





















Ordering information:

To order copies of this report, please contact: Publications Section

African Business Coalition for Health (ABCHealth) Waterfront Plaza, 270a Ozumba Mbadiwe Avenue Victoria Island, Lagos, Nigeria

Tel: +234 802 478 2021
Email: info@abchealth.com
Web: www.abchealth.com
© 2025 African Business Coalition for Health
Lagos, Nigeria
All rights reserved
First printing July 2025

Material in this publication may be freely quoted or reprinted. Acknowledgement is requested, together with a copy of the publication.

The designations used and the presentation of material in this publication do not imply the expression of any opinion whatsoever on the part of the African Business Coalition for Health (ABCHealth) concerning the legal status of any country, territory, city or area, or of its authorities, or concerning the delimitation of its frontiers or boundaries, or its economic system or degree of development. Designations such as "developed", "industrialized" and "developing" are intended for statistical convenience and do not necessarily express a judgment about the stage reached by a particular country or area in the development process.

Cover design, layout and printing: ABCHealth Communications and Graphics Division

OUR FOUNDERS

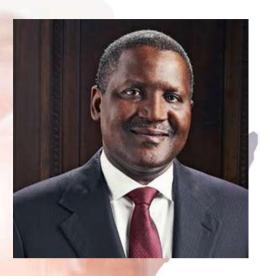




Mr. Aigboje Aig-Imoukhuede FCIB, CON

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 proprietary investment 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 president/chief executive 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.







05	Foreword
06	Introduction
08	ABCHealth Panel Session
23	Key Takeaways & Conclusion
24	Photo Album
26	ABCHealth Roundtable Session
49	Speakers' Insights
52	Future Outlook
53	Photo Album
55	Contributors
58	Acknowledgements
59	References/Sources

FOREWORD

Let's be unequivocal: Africa's healthcare narrative is being rewritten. For too long, the story has been one of challenges and constraints. Today, however, a new chapter is being authored by a vanguard of innovators who are not just solving problems, but fundamentally recoding the system's DNA. This is not about incremental improvement; it is about a strategic rupture from the past, powered by the most potent tools of our time, artificial intelligence and purposeful technological innovation.

The African Business Coalition for Health (ABCHealth) convened its Panel and Roundtable at the Africa Social Impact Summit to accelerate this very transition. The insights captured in this report are the product of that crucial convergence, a deliberate synthesis of boardroom strategy, public policy, and technological brilliance. They represent a collective manifesto for a future where health sovereignty is not an aspiration, but an achievable reality.



Mories Atoki (Dr.)
Chief Executive Officer

The Panel, themed 'Reframing Priorities and Optimizing Opportunities in Africa's Healthcare

ABCHealth sector: Harnessing AI and Technological Advancements,' cut through the hype to focus on scalable application. We examined how AI is already transforming community health worker effectiveness through diagnostic decision-support, revolutionizing disease surveillance with predictive modeling, and creating unprecedented efficiency in supply chain logistics. The critical takeaway was that our priority must be to build the architecture, the data governance, the secure cloud infrastructure, the local talent pipelines, that allows these technologies to root deeply and grow sustainably across the continent.

Building on this, the Roundtable on 'Consolidating Bold Impact Actions towards Achieving Self-Sufficiency in Africa's Healthcare: Aligning Priorities with Technological Innovations' was a deep, operational dive into the mechanics of self-reliance. We confronted the existential vulnerability of import dependency and mapped the route to a resilient, indigenous healthcare industry. The discussion crystallized around technology as the critical enabler for local vaccine production, the manufacture of diagnostics, and the creation of robust primary care systems. From blockchain for transparent regulatory harmonization to IoT for smart manufacturing, the message was clear: technological innovation and health industrial policy are two sides of the same coin.

The synthesis of these two critical dialogues reveals a mutually reinforcing strategy, a virtuous cycle where intelligence fuels sovereignty and sovereignty, in turn, generates more relevant and proprietary data.

- 1.Intelligent Advancement is the immediate, tactical front. By deploying AI and data analytics, we can achieve radical efficiencies today, dramatically reducing drug stock-outs, optimizing patient triage to alleviate overburdened facilities, and providing hyper-personalized health education. These are not just efficiency gains; they are life-saving interventions that build public trust and create a more predictable demand signal for the market. This operational data, collected from a digitally-enabled front-line, becomes the most valuable asset for the second, strategic front.
- 2. This second front is Structural Transformation, where we build the enduring foundations for health sovereignty. The data and digital workflows established through a technological leap provide the critical intelligence for domestic investment. For instance, predictive models on disease burden can de-risk the business case for building local vaccine production facilities. Similarly, real-time data on diagnostic usage can guide the business plans for regional manufacturing of rapid test kits. Technology thus becomes the connective tissue: Al optimizes the system we have, while simultaneously providing the data-driven certainty required to invest in the system we need, a self-sufficient, end-to-end African health economy.

This report is therefore a call for concerted, aligned action. It challenges us to move beyond pilots and rhetoric. It is a strategic invitation to every leader, in business, government, and finance, to invest not just in technologies, but in the integrated systems that make them impactful and enduring.

INTRODUCTION

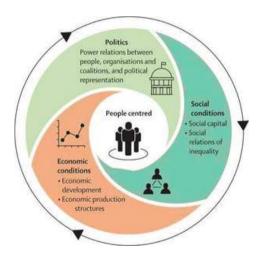
The global conversation on health and development consistently affirms that no region can achieve sustainable growth without prioritizing the well-being of its people. Across the African continent, this reality is stark: nearly one in four of the world's disease cases occur here, yet the continent accounts for less than three percent of global health expenditure. This misalignment continues to impose an extraordinary burden not only on individuals and families but also on economies that lose billions of dollars annually in preventable productivity losses. Health is not an isolated challenge, it is a determinant of national competitiveness, social stability, and the future of work. Without healthy population, industrialization, education, and trade cannot deliver their full potential. The recognition that strong, resilient. and sustainable health systems indispensable to the broader development agenda is what shaped the deliberate choice to anchor health firmly within the Africa Social Impact Summit (ASIS) 2025.

The Africa Social Impact Summit, held on the 10th and 11th of July 2025 at the Eko Convention Centre in Lagos, convened under the theme "Scaling Action", has positioned itself as one of the continent's most important platforms for galvanizing collective solutions to pressing development challenges. Unlike many convenings that end with declarations, ASIS is distinguished by its focus on practical pathways to implementation, measurable results, and partnerships that move beyond commitments into tangible impact. The 2025 theme was both urgent and aspirational. It acknowledged that Africa is not short of ideas, innovations, or committed leaders. Instead, the central challenge lies in building structures that take isolated pilot projects and local innovations to national and continental scale, ensuring that millions benefit from the solutions being developed.

It was within this pivotal framework that the African Business Coalition for Health (ABCHealth) hosted a high-level Panel and Roundtable Session, situating health not as a side conversation but as a central component of Africa's broader social impact agenda. For ABCHealth, the rationale was clear: scaling action in Africa cannot be achieved without scaling health. The Coalition's mandate has always been to mobilize the private sector as a key partner in strengthening health outcomes across the continent, recognizing that

governments and development partners alone cannot close the financing and infrastructure gaps. By embedding its sessions within ASIS, ABCHealth ensured that the discussions on scaling action acknowledged healthcare as both a moral imperative and a catalyst for broader socio-economic transformation.

The sessions were designed to bring together an inclusive mix of actors: senior government officials, global and local development partners, business leaders, financiers, entrepreneurs, and innovators. This diverse composition mirrored interconnectedness of the healthcare ecosystem itself, where each actor's contribution is vital for system-wide progress. The Panel focused on shaping narratives and policies that position private sector engagement as indispensable to health system strengthening, while the Roundtable provided a more intimate environment for stakeholders to explore practical collaboration models, innovative financing approaches, and mechanisms for ensuring scalability of solutions.



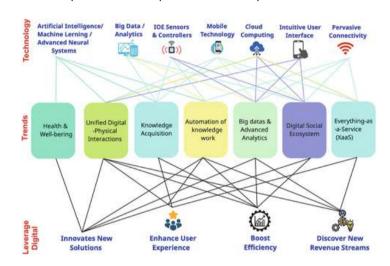
By choosing to convene at ASIS 2025, ABCHealth also reinforced its track record of shaping the continental health agenda at major regional and global platforms. The Coalition has consistently leveraged its convening power at high-profile forums such as the United Nations General Assembly (UNGA) side events, where it has elevated African perspectives on sustainable healthcare and showcased private sector-led solutions. Similarly, at the Africa Business Forum, ABCHealth has provided thought leadership on the intersection of business, health, and sustainable development, demonstrating that corporate actors must be at the forefront of advancing health equity and building resilient systems. More recently, at the International Health Ministers Summit in Rwanda, the Coalition organized a pre-summit Roundtable focused on strengthening local production capacity for drugs and medical commodities, once again underscoring its commitment to aligning private sector resources with public sector priorities. These engagements form part of a deliberate strategy that extends beyond event participation to long-term agenda-setting. By appearing at such influential convenings, ABCHealth has not only amplified the voice of health within cross-sectoral debates but has also catalyzed partnerships that continue to deliver impact across Africa.

The decision to host its Panel and Roundtable at ASIS 2025 was therefore both a continuation of this legacy and an opportunity to push the conversation further. Within a platform explicitly focused on scaling action, ABCHealth highlighted how healthcare solutions can transition from fragmented pilots into institutionalized, large-scale interventions that reach populations across geographies.

The sessions also elevated critical issues around financing, recognizing that the continent's projected population of 2.5 billion by 2050 will require health systems capable of absorbing enormous demand. Current financing mechanisms are insufficient, and discussions at the ABCHealth sessions underscored the need for innovative models, ranging from blended finance and impact investment to risk-sharing facilities, that can unlock the billions of dollars required annually to close Africa's healthcare financing gap. The conversations went further to stress that beyond mobilizing money, there must be an intentional effort to build systems that are transparent, accountable, and efficient, ensuring that resources deliver maximum impact.

