use of technology.
- **Match financing to the stage of innovation** – Use patient, risk-tolerant capital for early-stage concepts, transitioning to commercial or impact investment as solutions mature.
- **Anchor innovation in real healthcare needs** – Clearly define the problem being solved and design solutions that deliver measurable benefits to patients, providers, and payers.

ABCHealth

Panel 4

Themed

Innovative Digital Health Ecosystems: Leveraging Public-Private Partnerships for Sustainable Digital Health Solutions and Improving User Experience in Africa

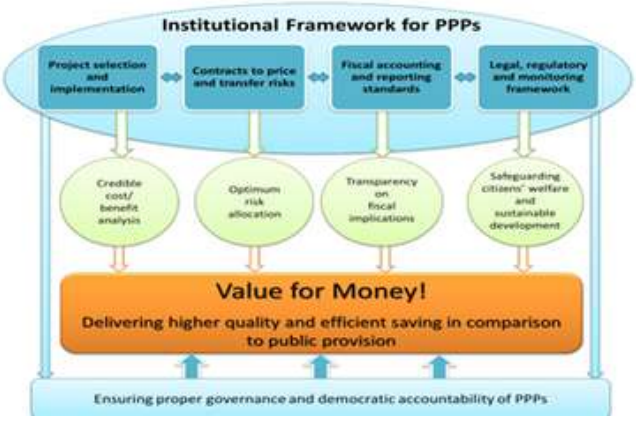
Ms. Odunayo Sanya - Executive Director, MTN Foundation

The 4th and final panel, At the ABCHealth Digital Health & AI Conference, the session on 'Innovative Digital Health Ecosystems: Leveraging Public-Private Partnerships for Sustainable Digital Health Solutions and Improving User Experience in Africa' Despite significant strides in mobile technology adoption, with mobile phone penetration now surpassing 80% across Africa; access to essential health services remains a critical challenge, with over 60% of the population lacking reliable healthcare access. This disparity highlights a pressing need for innovative approaches that leverage Africa's growing digital connectivity to transform healthcare delivery will bring together leading experts from diverse sectors of the African digital health ecosystem to explore how public-private partnerships (PPPs) can serve as catalysts for sustainable, impactful, and user-focused digital health innovation.

The final panel session geared up with a presentation by the session chair, **Ms. Odunayo Sanya**, Executive Director, MTN Foundation, known for her extensive experience at the intersection of corporate strategy, social impact, and technology-driven development, she brought to the conversation both the credibility of a sector leader and the pragmatism of someone deeply engaged in delivering measurable outcomes across Africa's healthcare, education, and community development landscapes. Her stewardship of the session framed the discussion not as an abstract policy debate, but as a practical roadmap for building scalable, sustainable health solutions through collaboration.

From the outset, she challenged participants to think beyond the traditional scope of public-private partnerships (PPPs), making a strong case for the often-overlooked potential of private-private collaborations, alliances within the corporate sector that can pool resources, networks, and expertise to tackle systemic health challenges. This broadened framing was grounded in her conviction that Africa cannot afford to wait for external saviors; the continent's most pressing health challenges must be solved by Africans, for Africans, through adaptive, homegrown solutions. fragile reality exposes a recurring pattern: digital innovations are frequently deployed into environments that lack the physical and operational backbone to support them. Telemedicine platforms, for example, may showcase cutting-edge interfaces and AI-powered triage, but in communities without doctors to receive calls or where electricity supply is erratic, these solutions cannot deliver their intended impact. Electronic Health Record (EHR) adoption rates linger around 18–23%, internet penetration sits at 45% with uneven quality, and the absence of robust, representative datasets means AI tools are often trained on data that does not reflect local realities, leading to biased or even unsafe outputs.

The COVID-19 pandemic provided a vivid backdrop for this argument. As Ms. Sanya recalled, early global predictions painted a grim picture for Africa's survival prospects, yet the continent's coordinated response fueled by urgent cooperation between governments, corporations, and civil society proved that shared goals and collective action can yield transformative results. That moment, she argued, should serve as a lasting reminder of the power of aligned purpose in driving systemic health gains.



The idea is that trust, accountability, governance, and shared meaning are the foundation of any enduring partnership. Without trust between sectors, clear accountability mechanisms, and governance structures that distribute both responsibility and benefit fairly, PPPs risk becoming symbolic rather than transformative. She noted that this trust gap often works in both directions, public institutions may doubt the motives of private actors, while private entities may question the efficiency or transparency of public agencies.

In discussing the role of digital technology, Ms. Sanya positioned it as more than just a delivery mechanism; it is a multiplier of impact, offering

reach, speed, and adaptability that physical infrastructure alone cannot match. She reframed interoperability, often seen as a stubborn obstacle, as a design opportunity, drawing parallels to how the once-disparate iOS and Android ecosystems evolved toward compatibility through common standards and API-driven innovation. In her view, the same approach could make health data systems speak to one another, enabling a patient's records, diagnostics, and care history to follow them seamlessly across facilities and regions.

Scaling digital health innovations, she noted, remains one of the sector's greatest challenges. Too many promising pilots fail to cross the threshold from proof-of-concept to broad adoption, not for lack of merit but because the pathways to scale are fragmented. Here, she emphasized the potential of blended financing models, which combine public funds, private investment, and catalytic capital to de-risk early-stage innovations and set them on a sustainable commercial footing. Patient capital, impact funds, and co-investment structures can all play a role in ensuring that solutions like telehealth platforms, electronic medical records, and AI-enabled diagnostics are not just launched, but embedded into national health systems for the long term.

Her remarks also highlighted the strategic importance of research and innovation ownership. She pointed to the MTN Foundation's collaboration with the Nigerian Institute of Medical Research on the acquisition of an oligosynthesizer, a machine initially procured to enable local production of COVID-19 test kit primers. Beyond its immediate purpose, the equipment unlocked genome sequencing capabilities for diseases such as cancer and sickle cell anemia, positioning Nigeria as a regional resource hub. This project underscored her point that when Africa owns both the infrastructure and the intellectual property behind its health innovations, it gains not just operational capacity but also the ability to monetize expertise and serve broader regional needs.

Also addressed were the barriers to adoption that threaten to leave vulnerable populations behind. With less than half of Africans having internet access and device affordability still out of reach for many, she urged innovators to design inclusively embedding USSD-based services for feature phone users, producing ultra-low-cost devices locally, and building digital literacy into healthcare worker training. She cautioned against solutions that assume high-end smartphones or stable broadband, noting that inclusivity is a core measure of sustainability. Case studies further grounded the discussion. The 'What Can We Do Together' Primary Healthcare Centre Revitalization Initiative, executed in partnership with the Private Sector Health Alliance of Nigeria, showed that revitalizing facilities is only part of the equation; community trust, governance committees, and health insurance enrollment are equally essential. In one example, a revitalized centre saw antenatal visits double and malaria treatment rates surge within the first quarter, driven by both improved infrastructure and restored community confidence.

In closing, the audience left with a clear message: sustainable, user-centered digital health ecosystems in Africa will not emerge from isolated innovations or siloed efforts. They will be built through deliberate partnerships; public, private, and cross-sector anchored in trust, governed transparently, financed sustainably, and designed inclusively. Telehealth, AI, and other digital solutions have the potential to erase long-standing barriers of geography, affordability, and availability, but only if they are integrated into a coherent ecosystem that serves the many, not the few.

Cyril Okoroigwe - CEO, RegTech

Following this insightful presentation, the session transitioned to a panel discussion moderated by **Cyril Okoroigwe, Chief Executive Officer of RegTech**. He stressed a stark contrast shaping Africa's digital health landscape: while mobile technology adoption has surged, with penetration now exceeding 80% across the continent, more than 60% of the population still lacks reliable access to essential healthcare services. This digital-health gap signals both the scale of the challenge and the transformative potential of harnessing Africa's growing connectivity to reimagine healthcare delivery.