In parallel, the sessions emphasized the centrality of technology and innovation in scaling healthcare solutions. From telemedicine platforms that bridge rural-urban divides to artificial intelligence tools that improve diagnostics, innovation is already reshaping health delivery in Africa. Yet scaling these solutions requires more than technological prowess. It demands enabling policies, patient capital, crosscollaboration, and strong stakeholder engagement. By situating these discussions within ASIS, ABCHealth reinforced the message that scaling action in health is not a matter of isolated breakthroughs but of building ecosystems where innovations can thrive sustainably.

The deliberations also highlighted the human dimension of scaling action. Communities, patients, and end-users must remain at the center of any scalable health intervention. The success of solutions ultimately depends on whether they are trusted, accessible, and adapted to the unique cultural and socio-economic realities of African populations. The ABCHealth sessions called for an approach that recognizes this, encouraging participants to view healthcare not merely as a technical sector but as a lived experience that intersects with identity, dignity, and the promise of equitable development.



In bringing together diverse actors at ASIS 2025, ABCHealth achieved more than a dialogue. It facilitated a moment of alignment, where participants recognized that scaling action in health is not optional necessarv for continent's but the broader development aspirations. It reinforced the notion that Africa's economic ambitions, from industrial growth to digital transformation, will falter if healthcare systems remain weak, underfunded, and inaccessible. The sessions underscored that scaling health is inseparable from scaling Africa's future.

This report provides a comprehensive and technical account of the ABCHealth Panel and Roundtable Session at ASIS 2025. It captures the insights, debates, and commitments that emerged, situating them within the broader continental agenda for health and development. More than a record of proceedings, it is intended as a reference point for stakeholders seeking to understand how Africa can move from incremental improvements to system-wide transformation in healthcare.

With a projected population of 2.5 billion by 2050 and a healthcare financing gap already exceeding \$66 billion annually, the urgency of mobilizing collective action cannot be overstated. What emerged from the sessions is clear: if Africa can align its private sector capacity, policy frameworks, and community-driven innovations, then scalable health solutions will not only bridge today's gaps but also secure the foundation for inclusive and sustainable growth across the continent.



ABCHEALTH PANEL SESSION

The trajectory of Africa's healthcare sector is being recalibrated under the weight of accelerating technological disruption and the urgent demand for structural reform. Long-standing systemic fragilities, ranging from chronic underinvestment and uneven workforce distribution to fragmented data ecosystems, are colliding with the exponential rise of artificial intelligence and digital innovation. This convergence is not abstract; it is altering the very grammar of healthcare delivery. The theme 'Reframing Priorities and Optimizing Opportunities in Africa's Healthcare Sector: Harnessing ΑI and **Technological** Advancements' situates this shift as more than a matter of adoption or adaptation. It represents a decisive moment where the continent must define how technology is woven into the architecture of health systems, not as peripheral enhancement but as a strategic core around which future resilience and equity will be constructed.

Artificial intelligence is rapidly emerging as the critical lever of this reconfiguration. Its capacity to process vast, complex datasets with speed and accuracy offers new pathways for addressing challenges that have historically constrained Africa's healthcare systems. Machine learning models can detect disease patterns before outbreaks escalate, natural language processing tools can expand diagnostic capacity in multiple languages across diverse regions, and Al-driven analytics can refine health financing and resource allocation with unprecedented precision. In a context where the ratio of health professionals to population remains among the lowest globally, these tools are not supplementary; they are transformative mechanisms capable of multiplying the effectiveness of limited human capital.

The momentum, however, is not confined to AI alone. Africa's healthcare landscape is being reshaped fusion of telemedicine. through the aenomic innovation, wearable technologies, and blockchainenabled medical records. Together, these systems redefine how care is conceptualized, moving from episodic, facility-based interventions toward continuous, patient-centered, and digitally mediated networks. For rural communities, where care geographic isolation has long dictated health outcomes, mobile-enabled diagnostic platforms and remote consultation models are bridging access gaps. For urban centers strained by rising non-communicable diseases, predictive analytics and personalized digital interventions are offering scalable solutions. For governments, integrated digital infrastructures are generating visibility into population health dynamics at levels of granularity that enable policy choices grounded in evidence rather than conjecture.

While the potential is immense, the realities of Africa's infrastructural ecosystem demand sober assessment. Without equitable access to reliable power, affordable internet, and interoperable data systems, the benefits of technological advancement risk being concentrated in enclaves, exacerbating inequalities rather than alleviating them. Moreover, algorithmic bias, opaque governance of health data, and the geopolitical contestations around digital sovereignty add layers of complexity that must be anticipated and addressed. Reframing priorities in this context requires more than enthusiasm for innovation; it calls for deliberate governance frameworks, long-term investment in digital public goods, and the cultivation of local expertise to ensure that AI and allied technologies evolve in ways that align with African contexts and values.

Within this frame, optimizing opportunities is not a rhetorical exercise but an operational necessity. It involves designing collaborative ecosystems where governments, private sector actors, academic institutions, and development partners align their mandates toward scalable, inclusive, and sustainable models of innovation. It involves embedding technology into national health strategies as a foundational pillar rather than a peripheral tool. And it involves nurturing African-led innovation ecosystems capable of defining solutions that are context-specific yet globally relevant.

The Panel session was an arena for charting actionable pathways through which the continent could transform its vulnerabilities into strengths. It was a call to place technology at the center of systemic reform, to ensure that opportunities were optimized not just for efficiency or profit, but for equity, resilience, and long-term health sovereignty. In doing so, the continent had the chance to reposition itself from the margins of global health innovation to the forefront of defining what the future of healthcare could and should look like.

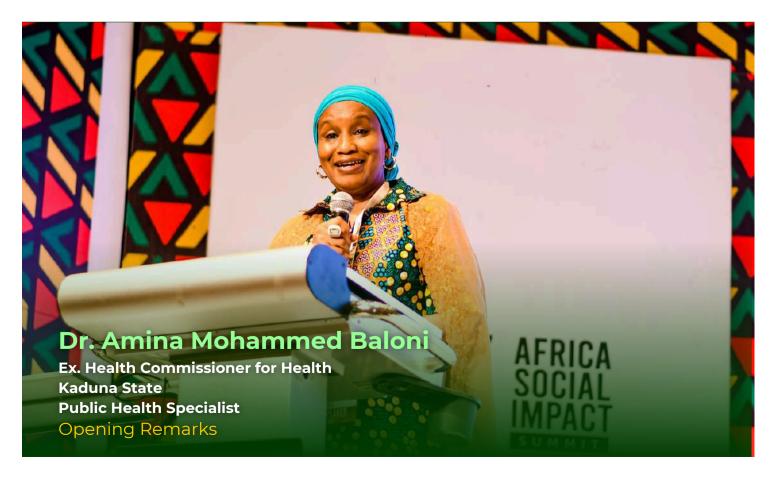
OPENING REMARKS

The inaugural address of the panel, delivered by Dr. Amina Mohammed Baloni, former Health Commissioner of Kaduna State and a public health specialist of considerable repute, provided magisterial and framing of the conference's central theme. The presentation, grounded in an extensive granular understanding of public health administration forged over fifteen years with the UNICEF Kaduna Field Office and later at the helm of a complex state-level ministry, transcended a simple commentary technology comprehensive blueprint for the fundamental rearchitecting of Africa's health sector.

Her perspective, refined through hands-on experience in strengthening health systems across eight states in North Western Nigeria, served as a critical foundation for a discourse that was both visionary and pragmatically anchored. This vast experience, which encompassed the painstaking work of building institutional capacity, refinina monitorina evaluation frameworks, and advocating for policy reforms in the realms of maternal and child health, provided an authoritative lens through which the promises and perils of technological innovation were examined. The address meticulously arqued persuasively that the historical and often fragmented focus on discrete, vertical programs and the construction of physical infrastructure, while having achieved certain gains, has inadvertently perpetuated a cycle of reactivity and systemic fragility. The proposed reframing demands a transition from a primary concern with tangible inputs to a strategic obsession with optimizing the entire health system's intelligence, efficiency, and predictive capacity.

This new change positions data not as a retrospective reporting tool but as a dynamic, strategic asset for proactive governance. It envisions a health ecosystem where the flow of information is as critical as the flow of medicines, and where decision-making at every level, from the community health worker in a remote clinic to the policy-maker in the capitalis augmented by actionable insights derived from sophisticated data analytics. This reorientation was presented not as a rejection of past efforts but as their essential evolution, a necessary step to escape the gravitational pull of entrenched inefficiencies.

Expanding on this thesis, the presentation delved into the multifaceted applications of Artificial Intelligence and other technological advancements, illustrating their potential with a level of detail born from direct experience with the system's pressure



points. The potential of Al-powered predictive logistics was explored as a definitive solution to the chronic scourge of stock-outs, which the speaker had confronted repeatedly both in the field with UNICEF and in the commissioner's office. The envisioned system would transcend simple inventory alerts. integrating complex variables such as historical consumption patterns, epidemiological surveillance data forecasting disease outbreaks, seasonal weather models predicting transportation disruptions, and even real-time telematics from delivery vehicles. This would enable a shift from a just-in-time delivery model, which is perpetually vulnerable to shock, to a just-in-case model of strategic resilience, ensuring the continuous availability of life-saving commodities oxvtocin for postpartum hemorrhage antiretroviral therapies.