He structured the discussion as an urgent exploration of how public-private partnerships can serve as catalysts for sustainable, impactful, and user-focused digital health innovation. For him, the question was not whether PPPs are important, but

how they can be deliberately structured to nurture early-stage health-tech ventures ensuring that they do more than survive the competitive market environment, but thrive as engines of measurable impact, improved health outcomes, and enhanced user experience.

The thematic scope of the conversation was broad yet sharply defined. The moderator signaled a deep dive into the persistent integration challenges that hinder many digital health solutions from reaching full potential, particularly within diagnostic and laboratory networks. He emphasized that strategic partnerships could unlock these bottlenecks by addressing issues such as interoperability, effective data sharing, and eliminating service delivery inefficiencies that currently fragment care pathways.

The moderator also positioned the discussion within the context of the broader enabling ecosystem required to sustain impactful digital health solutions. This included the creation of robust PPP frameworks, the establishment of supportive policy and regulatory environments, capacity building for skilled health and technology professionals, seamless integration across healthcare subsectors, and clear mechanisms to guarantee transparency, trust, and accountability in service delivery. Without these systemic foundations, he cautioned, even the most promising innovations risk faltering before achieving their intended scale.

With these priorities set, the panelists welcomed a distinguished panel of thought leaders and practitioners from across the African digital health landscape

- **Dr. Obinna Nnewuihe** – Founder, Interim Head, New Ventures; Thematic Group Lead, Healthtech, Nigeria Economic Summit Group (NESG)
- **Oriahi Anderson** – Co-Founder, Heala Tech
- **Dr. Osa Ossuetta** – Director, Laboratory & Management Services, ISN Medical, Nigeria
- **Mr. Ibrahima Guimba Saidou** – CEO, Partnership for Digital Access in Africa (PDAA)
- **Dr. Noimot Balogun** – Project Lead, Linka.ng
- **Dr. Saad Oladimeji Issa** – Director, Innovation & Engagement, Healthport

The conversation began with a reframing of how public-private partnerships (PPPs) should be understood in the context of early-stage digital health businesses. by **Dr. Obinna Nnewuihe – Founder, Interim Head, New Ventures; Thematic Group Lead, Healthtech, Nigeria Economic Summit Group (NESG).** The discussion stressed that startups exist for two primary purposes: to solve real, identifiable

Dr. Obinna Nnewuihe – Founder, Interim Head, New Ventures; Thematic Group Lead, Healthtech, (NESG)

problems and to generate revenue by providing those solutions. The value proposition of a health-tech venture is anchored in its ability to address pressing health system gaps and to be rewarded by the market, whether that market is made up of individual patients, corporate entities, or public sector institutions.

In the Nigerian healthcare context, the landscape is shaped by a stark reality: more than 90% of healthcare expenditure is still out-of-pocket, while health insurance penetration hovers at about 5%. This means that for the vast majority of Nigerians, paying for healthcare remains a personal financial burden, often leading to catastrophic health spending. At the same time, the government remains one of the largest spenders in the sector, not only through direct service provision but also through political commitments nearly every campaign season is accompanied by pledges of free or subsidized healthcare. This dual reality of heavy out-of-pocket spending and significant public sector expenditure creates a unique environment for PPPs.

PPPs, in this framing, can operate in two distinct but interconnected ways. The first is through private businesses providing direct services to the public, offering accessible, affordable, and quality care through innovative delivery models. The second is by private businesses providing services to the government, which in turn benefits the public. This latter pathway has significant untapped potential, especially for early-stage digital health ventures seeking to establish stable revenue streams and scale sustainably.

One of the underexplored strategies for startup growth lies in viewing the government not only as a policymaker or regulator but as a customer. Rather than relying solely on raising external capital whether from venture capitalists, angel investors, or grants startups can secure consistent, predictable income by entering into contractual relationships with public health systems. The 'Adopt a PHC' initiative, for example, demonstrates how private entities can take

on the management and operation of primary healthcare centres (PHCs), many of which are currently under-resourced or non-functional. Ultimately, the structuring of PPPs for early-stage digital health ventures in Africa must be intentional, transparent, and mutually beneficial. It requires clear governance frameworks, trust between partners, and mechanisms for accountability. But when designed well, such partnerships can unlock the latent potential in Africa's health systems transforming budgetary spending into impactful service delivery, creating commercially viable health-tech enterprises, and most importantly, ensuring that digital health innovations translate into real, tangible improvements in the lives of the people they serve.

On building an effective Public-Private Partnerships to Drive Digital Health Innovation and Improve Last-Mile User Experience in Africa, **Mr. Ibrahima Guimba Saidou, CEO of the Partnership for Digital Access in Africa (PDAA),** brought a wealth of experience in advancing digital access across the continent to the discussion. Drawing on his background as a former Minister in charge of Digital Transformation, he explored the foundational elements and success factors necessary for creating impactful public-private partnerships (PPPs) that both accelerate digital health innovation and ensure those solutions reach the most underserved communities.

Mr. Ibrahima Guimba Saidou - CEO, Partnership for Digital Access in Africa (PDAA),

Healthcare, he argued, must be approached with a 360-degree perspective recognizing that outcomes are linked to other sectors such as education, agriculture, and financial inclusion. This integrated thinking formed the basis of his 'carpooling' concept: a model where multiple sectors leverage shared digital infrastructure for collective benefit.

In Niger, a country 1.5 times the size of Nigeria but with a population equivalent to Lagos and widely dispersed communities, this approach was operationalized through the Smart Village initiative. Working with telecom operators, the government deployed connectivity across rural communities using universal service funds and additional public-private resources. This connectivity was treated as a shared public good much like a road that could serve health centers, schools, and other essential institutions simultaneously. The initiative was more than a technology rollout; it was a deliberate ecosystem-building effort. Innovation clusters were established, including a dedicated health cluster co-led with the Minister of Health, bringing together public and private stakeholders in one location to encourage collaboration and alignment.

From a PPP structuring standpoint, Mr. Saidou stressed the catalytic role of private funds in de-risking projects and the importance of engaging the local private sector as a source of both capital and talent. The PDAA's continental goal reflects this vision: achieving widespread connectivity by 2030 by addressing three interlinked pillars—reducing the cost of connectivity, lowering device costs through subsidies or payment-over-time models, and scaling digital literacy so that communities can maximize the value of these tools.

To illustrate what well-designed partnerships can achieve, he cited Rwanda's pioneering national health network. All hospitals in the country are connected to a single, centrally managed platform, enabling real-time monitoring of remote health facilities and even ambulances. Integrated artificial intelligence capabilities support healthcare practitioners in conducting remote diagnostics, making faster and more accurate referrals, and directing patients to the most appropriate care centers. This model has not only improved efficiency but also significantly enhanced user experience at the last mile, where timely care can mean the difference between life and death.

On Innovations in User-Centered Digital Design The co-founder of a data-driven health technology company, **Oriahi Anderson – Co-Founder, Heala**, brought a deeply practical perspective to the conversation on how digital tools can be designed to improve patient experience while remaining scalable through effective public-private collaboration. He began by pointing out a fundamental principle in user-centered digital design: respect for the user's context. Understanding "Who is the patient?" and "Where are they?" forms the starting point for creating meaningful solutions. Drawing an analogy from the rise of agency banking and POS terminals in Nigeria, he noted how financial inclusion was transformed by bringing services directly into local

Oriahi Anderson – Co-Founder, Heala

communities even in areas with no banks or ATMs. This lesson, he explained, is equally applicable in healthcare: digital does not have to mean high-tech or complicated. Instead, it should be simple, familiar, and aligned with the daily realities of the end user.