Beyond supply chains, the address explored the transformative potential of technology in clinical care and human resource management. The integration of lightweight, adaptive AI algorithms into mobile devices for community health workers was presented as a revolutionary force multiplier. Such tools, designed with intuitive interfaces and capable of operating in low-connectivity environments, could guide these frontline personnel through complex childhood differential diagnoses for illnesses, integrating inputs from clinical signs, simple point-ofcare tests, and patient history to suggest evidencebased management plans. This application directly addresses the critical challenge of skill variation and high workload, effectively embedding specialist expertise into the most peripheral tiers of the health system.

Furthermore, the application of machine learning for health workforce optimization was discussed. This involves analyzing vast datasets on training, performance, and geographical distribution to identify specific skill gaps, forecast attrition trends, and design hyper-personalized, continuous

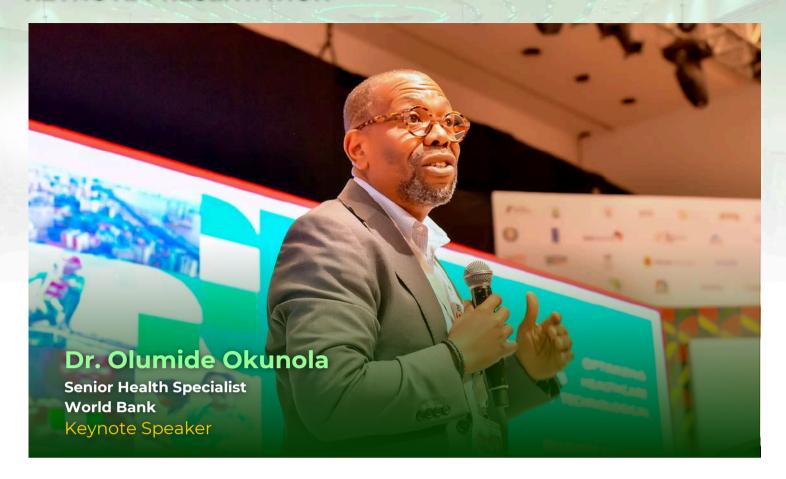
professional development programs delivered via digital platforms. This represents a quantum leap beyond the standardized, episodic training workshops that have characterized traditional capacity-building efforts.

The address also ventured into the critical areas of governance, ethics, and political economy, without which technological adoption is doomed to fail. The commissioner emphasized that former sophistication of any algorithm is meaningless in an environment of weak governance and corruption. The deployment of blockchain technology was proposed as a mechanism to create tamper-proof, transparent systems for pharmaceutical supply chains, from manufacturer to patient, drastically reducing the leakage of counterfeit and substandard medicines. Moreover, the establishment of robust national and regional data governance frameworks was identified as a non-negotiable prerequisite.

These frameworks must address issues of data sovereignty, patient privacy, informed consent, and cybersecurity to build the essential public trust required for the widespread adoption of digital health tools. The presentation cautioned against neocolonial dynamic in which health data is extracted from the continent to train algorithms abroad, with resulting intellectual property and profits remaining offshore. Instead, a model of endogenous capacity was advocated for, involving significant investment in local data science talent, establishment of secure, sovereign infrastructure, and the development of home-grown Al solutions tailored to local contexts and languages.

These remarks wove together the threads of finance, private-sector engagement, and community-centric design. The speaker argued for a radical rethinking of health financing, moving beyond traditional donor dependency to explore innovative mechanisms such as social impact bonds, pooled procurement funds, and results-based financing models that incentivize efficiency and outcomes. The role of the private sector was stated as going beyond corporate social responsibility to active co-investment and co-creation in areas like telemedicine, diagnostic services, and local manufacturing. Crucially, the entire edifice of technological transformation was posited as being dependent on genuine community ownership. This requires designing technologies with, not for, endusers, ensuring cultural relevance. linguistic appropriateness, and addressing the specific needs of women, youth, and other marginalized groups who are often the primary beneficiaries and managers of family health.

KEYNOTE PRESENTATION



The Keynote presentation titled 'Reframing Priorities and Optimizing Opportunities in Africa's Healthcare Technological Sector: Harnessing ΑI and Advancements' delivered by Dr. Olumide Okunola, Senior Health Specialist at the World Bank, provided a sweeping and technically grounded examination of intersections between healthcare, artificial intelligence, and technological innovation in Africa. The presentation set out to contextualize the opportunities AI offers within the pressing realities of Africa's health systems, while equally addressing the risks, governance challenges, and structural gaps that must be overcome to realize meaningful impact.

The continent continues to experience disproportionate burden of disease. It accounts for almost a quarter of the global disease load, yet spending on health systems is less than three percent of global health expenditure. This imbalance has entrenched weak health outcomes across the continent, leaving health systems stretched, human capital underutilized, and economies undermined by preventable productivity losses. Africa also stands on the point of a technological transformation that could fundamentally reframe how healthcare is delivered, monitored, and financed. Artificial intelligence and emerging technologies, properly harnessed, have the

capacity to reshape development outcomes by optimizing efficiency, addressing access gaps, and unlocking new models of care that extend beyond the traditional boundaries of hospitals and clinics. The urgency of the matter is apparent when one examines the case of Nigeria, which remains the sixth lowest globally on the Human Capital Index. Government health expenditure, as a share of GDP, lags behind comparable countries. Scarcity and centralization of human resources persist across West Africa: in fifteen countries of the subregion, there are fewer than one doctor, nurse, or midwife per 1,000 people, compared to the World Health Organization's recommended 4.45.

Worse still, in Ghana, Liberia, and Sierra Leone, over half of the health workforce is concentrated at the ministry or hospital level, leaving primary healthcare facilities severely under-resourced. Low coverage of community-based delivery models further exacerbates gaps, despite evidence from other regions demonstrating their efficacy.

This is the healthcare conundrum. Evidence-based interventions exist, yet their translation into practice is painfully slow. The '60–30–10 ratio' remains unchanged after decades of global health investment: only 60 percent of interventions tested in

trials demonstrate effectiveness, 30 percent are translated into practice, and only 10 percent reach scale. Research evidence takes an average of 17 years to reach routine clinical use, with only one in five evidence-backed interventions ultimately embedded in practice. This enduring gap between knowledge and implementation illustrates that healthcare in Africa is not merely a question of new discoveries but of reframing priorities, optimizing existing opportunities, and improving the way systems absorb innovation.

It is within this context that artificial intelligence and technological advancements must be considered. These tools are not panaceas, but they represent a category of general-purpose technologies with potential to transform productivity, enhance human capital, and improve resilience in ways that align directly with Africa's needs. Al systems can analyze vast datasets to support disease surveillance, enable remote diagnostics, streamline claims management, personalize patient engagement, and optimize supply chain logistics. When integrated responsibly, they can accelerate the uptake of evidence into practice and reduce the lag that currently hinders progress.

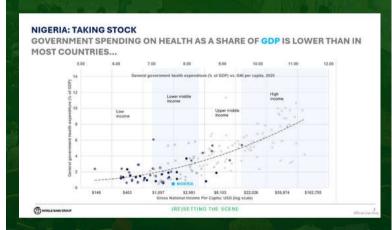
Evidence from existing African deployments demonstrates that contextually adapted Al-enabled interventions can have transformative effects. Rwanda's RapidSMS and MUbuzima platforms offer striking examples: antenatal care attendance increased by nearly a quarter in covered districts, facility-based deliveries jumped from 72 percent to 91 percent, maternal mortality ratios declined by over 20 percent, and emergency response times fell dramatically from more than four hours to less than one

Similarly, South Africa's MomConnect program, which registered over three million pregnant women across 95 percent of public health facilities, documented significant results: antenatal attendance rose by up to 12 percent, average first antenatal visits occurred nearly two weeks earlier, early diagnosis of gestational diabetes improved by 17 percent, HIV testing uptake increased by 11 percent, and patient-reported feedback mechanisms drove service improvements in over 500 facilities. In Ghana, the Kybele peer-to-peer telemedicine partnership deployed portable ultrasound devices linked to smartphones, empowering rural midwives perform scans and receive real-time guidance from urban obstetricians, directly improving maternal and neonatal care. These interventions highlight the potential of AI to create measurable health gains, yet

they also reveal the constraints that must be overcome for broader impact. The most immediate obstacle lies in the fragmentation of Africa's digital ecosystems. Data systems are often siloed, incompatible, and incomplete, hampering the development of AI models that require scale, quality, and interoperability.

Skills shortages further constraint the continent's ability to adapt or develop indigenous solutions, while affordability remains a serious barrier, with mobile broadband consuming over 11 percent of monthly per capita GDP in low-income countries. Add to this concerns around data privacy, algorithmic bias, regulatory uncertainty, and weak post-market surveillance of Al-enabled devices, and it becomes evident that scaling Al in African health systems requires structural transformation rather than isolated pilot projects.

Governance represents another defining issue. Around the world, Al governance tools fall along a spectrum, from self-regulatory codes of ethics advanced by large technology firms, to soft law frameworks developed by international bodies, to binding legislative instruments such as the European Union's Al Act. For Africa, the challenge is to adopt adaptive, capacity-sensitive regulatory approaches that safeguard citizens without stifling innovation. Regulatory sandboxes can provide controlled environments for experimentation, while harmonized continental standards can mitigate cross-border risks.



Energy poverty remains a barrier, constraining the compute infrastructure needed to train and deploy Al models. Data poverty persists, with many populations unable to afford even basic access. Digital gender gaps remain wide, excluding women from the benefits of emerging health technologies. Learning poverty, in the form of weak digital literacy and inadequate technical training, undermines the continent's readiness to leverage new tools. These are not peripheral concerns but central prerequisites: without equitable digital foundations, Al will reinforce inequality rather than resolve it.