At his company, innovations have been built around this principle. Rather than requiring patients to download complex applications or navigate unfamiliar systems, services such as triage, consultations, medication prescriptions, diagnostic test bookings, and even insurance coverage can be accessed through tools people already use hospital web portals, WhatsApp integrations, toll-free numbers, and other channels that bridge the urban–rural divide where internet penetration is low.

He emphasized the concept of progressive onboarding as another cornerstone of effective design. Instead of overwhelming patients with lengthy forms and data requirements upfront, systems should capture information gradually through conversational interfaces. Using artificial intelligence and natural language processing, these systems can adapt dynamically to the patient's input whether in English, Pidgin, or other languages reducing drop-off rates and increasing completion of care.

However, he stressed that innovation alone is insufficient without a scalable ecosystem. This is where collaborative infrastructure, both public-private and private-private partnerships, becomes critical. Governments can accelerate adoption by opening up APIs for health ID verification, integrating private platforms into national health insurance schemes, and enacting procurement and regulatory reforms that enable agile, innovation-driven solutions to participate. In return, private sector actors must commit to compliance, patient safety, and long-term systems integration. Trust, he noted, is the foundation of scalability: trust in the platform, trust in the data, and trust in the collaborative frameworks behind them. His company has leveraged this approach by partnering with pharmacies across Nigeria and expanding into regional markets such as Ghana and Kenya. He concluded by pointing out that, just as open banking frameworks transformed financial services through interoperability and shared access, a similar approach in healthcare could unlock massive innovation potential. By giving innovators the necessary access and supportive policies, governments can help scale user-friendly, impactful digital health solutions that truly enhance patient experiences across Africa.

In her intervention, **Dr. Osa Ossuetta, Director of Laboratory & Management Services at ISN Medica**l, offered a look at both the possibilities and persistent challenges in integrating digital health innovations across Africa's laboratory networks. Drawing on hher extensive experience in diagnostics and lab management, she argued that true transformation in this space hinges on one non-negotiable foundation: interoperability

Dr. Osa Ossuetta, Director of Laboratory & Management Services, ISN Medical

She described interoperability as the "bedrock of integration," explaining that without systems that can communicate seamlessly, even the most sophisticated technologies risk becoming isolated silos. A Laboratory Information Management System (LIMS) must be able to exchange data effortlessly with a hospital's Electronic Medical Records (EMR). Without this, patient information remains fragmented, forcing duplication of tests, creating inefficiencies, and ultimately undermining continuity of care. She illustrated this vividly: a patient who consults a doctor in Lagos should be able to have their medical notes, test results, and care plan instantly available to a physician in Ekiti ahead of a follow-up appointment.

Despite the technological feasibility, significant barriers remain. One of the most entrenched is financing. While public-private partnerships (PPPs) are often discussed as a mechanism for funding innovation, Dr. Ossuetta warned against one-size-fits-all approaches. She called for flexible, context-

specific revenue models that align the interests of financiers, innovators, and service providers. Banks, impact investors, and even government health budgets all have roles to play, but the structures must be tailored to local realities. She echoed points from earlier discussions, noting that there is capital available for healthcare "money in pockets that wants to be spent" but unlocking it requires clear, sustainable business models that can demonstrate both social impact and commercial viability.

Perhaps more challenging than the financial barrier is the human factor, a cultural and behavioral resistance to change that can derail even well-planned innovations. She also shared a candid example from his own work: a hospital initially enthusiastic about adopting a full suite of digital solutions, EMR, LIMS, RIS, PACS, reversed its decision within two weeks. The reason was not technical failure, but a fear from management that digital systems would expose sensitive patient information and reveal operational data they preferred to keep internal. This reluctance, Dr. Ossuetta argued, reflects a broader hesitation among some clinicians and administrators to move beyond traditional, paper-based methods.