PANEL DISCUSSION

The Panel discussion on Reframing Priorities and Optimizing Opportunities in Africa's Healthcare Sector: Harnessing Al and Technological Advancements was guided by a skilled and thoughtful moderation under the leadership of **Ms. Adeola Ayoola**, Co-Founder and Chief Executive Officer of Famasi Africa. Known for her work at the frontline of health technology and pharmaceutical logistics, Ms. Ayoola brought both practical experience and strategic foresight to the session. Her presence anchored the conversation, ensuring that the dialogue moved beyond abstract reflections on innovation and into the real-world implications for patients, providers, policymakers, and investors.

In opening the discussion, she set the stage by drawing attention to the pressing realities of Africa's healthcare landscape. She acknowledged the persistent gaps in access, financing, and human resources, but emphasized that the discourse must now shift from describing these challenges to reframing how priorities are set and how emerging technologies can be harnessed to address them.

She reminded participants that artificial intelligence and digital tools should not be regarded as futuristic ideals, but as present-day enablers that can directly transform the patient journey, strengthen supply chains, and unlock operational efficiencies. Drawing

from her own work at Famasi Africa, she highlighted how technology-driven platforms can bridge medication access gaps, improve adherence, and reduce systemic inefficiencies that often define health delivery on the continent.

Her moderation was distinguished by the way she wove contextual framing into each question, ensuring that panelists spoke not only to their expertise but also to the wider theme of reframing and optimizing opportunities. Rather than posing generic questions, Ms. Ayoola grounded interventions in evidence and practice. policymakers representatives and of institutions, she asked how governments can create enabling environments that balance innovation with regulation, and whether the current health data infrastructure is adequate to support the integration of Al.

She pressed for specificity on how ministries of health and regulatory agencies could close the gap between fragmented pilot projects and scalable, interoperable national systems. When addressing private sector leaders and innovators, her questions carried a different emphasis. She sought insights on how entrepreneurs can design contextually relevant solutions that serve Africa's realities, particularly where imported technologies fail to capture local



disease patterns, language diversity, and infrastructural limitations. She asked them to speak to the challenge of affordability, querying how products and services can be scaled in markets where patients pay largely out-of-pocket and digital poverty remains acute. In doing so, she placed the private sector under a constructive spotlight, underscoring its responsibility not only to innovate but also to design inclusively.

Her engagement with development partners and financiers brought another layer of technical rigor. She posed questions on how catalytic capital can be mobilized to strengthen digital public infrastructure, the "rails" on which Al-enabled health systems must run. She pressed for clarity on how blended finance models, impact investment structures, and South-South collaboration can be leveraged to close the \$66 billion annual healthcare financing gap. She also invited reflections on how donor financing can move bevond pilot projects to foster sustainable ecosystems that endure after external funding tapers off.

Throughout the session, Ms. Ayoola returned consistently to the theme of trust. She asked panelists to navigate with how patients and communities can be assured that Al-enabled tools respect privacy, are free from harmful bias, and deliver tangible value. She emphasized that digital adoption is not only a question of technology readiness but also of cultural and social alignment. Trust, she noted, is built through transparency, evidence, and accountability, and without it, the uptake of even the most promising innovations will falter.

The ability to contextualize complex themes of artificial intelligence, governance, financing, and system reform within the lived realities of African healthcare ensured that the dialogue remained relevant and actionable. In guiding the discussion, she elevated the role of the moderator beyond facilitation; she became a critical voice that connected diverse perspectives, challenged panelists to think more deeply, and held the conversation to the standard of advancing Africa's healthcare agenda with clarity, urgency, and inclusivity.



The panel assembled reflected the breadth and diversity of expertise required to engage with one of the most complex conversations in Africa's development trajectory. Each panelist brought with them not only professional standing but also practical insight into the lived realities of implementing technology-enabled solutions in healthcare across both the public and private sectors.

Panelists include:

• Dr. Adeolu Arogundade - President, Society of eHealth & Telemedicine, Nigeria

- Dr. Ifunanya Ilodibe CEO, EHA Clinics
- Mr. Abdulhamid Yahaya Director, Global Health Informatics & IT, eHealth Africa
- Dr. Funmi Adewara CEO, Mobihealth International
- Dr. Folarin Olasogba MD/CEO, TruDoc Nigeria
 Ltd
- Dr. Olajide Adebola CTO/Partner, Home Plus Medicare Services Ltd
- Dr. Ibukun Oni CEO, Eight Medical
- Dr. Adebanke Odunsi Head, Digital Health, Lagos State Ministry of Health

Dr. Adeolu Arogundade, President of the Society of eHealth and Telemedicine, Nigeria, approached the discussion with a strong systems-level perspective, drawing attention to how digital health must be repositioned within Africa's healthcare priorities. His intervention did not dwell on the familiar challenges of human resource scarcity or infrastructural gaps but rather interrogated how the continent can shift from reactive deployments of technology to strategic integration that anticipates future health system needs. He emphasized that the conversation on artificial intelligence and telemedicine should be less about the novelty of tools and more about how these innovations can be institutionalized into the policy frameworks, financing structures, and governance mechanisms that shape healthcare delivery.



Dr. Adeolu Arogundade - President, Society of eHealth & Telemedicine,

that reframing priorities acknowledging that technology-enabled care must move beyond the project mindset that has long defined health innovations in Africa. Instead of repeatedly piloting solutions in isolated settings, the task ahead is to embed digital health into mainstream service delivery in a way that strengthens resilience, ensures interoperability, and builds public trust. His remarks underscored that the opportunity before Africa lies not in racing to adopt every new technological advancement but in being deliberate about which solutions address systemic bottlenecks, how they can be scaled responsibly, and what institutional safeguards must be in place to sustain them.

Dr. Arogundade's contribution therefore broadened the frame of the conversation. Rather than viewing telemedicine and Al as supplementary responses to shortages or gaps, he positioned them as strategic levers that can redefine how African health systems function in the long term. By focusing on institutionalization, alignment with national health goals, and the creation of enabling environments for scale, he reminded the panel that the real measure of

progress will be whether these technologies evolve from temporary fixes into permanent, trusted components of Africa's healthcare architecture.



Mr. Toyin Deinde - CEO, June Advisory & Co.

Mr. Toyin Deinde, Chief Executive Officer of June Advisory & Co., enriched the panel by introducing a financial and strategic lens to the discussion, one that placed healthcare innovation squarely within the realities of market dynamics, investment cycles, and sustainability imperatives. His remarks were not framed around technology as a standalone phenomenon but around how artificial intelligence and digital health platforms can create measurable value that attracts capital, secures long-term viability, and integrates seamlessly into broader economic development strategies.

He stressed that reframing priorities in Africa's healthcare sector requires aligning technological advancement with the logic of investment and governance. In his view, innovations in AI and digital health cannot remain grant-dependent or confined to the periphery of donor-driven projects. To unlock scale, they must demonstrate viable business models that appeal to both private capital and public sector investment. He emphasized that investors are increasingly drawn to sectors where measurable impact coincides with predictable returns, and health technology in Africa can meet this threshold if interventions are properly structured, transparently governed, and responsive to local market conditions.

Mr. Deinde also highlighted the need to rethink financing architecture. The traditional approach of fragmented funding streams, he observed, has created a pattern of unsustained projects that collapse when initial funding ends. A shift toward blended finance models, where concessional funds de-risk private investment, was proposed as a more durable pathway for embedding Al-enabled solutions within health systems. He pointed to the importance of risk-sharing structures, performance-based financing, and innovative insurance models

that can sustain digital health initiatives beyond their pilot phases. His intervention further emphasized governance as a critical determinant of success. Without clear structures for accountability, data protection, and regulatory oversight, he argued, investors will remain cautious and innovations will struggle to gain legitimacy. Governance, in his framing, is not just about compliance with existing law but about creating transparent ecosystems that inspire confidence in users, regulators, and financiers alike.

Dr. Ifunanya Ilodibe, Chief Executive Officer of EHA Clinics, grounded the panel conversation in the day-to-day realities of operating integrated health facilities in Africa. Her insights was shaped by the perspective of a practitioner who manages systems that cut across primary, specialist, and digital care, offering a rare vantage point on how policy ambitions and technological innovations translate, or fail to translate, into operational practice. She reiterated that reframing priorities in healthcare requires paying close attention to the frontline where patients interact with services, because it is there that the value of artificial intelligence and other digital tools is most immediately tested.

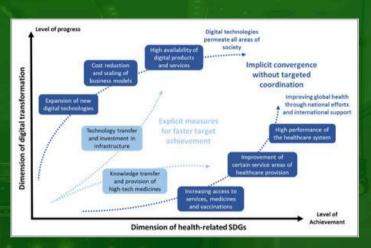


Dr. Ifunanya Ilodibe - CEO, EHA Clinics

She observed that while AI and digital technologies hold the potential to transform Africa's healthcare delivery, the real measure of success lies in whether they improve patient experiences. For her, this does not only mean clinical outcomes but also the intangible elements of care: shorter waiting times, clearer communication, more predictable follow-up, and greater trust in the system.

She explained that in the clinics she oversees, patient-centered adoption of technology is not about introducing sophisticated algorithms for their own sake but about streamlining processes in ways that patients actually feel. Whether through appointment scheduling systems, Al-assisted triage, or

or teleconsultation platforms, the goal is always to reduce friction in the care pathway. Dr. Ilodibe also stressed that affordability must remain central to every conversation about scaling technological solutions. She pointed out that a significant share of African healthcare remains financed out-of-pocket, with patients highly sensitive to cost shifts. In this context, Al-enabled efficiencies are not a luxury, they are essential tools to contain costs while expanding access.



She argued that if technologies can reduce overheads, minimize duplication, and optimize resource use, then savings can be passed to patients, making care more affordable without compromising quality. Her remarks drew attention to the balance between innovation and inclusivity: an innovation that widens access gaps by pricing out low-income populations cannot be considered a success in the African context.