Overcoming this requires reframing the value proposition of technology. Rather than seeing digital tools as intrusive, stakeholders must view them as enablers of a frictionless patient journey, where consultations, diagnostics, imaging, and treatment are coordinated in a seamless sequence without repetitive form-filling or data gaps. The vision is a care pathway in which patients move from consultation to laboratory testing, imaging, and back to treatment with minimal delay, reduced administrative burden, and improved clinical accuracy.

For technology to truly fulfill its potential in healthcare, it must be designed with the user at the center from the very beginning. Dr. Ossuetta highlighted a common pitfall where some IT developers prioritize creating technically advanced systems without fully addressing the practical needs of end users such as doctors, nurses, lab technicians, and ambulance drivers. Complex systems that do not seamlessly fit into daily workflows risk being rejected, no matter how sophisticated they are.

To address this, she championed co-creation models that involve technology innovators, financiers, and frontline healthcare practitioners collaboratively during the design phase. This approach ensures solutions are genuinely "fit for purpose," reflecting real-world contexts, available resources, and cultural nuances. Early integration of user feedback enables systems to be better tailored, which greatly enhances adoption and the overall impact on healthcare delivery.

Dr. Noimot Balogun – Project Lead, Linka.nG

Dr. Noimot Balogun – Project Lead, Linka.ng speaking on Cross-Sector Collaboration and Behavioral Insights in Expanding Digital Health Access. Dr. Noimot Balogun, emphasized the critical role of cross-sector collaboration in advancing digital health access and user adoption, especially within underserved communities. Drawing from both a digital health and behavioral perspective, she highlighted the profound lessons learned from recent socioeconomic shifts, such as the cash crunch, which reshaped assumptions about technology use in informal sectors.

Historically, many policymakers and intervention designers underestimated the informal sector's engagement with digital tools, often presuming that groups like market women or elderly individuals lacked the familiarity or capability to use apps for financial or health transactions. However, real-world observations contradict this narrative: today, it is common to see elderly market women confidently using mobile financial apps, demonstrating that digital literacy and adoption can be much broader and more dynamic than previously assumed. Dr. Balogun explained that this behavioral shift underscores the interconnectedness of financial literacy and health literacy.

FinTech companies have effectively illustrated how human behavior evolves with technology, revealing that the barrier to health insurance uptake in the informal sector is less about financial capacity and more about willingness and motivation to pay. This distinction points to the vital need for a concept she terms digital humanism, the practice of deeply understanding the digital experiences that shape individuals' decision-making processes. In developing digital health products and services, Dr. Balogun urged innovators to move beyond

algorithmic or technical considerations. Instead, they must engage with the complex social and psychological processes that influence how people interact with digital tools. For example, understanding what motivates a 70-year-old woman to choose one digital health product over another requires insight into her perceptions, fears, and cultural context. She further elaborated that literacy alone does not guarantee adoption. This realization stems from her own experience transitioning from clinical medicine to health communication, where she learned that behavior is influenced by multifaceted factors including trauma, success, excitement, depression, and perceived risks. These emotional and psychological dynamics must inform the design of digital health solutions.

The COVID-19 pandemic has been a pivotal moment, radically altering social behaviors and interactions. Dr. Balogun questioned whether current AI and digital strategies sufficiently reflect the post-COVID reality or if they are relying on outdated models that fail to capture the new social dynamics. She advocated for integrating social processes alongside AI development, creating adaptive systems that resonate with the evolving lived experiences of users.

In her closing remarks, Dr. Balogun emphasized that for digital health initiatives to truly succeed, effective cross-sector collaboration must seamlessly combine cutting-edge technical innovation with a deep, nuanced understanding of human behavior and the social structures that shape it. she identified several critical success factors essential for building long-term resilience within the digital health ecosystem.