Operational integration was another theme of her contribution. She spoke about the necessity of designing digital tools that fit seamlessly into existing clinical workflows rather than creating parallel systems that increase the burden on staff. In her experience, poorly integrated systems risk creating inefficiencies, with healthcare workers spending more time navigating platforms than engaging with patients. She emphasized that true from optimization comes technology complements human capacity, tools that assist with diagnostics, automate administrative tasks, and support clinical decision-making without undermining the central role of healthcare professionals.

Mr. Abdulhamid Yahaya, Director of Global Health Informatics and IT at eHealth Africa, brought to the panel a perspective deeply rooted in data science, system architecture, and the practicalities of building information platforms that operate across borders and sectors. His intervention expanded the



Abdulhamid Yahaya - Director of Global Health Informatics & IT, eHealth Africa

discussion beyond the facility level into the realm of population health and system-wide planning, highlighting the centrality of data ecosystems in realizing the promise of artificial intelligence for Africa's healthcare sector. He emphasized that data is the foundation upon which all AI-enabled health solutions must rest, yet Africa's health data landscape remains highly fragmented. In his analysis, national health information systems are often siloed, with ministries, hospitals, laboratories, and insurers maintaining separate and non-interoperable databases.

This fragmentation not only limits the efficiency of existing systems but also undermines the capacity of Al models to generate meaningful insights, since robust algorithms require large, integrated, and high-quality datasets. He pointed out that interoperability is not a technical luxury but a structural necessity if Africa is to move from scattered pilot projects to scalable digital health ecosystems.

Mr. Yahaya highlighted the role of Al in strengthening disease surveillance and outbreak response, areas where Africa has unique vulnerabilities but also significant opportunities for leadership. Drawing on examples from his work, he explained how Al-driven analytics can be used to detect unusual patterns in health data, flag potential outbreaks, and support faster, evidence-based decision-making in emergency contexts. In regions where delayed recognition of outbreaks has historically led to devastating consequences, Al offers the possibility of compressing response times and saving thousands of lives. However, he cautioned that such potential cannot be realized without addressing foundational issues such as data quality, completeness, and governance.

Long-term planning was another area where his contribution was particularly incisive. He argued that African health systems cannot afford to operate in reactive mode, perpetually responding to crises as they arise. Al, if embedded within robust data architectures, can enable predictive modeling that supports governments in anticipating future health needs, allocating resources more efficiently, and designing interventions that reflect demographic, epidemiological, and environmental trends. For example, predictive analytics could be used to plan workforce distribution, forecast demand for essential medicines, or model the long-term impact of climate change on disease patterns.

In speaking to barriers, Mr. Yahaya acknowledged the profound challenges of affordability and capacity. Cloud infrastructure, computing power, and secure storage remain costly, while the human resource base for managing such systems is still limited. He stressed the need for capacity development programs that build not only technical skills but also a culture of data stewardship and governance. Equally important, he noted, is the issue of trust: communities and patients must believe that their data is being used responsibly, securely, and for their benefit. Without trust, data collection will remain partial and the promise of Al will be severely constrained.



Dr. Funmi Adewara - CEO, Mobihealth International

Dr. Funmi Adewara, Chief Executive Officer of Mobihealth International, brought to the panel the perspective of a practitioner who has been directly involved in building one of Africa's most recognized telemedicine platforms.

Her intervention highlighted both the opportunities and the systemic challenges of scaling virtual healthcare across the continent, particularly in environments where infrastructure remains fragile, regulation is inconsistent, and digital adoption is uneven across populations. Speaking from practical experience, she drew attention to the realities of patient demand, provider capacity, and the persistent inequities that digital health must work to overcome if it is to fulfill its transformative potential.



Main focus of her remarks was the insistence that telemedicine and Al-enabled platforms must be designed around the patient, not around the technology itself. She emphasized that access to healthcare in Africa is not simply a question of geographic distance or financial cost, but also one of trust, cultural appropriateness, and relevance to community needs. For this reason, Mobihealth has sought to create models that are affordable, transparent, and responsive to patients' concerns, recognizing that without trust, even the most technically advanced solutions will fail to gain traction.

Dr. Adewara illustrated this point by discussing Mobihealth's work in accessible cancer care, an area where the gap between patient needs and available services remains particularly stark. She explained how the platform connects patients to oncologists and top-tier medical centers, providing expert consultations and second opinions that would otherwise be out of reach.

Through telemedicine, Mobihealth offers a bridge across the vast geographical and infrastructural divides that make specialized care, such as oncology, inaccessible to most Africans. She further highlighted the role of partnerships with organizations like WorldCare International and the Medicaid Cancer Foundation, which allow Mobihealth to draw upon global expertise while adapting delivery models to local realities.

She also elaborated on the role of community health initiatives as a key dimension of scaling access. By conducting cancer awareness outreaches, providing screenings, and offering free digital consultations, Mobihealth has demonstrated how technologyenabled solutions can go beyond transactional healthcare delivery to engage with preventive care and population-level education. In her view, these initiatives are essential in shifting the healthcare conversation away from late-stage treatment toward

early detection and long-term health management. From a systems perspective, Dr. Adewara pointed to affordability as a critical barrier to adoption and sustainability. With a majority of Africans paying outof-pocket for healthcare, even modest costs can present insurmountable barriers. Telemedicine platforms therefore need to be designed not only to extend reach but also to optimize costs in ways that reduce the financial burden on patients. She observed that the efficiencies generated by AI, through improved diagnostics, streamlined workflows, and reduced administrative costs, should be leveraged to pass savings on to patients, making care both more effective and more affordable.

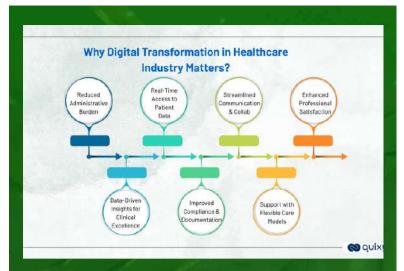
Dr. Folarin Olasogba, Managing Director and Chief Executive Officer of TruDoc Nigeria Ltd, contributed to the panel with an emphasis on how private sector-led innovation can shape sustainable and resilient healthcare delivery models in Africa. He called attention to the practical realities of embedding artificial intelligence and digital platforms into everyday care delivery, highlighting both the opportunities for transformation and the structural challenges that organizations must navigate to achieve impact at scale.



Dr. Folarin Olasogba - MD/CEO, TruDoc Nigeria

He voiced his thoughts around the integration of digital health with traditional models of care, noting that one of the most pressing priorities for Africa is to avoid creating parallel systems that fragment service delivery. In his view, the real value of Al lies in its ability to strengthen, rather than replace, existing health infrastructure.

By embedding digital tools into established pathways of care, ranging from primary consultations to specialist referrals, TruDoc Nigeria has sought to create continuity between virtual and in-person care. He emphasized that this integration not only expands access but also ensures that technology is aligned with patient needs, clinical realities, and broader system goals.



Dr. Olasogba underscored that the adoption of AI in healthcare is inseparable from regulatory and governance considerations. In Nigeria, as in many African markets, regulatory frameworks are evolving but remain fragmented. He pointed out that while innovation often moves faster than policy, sustainable adoption requires alignment with regulatory structures that safeguard patient safety, ensure clinical accountability, and create an enabling environment for investment.

Without such frameworks, private sector actors face uncertainty, patients are exposed to risks, and the potential of digital health remains constrained. His call was for regulators and innovators to engage in ongoing dialogue, ensuring that rules evolve in tandem with technological advances rather than in reaction to crises.

From a financial perspective, he stressed that sustainability is the central challenge facing most health technology companies on the continent. With a large portion of patients paying out-of-pocket, companies must carefully design pricing models that balance affordability with operational viability. He highlighted that AI and digital platforms can generate efficiencies, such as reducing duplication, automating administrative processes, and supporting clinical decision-making—that lower costs over However, he was candid in noting that these efficiencies require significant upfront investments, and companies must innovate not only in technology but also in financing models to sustain their operations.

He acknowledged that integrating AI into healthcare delivery requires more than technology; it demands organizational transformation. Clinicians must be trained to use digital tools effectively, workflows must be redesigned to accommodate new processes, and

patients must be educated to build confidence in virtual care. He stressed that this human element of digital adoption is often underestimated, yet it is fundamental to success. Without equipping providers and engaging patients, even the most advanced platforms risk underutilization.

Dr. Olajide Adebola, Chief Technology Officer and Partner at Home Plus Medicare Services Ltd, brought to the panel a highly technical perspective that bridged the world of engineering with the practical demands of clinical application. His contribution focused on the often-overlooked foundations of digital health, the systems architecture, security protocols. and adaptability mechanisms that determine whether innovations in intelligence and digital care can survive beyond pilot phases and deliver sustainable value across African healthcare environments.



Dr. Olajide Adebola - CTO, Home Plus Medicare Services Ltd.

He began by highlighting that while the excitement around AI in healthcare tends to focus on advanced analytics, diagnostics, and automation, the success of these applications rests on the robustness of the underlying systems. In his view, Africa's challenge is not simply to deploy innovative tools but to ensure that the infrastructures that support them—hardware, software, connectivity, and data pipelines, are reliable, scalable, and designed to function within resource-constrained settings. He argued that without resilient technical foundations, even the most promising AI platforms risk failure, creating frustration among users and eroding trust among patients.

Cybersecurity emerged as a critical dimension of his remarks. Dr. Adebola pointed out that as health systems digitalize, the sensitivity of patient data makes them prime targets for breaches. He emphasized that securing health data is not just a technical obligation but a public health imperative, since breaches can undermine trust, expose patients

to harm, and weaken adoption. He called for the design of security frameworks that incorporate encryption, access controls, and continuous monitoring, tailored to local realities where resources may be limited but risks remain high. For him, embedding cybersecurity from the outset is more sustainable than retrofitting protections after systems have already been compromised.

Another area of focus was adaptability. He noted that many health technologies deployed in Africa are imported or modeled on systems designed for highincome contexts. often without sufficient customization. These platforms may fail when faced with unreliable electricity, intermittent internet connectivity, or linguistic and cultural diversity among users. Dr. Adebola stressed that reframing priorities requires investing in solutions engineered specifically for African environments, with built-in redundancies, offline functionality, and flexible design that can accommodate diverse settings, from urban hospitals to rural clinics

He also discussed the importance of interoperability, linking his technical lens to broader system priorities. For Al tools to reach their potential, they must communicate seamlessly with existing health information systems, laboratory networks, and regulatory platforms. He cautioned against the proliferation of fragmented, stand-alone applications that cannot share data or integrate into national health strategies. Interoperability, in his framing, is not just a technical standard but a strategic requirement for building unified health ecosystems that can evolve over time.



Dr. Ibukun Oni - CEO, Eight Medical

Dr. Ibukun Oni, Chief Executive Officer of Eight Medical, added to the panel an entrepreneurial voice rooted in clinical practice and the realities of building new models of healthcare delivery in Africa's rapidly evolving urban landscapes. His input was influenced by the dual perspective of a medical practitioner and a business leader, enabling him to speak not only to

the needs of patients but also to the operational and financial structures required to sustain inclusive healthcare solutions. He emphasized that reframing priorities in the healthcare sector must begin with a recognition of the demographic and epidemiological pressures facing Africa's urban centers. Cities across the continent are experiencing explosive population growth, with healthcare systems increasingly strained by rising demand, a surge in non-communicable diseases, and persistent infectious disease burdens. In this environment, traditional models of facility-based care are proving insufficient, and the need for scalable, technology-enabled interventions has never been more urgent.

Dr. Oni framed this reality as both a challenge and an opportunity: a challenge because unchecked demand risks overwhelming already fragile systems, but an opportunity because digital platforms, powered by Al, provide avenues for building more responsive, efficient, and inclusive delivery models.

From his perspective, inclusivity is not simply a question of access but of designing solutions that respond to the diversity of patient populations. He noted that healthcare needs vary significantly across income levels, age groups, and health profiles, and any model that fails to account for this diversity risks reinforcing inequalities. At Eight Medical, his approach has been to build systems that provide flexible entry points into care, whether through virtual consultations, community-based services, or facility visits, ensuring that patients are not excluded based on geography, financial capacity, or digital literacy. He stressed that technology must enhance, not limit, the choices available to patients, making care more adaptable to individual circumstances.

He also spoke to scalability, observing that one of the greatest weaknesses of health innovation in Africa is the tendency toward fragmented pilots that fail to mature into systemic solutions. For him, scalability is not merely about expanding coverage but about designing models that can grow sustainably without collapsing under financial or operational strain. He argued that this requires careful attention to cost structures, workforce integration, and regulatory alignment, as well as strong partnerships across public and private sectors. Al, he suggested, provides powerful tools for scaling by enabling predictive analytics, resource optimization, and personalized care pathways that increase efficiency while improving outcomes.

He cautioned that too many innovations rely on external funding that disappears after short cycles, leaving patients underserved and systems disrupted. For Africa to optimize opportunities, entrepreneurs must design business models that balance affordability with long-term viability, leveraging partnerships, insurance mechanisms, and technology-driven efficiencies to secure steady revenue streams. In his view, the future of healthcare in Africa will depend on entrepreneurs who can blend medical expertise with business acumen, ensuring that innovations are not only impactful but also durable.

Dr. Adebanke Odunsi, Head of Digital Health at the Lagos State Ministry of Health, contributed to the panel with a public sector perspective that highlighted the indispensable role of government in shaping the trajectory of digital health adoption in Africa. Her intervention underscored the fact that while innovation and entrepreneurship are critical drivers of progress, their impact is ultimately contingent upon the regulatory and institutional frameworks that define how technologies are deployed, scaled, and sustained within public health systems.



Dr. Adebanke Odunsi - Head, Digital Health, LsMoH

She explained that for sub-national governments such as Lagos State, the challenge is twofold: to regulate the pace of emerging technologies in a way that ensures safety, accountability, and equity, while at the same time creating pathways for their integration into long-term health strategies. Lagos, as one of the largest and most densely populated urban centers on the continent, faces immense healthcare pressures, from overcrowded public facilities to rising non-communicable disease burdens and recurring infectious disease outbreaks.

In such a setting, digital health and artificial intelligence are not optional add-ons but necessary tools for achieving efficiency, broadening access, and improving outcomes. Yet, she was clear that the adoption of these technologies cannot be left unchecked; they must be systematically aligned with the state's broader public health objectives.

Dr. Odunsi spoke in detail about the importance of setting standards and frameworks to guide the deployment of AI and digital health tools. She noted that without clear governance, the proliferation of fragmented and unregulated solutions can create duplication, waste resources, and even exacerbate inequalities in care delivery.

Lagos State, she explained, is actively working to develop policies that not only regulate the use of digital health platforms but also encourage innovation by providing clarity and consistency for both providers and investors. She positioned standard-setting as a mechanism not of control but of enablement, ensuring that innovations align with patient safety, data privacy, and the broader vision for a resilient health system.

She also highlighted the integration challenge, noting that the success of digital health cannot be measured by the number of applications or platforms launched, but by their ability to work seamlessly with existing health infrastructure. Integration, she argued, is critical for avoiding the pitfalls of parallel systems that fragment data and undermine continuity of care. In Lagos, efforts are being made to ensure that digital health innovations link into statewide health information systems, creating a unified ecosystem that supports both immediate service delivery and long-term planning.

She emphasized that digital health must be designed to serve the full population, including the most vulnerable. In her view, public sector leadership is essential to ensure that rural populations, low-income communities, and marginalized groups are not left behind as technology adoption accelerates. This requires deliberate strategies to address digital divides, from expanding broadband access to designing user interfaces that are accessible to people with limited literacy.

Dr. Odunsi reinforced the idea that reframing priorities in Africa's healthcare sector requires governments to play an enabling and regulatory role simultaneously. Her intervention illuminated how sub-national governments, such as Lagos State, are positioned at the frontline of this balance: regulating innovation to ensure safety and alignment, while also actively integrating technological advancements into broader public health strategies. Her contribution underscored that the optimization of opportunities in digital health is not solely a private sector endeavor but a collective responsibility, with the public sector providing the standards, structures, and safeguards necessary for innovations to take root and thrive.



Reframing healthcare priorities requires system-level thinking: The panel emphasized that Africa must move away from fragmented, donor-driven pilot projects toward integrated, sustainable digital health ecosystems that are embedded within national and sub-national health strategies.

Telemedicine and eHealth as strategic enablers: The discussion underscored the role of telemedicine and eHealth not as supplementary tools, but as central levers for expanding equitable access, institutionalizing innovation, and ensuring technology strengthens health system resilience.

Financial sustainability and governance are non-negotiable: Stakeholders were reminded that digital health and Al solutions cannot scale without viable business models, blended financing mechanisms, and transparent governance structures that instill confidence in investors, providers, and patients alike.

Operational realities must guide innovation: The need was highlighted for technologies to improve patient experiences, streamline processes, and address affordability, with caution that innovation divorced from operational context risks irrelevance or underutilization.

Data ecosystems are the foundation of AI-enabled health: The importance of interoperability, data governance, and secure, high-quality health information systems was emphasized, with recognition that without robust data architecture, AI applications cannot achieve meaningful scale or reliability.

Patient-centered models and inclusivity are key: It was demonstrated that telemedicine and digital platforms can extend specialized services across geographic and infrastructural barriers, but only if solutions are designed around patient trust, affordability, and cultural alignment.

Private sector integration with public health systems is essential: The conversation stressed the importance of embedding AI within traditional healthcare pathways, advocating for regulatory clarity, sustainable financing, and organizational readiness to avoid creating fragmented, parallel systems.

Robust and adaptable systems underpin digital health success: It was highlighted that resilient infrastructure, cybersecurity, and adaptable design tailored to African realities are prerequisites for sustainable adoption of Al and digital health tools.

Scalability requires inclusive and flexible models: With urban centers facing surging demand and rising disease burdens, it was noted that inclusive models accommodating diverse populations are essential, and these must be designed to remain scalable and financially viable.

PHOTO ALBUM



PHOTO ALBUM





ROUNDTABLE SESSION

Themed:

Consolidating Bold Impact Actions towards Achieving Self-Sufficiency in Africa's Healthcare: Aligning Priorities with Technological Innovations The roundtable session on Consolidating Bold Impact Actions towards Achieving Self-Sufficiency in Africa's Healthcare: Aligning Priorities with Technological Innovations was conceived against the backdrop of Africa's urgent need to transition from a donor-dependent healthcare model to one defined by resilience, sustainability, and self-sufficiency. With international aid flows steadily contracting, and donor agencies such as USAID scaling down commitments, the continent faces the dual imperative of building capacity internally while also innovating to meet the rising demands of a rapidly growing population.

The urgency of this dialogue is underscored by Africa's disproportionate disease burden and the persistent mismatch between healthcare needs and available resources. The continent accounts for nearly a quarter of the global disease load, yet represents less than three percent of global health expenditure. This imbalance is reflected in fragile systems: limited workforce availability, insufficient local manufacturing capacity, dependence on imported medical supplies, and uneven access to essential services. Added to these pressures are new challenges: urbanization, rising non-communicable diseases, climate-linked health vulnerabilities, and continued outmigration of healthcare professionals. These dynamics make the pursuit of healthcare selfsufficiency not merely aspirational but necessary for survival, growth and resilience. Nigeria exemplifies this pressure, with a population increase of over 50 million in the last decade unaccompanied by commensurate growth in healthcare infrastructure, human resources, or financing. The challenge is therefore not only structural but existential, demanding that Africa consolidate impact actions in ways that align political priorities, economic strategies, and technological innovations for a sustainable future.