First, it is vital to engage a diverse range of stakeholders including those from finance, technology, healthcare, and community leadership early in the process and maintain that engagement continuously. This ensures that different perspectives are incorporated and that solutions are relevant across sectors. Second, she highlighted the importance of prioritizing behavioral insights and embracing the principle of digital humanism. By doing so, digital health products and services can be designed to be genuinely user-centered and culturally sensitive, meeting people where they are rather than imposing rigid technological frameworks. Third, she underscored the need to integrate adaptive social processes alongside artificial intelligence. This combination allows digital health systems to remain responsive to evolving societal contexts and changing user behaviors, especially in a rapidly changing world.

real-world contexts, available resources, and cultural nuances. Early integration of user feedback enables systems to be better tailored, which greatly enhances adoption and the overall impact on healthcare delivery.

Drawing on his extensive experience in healthcare administration and digital health innovation, **Dr. Saad Oladimeji Issa – Director, Innovation & Engagement, Healthport** provided valuable insights on how African countries can design Public-Private Partnership (PPP) frameworks that do more than just drive technological progress. He pointed out how these frameworks can build trust, prioritize user experience, and create sustainable ecosystems particularly within digitally mediated care pathways that are transforming health service delivery across the continent.

Dr. Saad Oladimeji Issa – Director, Innovation & Expansion, Healthport

Citing an example from his background as a hospital administrator just before the COVID-19 pandemic, Dr. Issa recounted a pivotal experience that deeply informed his approach to innovation and partnership in healthcare. Months before the pandemic, he was involved in reviving a state oxygen plant critical intervention that proved lifesaving during COVID-19, as oxygen supply was a major determinant in patient outcomes. However, restoring production was only part of the challenge; the subsequent hurdle was effective distribution and operational management. This experience illuminated a glaring gap in health infrastructure, particularly the need for dependable supply chains and service models that go beyond production.

When Dr. Issa joined Healthport, he found alignment with their mission to bridge precisely this gap by delivering oxygen “as a service,” relieving hospitals from the complexities of sourcing and ensuring consistent, high-purity oxygen delivery to patients. This model exemplifies how PPPs can offer tailored, innovative solutions that respond directly to identified public health needs. Central to his vision for effective PPP frameworks is purpose-driven collaboration. He stressed the importance of

conducting thorough needs assessments to understand the unique demands of both public and private healthcare institutions. Successful partnerships require strategies that are custom-built to the realities of the consumers they serve, ensuring that services are designed around actual needs rather than theoretical constructs.

Trust is the foundation of user experience and ecosystem sustainability. He argued that placing the consumer be it a patient or healthcare provider at the center of business models is essential for generating trust, ensuring adoption, and maintaining long-term engagement. Trust is earned through responsiveness to user needs and transparent, consistent service delivery.

The discussion highlighted that the core of designing effective PPPs lies in conducting thorough need assessments. Whether the partnership involves public or private healthcare institutions, it is crucial to understand the real, day-to-day challenges faced by end-users. The speaker emphasized that this empathy-driven perspective enables better engagement with customers and consumers. It allows service providers to craft solutions that are not only technically sound but also directly responsive to the lived realities of the people and institutions they serve.

Technology emerged as another critical pillar in this conversation. Effective PPP frameworks should not stop at delivering a service they must anticipate and prevent service gaps. In the context of oxygen supply, this means moving beyond physical infrastructure to integrate predictive supply chain management systems. Leveraging Internet of Things (IoT) technologies allows for real-time monitoring of demand trends, enabling providers to anticipate needs and avoid downtime. Such foresight transforms service delivery from a reactive model into a proactive, resilient system capable of adapting to fluctuations in demand.

Finally, the discussion stressed that technology alone cannot guarantee sustainability or trust. The longevity of any PPP initiative depends on placing the consumer at the center of the strategy. This requires developing tailored business models that align with the specific operational realities of each institution, whether in the public or private sector. It involves actively listening to what consumers need, building trust through consistent reliability, and ensuring that the services delivered are not only high quality but also responsive to changing needs over time. The 4th Panel on Innovative Digital Health Ecosystems: Leveraging Public-Private Partnerships for Sustainable Digital Health Solutions and Improving User Experience in Africa brought together diverse perspectivesto address one of Africa's most urgent challenges

The key takeaways from this session include:

- **Scaling Early-Stage Ventures & User-Centric Design:** Well-structured PPPs are vital for nurturing early-stage health-tech startups, offering not only funding but also market access, technical expertise, and integration into health systems. Embedding user experience from the start ensures scalable solutions that communities trust. Governments and private actors should jointly create supportive ecosystems that cause innovations to scale without losing quality or accessibility across Africa.

- **Integration, Access and Capacity Building**: Persistent challenges in diagnostics and laboratory networks such as poor interoperability, fragmented data, and inconsistent service quality require strategic partnerships with shared data standards and infrastructure investment. Cross-sector collaboration ensures solutions reach undeserved communities by combining technological innovation with local engagement to suit low-resource settings.

- **Trust, Sustainability & the Path Forward:** Trust is the foundation for sustainable PPPs. Building Africa's digital health ecosystem demands PPP frameworks grounded in purpose, equity, and adaptability. By uniting public-sector reach with private-sector innovation, and keeping patient experience central, the continent can close healthcare access gaps through sustained investment, user-driven design, and trust-based collaboration for lasting transformation**.**

Across all panels, several unifying themes emerged:

- **Collaboration as a Catalyst** – Multi-stakeholder partnerships are vital for mobilizing resources, integrating systems, and ensuring that innovations are responsive to the real needs of healthcare providers and patients. Such partnerships facilitate the integration of digital solutions into existing health systems, align innovations with national priorities, and ensure that products and services are designed around the practical realities and urgent needs of healthcare providers and patients.
- **Sustainability through Local Relevance** – For digital health and AI innovations to deliver lasting value, they must be deeply grounded in the specific cultural, infrastructural, and regulatory realities of the communities they serve. This means designing solutions that respect local languages, customs, and healthcare practices, while also adapting to the existing capacity of health facilities, workforce skills, and available technology infrastructure. Compliance with national regulatory frameworks is essential to ensure legitimacy and facilitate integration into public health systems.
- **Investment in People and Systems** – The effectiveness of digital health innovation is not solely determined by the sophistication of the technology, but also by the capacity of people and systems to adopt, manage, and scale it. Continuous training for healthcare workers, digital systems managers, and policy implementers is essential for ensuring operational excellence. Investments in robust infrastructure, governance structures, and technical expertise not only support day-to-day operations but also strengthen the resilience of health systems to adapt and respond to emerging health needs.
- **Scalable, Evidence-Driven Innovation** – The long-term success of digital health and AI in Africa will depend on solutions that are not only innovative but also backed by clear, measurable evidence of their effectiveness. Scalability requires a foundation of robust data demonstrating improved health outcomes, operational efficiency, and cost-effectiveness, which in turn builds confidence among governments, investors, and healthcare providers. Adaptability is equally critical solutions must be designed to function seamlessly across diverse African contexts.

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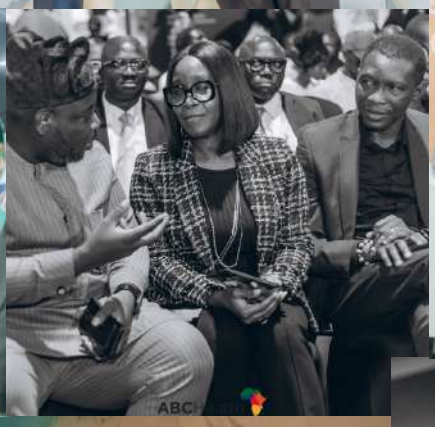

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Together, we have taken another decisive step toward realizing a harmonized digital health ecosystem, one that harnesses innovation to improve health outcomes for every African.

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Presentation on Navigating AI Integration, Compliance & Ethical Challenges

Presentation on Driving Investment in AI & Digital Health

Presentation on A value-based framework for governing health futures

Presentation on Building sustainable digital health ecosystems

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