The focal point of the roundtable was the recognition self-sufficiency cannot be achieved governments alone. The task requires a coalition of actors, public institutions, private sector innovators, financiers, development partners, and communities, working collaboratively to consolidate bold impact actions. This consolidation is about building coherent ecosystems that align policy priorities with technological innovation, channel investment into areas of highest leverage, and unlock Africa's potential to generate solutions for its own people. Within this framing, three interlinked themes emerged as the focus of deliberations: Capacity building, Telehealth. and **Cross-border** opportunities for health. Each represents both a challenge and an opportunity, and together they form the pillars upon which Africa's healthcare transformation must rest.



The roundtable emphasized capacity building as key to Africa's \$260 billion health economy growth by 2030. Africa faces a severe shortage and uneven distribution of healthcare workers, worsened by brain drain. Solutions discussed included improving retention, expanding skills beyond clinical training to entrepreneurship and digital literacy, and fostering partnerships with universities. Participants also stressed sustainable, blended financing integrated into national plans to reduce reliance on donor programs.



The roundtable identified telehealth as a key driver of healthcare transformation in Africa, enabling virtual consultations, Al-assisted triage, and remote diagnostics to overcome infrastructure gaps and improve access, especially in rural areas. However, adoption remains uneven due to weak regulatory frameworks, high out-of-pocket costs, and low patient trust. Building trust through transparency, oversight, and culturally sensitive solutions was emphasized as vital for scaling telehealth across the



The roundtable emphasized leveraging the African Continental Free Trade Area (AfCFTA) to drive healthcare self-sufficiency by boosting local production and cross-border trade. With a market of 1.3 billion people and \$3.4 trillion GDP, AfCFTA can help reduce reliance on imports while creating jobs and strengthening regional value chains. However, success depends on harmonized policies, intellectual property rights, and regulatory frameworks to prevent fragmentation and ensure coordinated growth.



The welcome address by Dr. Mories Atoki, CEO, ABCHealth, commenced by articulating a nuanced expansive definition of healthcare selfsufficiency, structuring it as a critical strategic objective for the continent. It was posited that moving beyond a narrow interpretation focused solely on local pharmaceutical production is essential. True self-sufficiency was presented the development of a fully integrated, resilient ecosystem. This ecosystem must be architected to include endogenous capacity in fundamental research and translational development, vertically integrated manufacturing value chains for health commodities, strategic programs for the education and retention of a skilled health workforce, agile and data-driven procurement and infrastructures, and sustainable multi-stakeholder financing models.

To ground this conceptual framework in practical application, the address provided a detailed exposition of several key domains. In the realm of clinical service delivery, the integration of artificial intelligence and machine learning algorithms for diagnostic support, such as the interpretation of radiological images and point-of-care ultrasound—was presented as a force multiplier. Such technologies, deployed at primary healthcare centers,

could augment the capabilities of general practitioners, accelerate triage, reduce diagnostic errors, and optimize the referral pathway for specialist care, thereby extending the reach and impact of a constrained clinical workforce.

Blockchain technology was highlighted as a transformative tool for supply chain integrity and pharmacovigilance. By providing a decentralized, immutable ledger, it ensures traceability of pharmaceuticals from manufacturer to patient. This combats counterfeit drugs, optimizes inventory, prevents stock-outs, and enables real-time policy decisions.

Furthermore, the strategic imperative of leveraging data analytics and Internet of Things (IoT) sensor networks for managing temperature-sensitive biologics and vaccines was thoroughly examined. The deployment of predictive analytics to forecast cold-chain equipment failures, coupled with continuous IoT monitoring to ensure product integrity through the last mile of delivery, was presented as a non-negotiable component of a self-sufficient public health infrastructure, directly strengthening national and regional capacity for complex immunization programs and outbreak response.

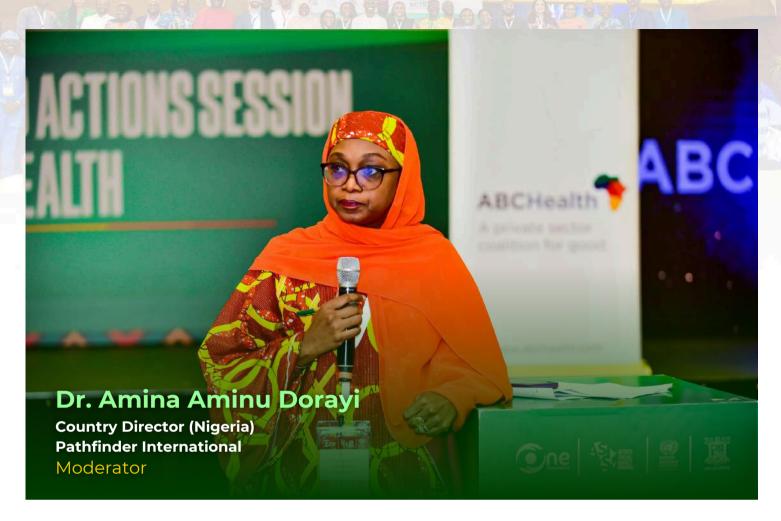


The co-chairs opened the roundtable with reflections that immediately located the discussion within the broader struggles and aspirations of Africa's healthcare systems. Their remarks were not confined to the familiar acknowledgment of challenges but instead sought to reframe the idea of self-sufficiency as a structural and political imperative, one that goes beyond incremental fixes and requires deliberate, consolidated actions that shift the foundations of the sector. From the very beginning, it was clear that the intention was to establish a conversation that moved past fragmented interventions, drawing attention to the urgency of creating a coherent vision that aligns innovation, governance, and investment in pursuit of lasting resilience.

They called attention to the question of financing, stressing that the gulf between Africa's healthcare needs and available resources cannot be closed through donor support or external goodwill. Instead,

the continent must reimagine the way healthcare is financed, drawing on domestic resource mobilization, innovative blended mechanisms, and investment frameworks that can sustain technological adoption at scale. In this sense, self-sufficiency was presented not merely as a matter of access to medicines or technology, but as a recalibration of the continent's political economy in which health is recognized as a driver of economic productivity, job creation, and industrial competitiveness.

They stressed that the African Continental Free Trade Area provides not only an economic opportunity but a health imperative, offering the chance to harmonize standards, unlock regional value chains, and stimulate the local manufacturing of medicines, diagnostics, and vaccines. To ignore this framework, they suggested, would be to leave Africa vulnerable to the same external dependencies that recent global crises so clearly exposed.

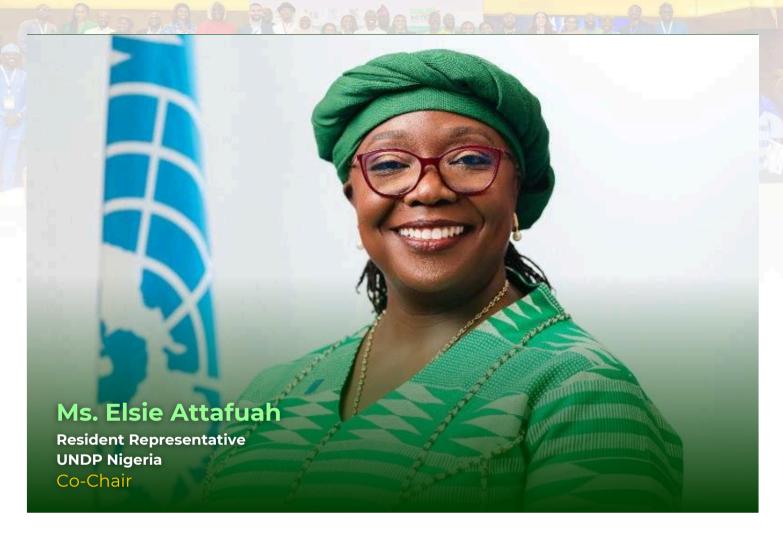


The moderation of the roundtable was ably led by Dr. Amina Aminu Dorayi, Country Director (Nigeria) at Pathfinder International, whose wealth of experience in health systems strengthening, policy advocacy, and reproductive health gave depth and structure to the session. Her facilitation ensured that the conversation moved beyond generic affirmations of Africa's challenges to a nuanced exploration of the structural, financial, and technological levers required to achieve healthcare self-sufficiency.

Dr. Dorayi's introductory framing was notable for situating the roundtable's theme within both the She alobal and African context. reminded participants that the debate on healthcare selfsufficiency cannot be separated from the broader structural inequities in global health financing and supply chains, inequities that became especially visible during the COVID-19 pandemic. emphasized that Africa's vulnerability to external shocks revealed the risks of overdependence on imports for essential medicines, vaccines, and equipment.

She argued that self-sufficiency should not be understood as isolationism, but rather as Africa's ability to strengthen internal systems, mobilize domestic capacity, and strategically leverage technological innovations to position itself as both a producer and a consumer in the global health economy.

In setting the tone for the dialogue, Dr. Dorayi underlined three central imperatives: the urgency of consolidating impact actions, the necessity of aligning priorities across multiple stakeholders, and the catalytic potential of technology in bridging gaps that conventional approaches have failed to close. She stressed that "consolidation" in this context meant movina beyond fragmented, dependent initiatives toward integrated, long-term frameworks that are resilient and sustainable. Her framing challenged the participants to reflect on why so many promising health interventions in Africa remain confined to pilots, unable to achieve scale or systemic integration. The discussion on capacity building highlighted the need to address structural drivers of Africa's brain drain, focusing on not just training more healthcare professionals but also creating environments that foster retention, growth, and leadership. It emphasized leveraging digital platforms, Al-assisted learning, and eHealth systems to support workforce development and continuous professional education at scale.



The foundational insight, gleaned from Ms. Elsie Attafuah's extensive global experience in programme development, management, and implementation, is that achieving systemic transformation necessitates a deliberate shift from vertical, disease-specific initiatives towards strengthening the core of the health system as a complex adaptive system. The strategic management of this endeavour requires viewing the health sector not in isolation but as a node within a larger network of developmental inputs and outcomes.

For instance, an intervention designed to fortify primary healthcare centres must be conceived with a multi-dimensional theory of change. Integrating solar-powered refrigeration, a climate-smart technological innovation, does more than ensure vaccine potency; it enhances routine immunization and pandemic preparedness, reduces operational costs and carbon footprint, and potentially creates green jobs, thereby contributing to resilience building and green growth.

This systems-thinking approach is fundamental to the organizational and strategic management philosophy required, ensuring that every action generates multiplicative effects across sectors. The fiscal and technical scale of establishing healthcare self-sufficiency transcends the capacity of any single entity, demanding a revolutionary change from traditional donor-recipient models to catalytic cocreation and co-investment. This involves engaging a diverse ecosystem of actors: multilateral and bilateral partners for normative and financial support; the private sector as a reservoir of innovation, managerial expertise, and market efficiency; and philanthropic organizations for risk-tolerant capital.

The strategic objective is to broker alliances that facilitate technology transfer for local vaccine production, deploy interoperable digital health platforms for supply chain management and patient records. and develop innovative financina instruments, such as blended finance models, to derisk private investment in health infrastructure. This nuanced form of resource mobilization is as much about aligning incentives and strategic direction as it is about attracting capital, ensuring investments are channelled to bridge critical gaps while steadfastly upholding the principles of equity and universal access.

This complex negotiation landscape falls squarely within the realm of external relations and diplomacy. The path to self-sufficiency invariably involves

sensitive multilateral discussions on intellectual property rights for essential medicines, the harmonization of regulatory standards across the African Continental Free Trade Area (AfCFTA) to create a viable market for indigenously produced medical commodities, and diplomatic engagements to secure political buy-in for long-term industrial policies in the health sector.

These diplomatic efforts must be underpinned by rigorous applied research and policy analysis. It is imperative to generate robust, data-driven evidence that articulates the compelling economic and social returns on investing in local health industries. Such policy analysis must also dissect the political economy of the health sector, identifying vested interests and crafting strategies to build broad-based coalitions for reform. A policy shift to promote local pharmaceutical production, for example, profound implications for job creation, particularly for the youth, for foreign exchange savings, and for national industrial policy, thereby repositioning health from a perennial social expenditure to a strategic economic investment. This elevates the health conversation to the highest echelons of national and continental economic planning.

The entire edifice of a self-sufficient healthcare system is fundamentally dependent on the pillar of good governance. Technological innovations must be harnessed not only for clinical efficacy but also for enhancing transparency, accountability, and institutional integrity. Blockchain technology can be deployed to create tamper-proof pharmaceutical supply chains, drastically reducing the scourge of counterfeit medicines.

Digital platforms can empower citizens through realtime monitoring of health facility performance, thereby strengthening the social contract and fostering accountability. Furthermore, an intentional focus on youth, gender, and civil society issues is critical for building a legitimate and resilient system. Youth must be engaged not as passive beneficiaries but as active innovators and entrepreneurs at the forefront of health-tech startups. A deliberate gender lens is non-negotiable; recognizing that women are the primary healthcare managers in households and the majority of the frontline health workforce, policies and innovations must be co-designed with women to address their specific needs, from telemedicine platforms offerina reproductive health services to targeted financial products for female-owned clinics. Civil society organizations play an indispensable role as watchdogs and community anchors, ensuring that policies remain responsive and equitable.

Call to Action

From Ms. Elsie Attafuah

- Shift from isolated disease-specific programs to integrated health system strengthening that links healthcare to economic and climate resilience.
- Broker public-private partnerships for local pharmaceutical manufacturing to co-create markets for African-made medicines and supplies.
- Accelerate the harmonization of regulatory standards across Africa to create a unified market for indigenous medical products.
- Treat digital health platforms as essential public infrastructure by prioritizing interoperability, data security, and universal access.
- Mandate climate-resilient and green energy solutions in all health infrastructure planning and construction.
- Reframe health spending in national budgets as a strategic economic investment in GDP growth, job creation, and security.
- Co-design health solutions with women and youth to ensure equity and leverage their roles as innovators and frontline providers.
- Deploy blockchain technology to secure pharmaceutical supply chains and ensure transparency in health financing and procurement.
- Explicitly link agricultural policies to health outcomes by promoting nutritious, locally-sourced food for schools and clinics.
- Invest strategically in STEM education and continuous training to build a sustainable, futureproof health workforce.
- Establish sustainable financing models for community health workers to formalize their role as the backbone of primary healthcare and ensure universal health coverage.
- Prioritize data sovereignty and local capacity in health research to ensure health policies and innovations are informed by context-specific evidence and owned by African institutions.



Dr. Jean Philbert Nsengimana, Chief Digital Advisor at the Africa Centres for Disease Control and Prevention (Africa CDC), offered remarks that were both strategic and operational in orientation, situating the roundtable theme within the broader institutional transformations required to accelerate healthcare self-sufficiency on the continent. His perspective carried the weight of experience in driving digital transformation at scale and reflected a conviction that leadership, technology, and inclusive partnerships must converge to unlock Africa's health potential.

He began by stating digital health as an issue of organizational strategy and continental vision. In his view, digital health can only reach its promise when it is embedded into the very DNA of institutions such as Africa CDC, national ministries, and regional health bodies. For him, the future lies in designing organizational strategies that treat data, digital systems, and innovation as core assets rather than peripheral tools. This requires clarity of vision, alignment across governance levels, and the consistent mobilization of resources to ensure continuity beyond donor cycles or short-term projects. Turning to operations, he emphasized that Africa CDC's mandate is not only to coordinate health

responses but also to create robust systems that are agile, interoperable, and adaptive. The lesson from recent global health crises, particularly the COVID-19 pandemic, was that operational capacity cannot be reactive; it must be anticipatory and data-driven.

He pointed out that digital platforms capable of realtime disease surveillance, supply chain management, and workforce coordination are no longer optional extras but indispensable infrastructure. These operational systems must be designed with scalability and interoperability at their core, to avoid the fragmentation that has long plagued Africa's digital health landscape.

He stressed that no single actor, whether continental institution, national government, or private company, can achieve healthcare self-sufficiency in isolation. What is required is an ecosystem of inclusive partnerships where governments provide enabling policy, the private sector drives innovation, civil society fosters community trust, and development partners contribute technical and financial support. He argued that inclusive partnerships must go beyond rhetoric to build practical collaboration frameworks that align incentives and distribute risks, ensuring that collective action delivers tangible

outcomes. Resource mobilization, in his analysis, is not just about attracting donor funding but about creating sustainable financing mechanisms that integrate domestic budgets, private investment, and innovative financing tools. He advocated for models that link health financing with broader development priorities, demonstrating the economic returns of investing in digital health. By doing so, governments and institutions can strengthen the case for allocating more domestic resources while also making the sector more attractive to private capital.

On corporate communication and branding, he made the case that Africa's health sector must tell its story differently. Too often, narratives around Africa focus on gaps, deficits, and dependency, while overlooking the progress and innovation already underway. Effective communication and branding, he argued, are essential not only for mobilizing resources but also for building trust among citizens, investors, and partners. He called for a deliberate effort to position Africa CDC and allied institutions as credible, innovative, and proactive actors shaping the global health agenda, rather than as passive recipients of external solutions.

He further underscored that digital transformation must be understood as a continuous journey rather than a one-off initiative, with institutional resilience depending on the ability to adapt to evolving threats and opportunities. He noted that while Africa is already investing in frontier technologies such as Al and big data analytics, the true value lies in how these tools are institutionalized within decisionprocesses. This reauires deliberate making investment in human capital to build the next generation of digital leaders, data scientists, and health informaticians who can sustain innovation over decades.

He lauded that without the cultivation of local risks becoming perpetually expertise, Africa dependent on imported knowledge and external contractors, undermining the very goal of selfsufficiency. To him, the integration of leadership development, technology adoption, and inclusive partnerships is the only way to ensure that Africa's transformation is digital health technologically advanced but also sovereign, sustainable, and responsive to the continent's unique realities.

Without visionary and accountable leadership, he warned, technology risks becoming another layer of fragmentation rather than a tool for systemic change. With it, however, Africa can chart a future where health systems are resilient, inclusive, and self-sufficient.

Call to Action

From Dr. Jean Philbert Nsengimana

- Digital health must be embedded into organizational strategy and institutional design, treated as a core asset rather than a peripheral tool.
- Africa CDC and national health bodies must align governance structures to ensure continuity of digital initiatives beyond donor cycles or shortterm projects.
- Operational systems must shift from reactive responses to anticipatory, data-driven approaches, building resilience through real-time surveillance, supply chain management, and workforce coordination.
- No single actor can deliver healthcare selfsufficiency alone, governments, private sector innovators, civil society, and development partners must collaborate through inclusive partnership frameworks.
- Resource mobilization must extend beyond donor funding, incorporating domestic budget allocations, private sector investment, and innovative financing mechanisms linked to broader development priorities.
- Demonstrating the economic returns of investing in digital health is critical for unlocking political will and attracting capital, positioning health as an economic driver rather than a cost burden.
- The real value of frontier technologies such as Al and big data lies in their institutionalization within decision-making processes, ensuring they inform strategy and operations at scale.
- Building local expertise in digital health, through investment in data scientists, health informaticians, and digital leaders, is indispensable for sovereignty and long-term sustainability.
- Leadership remains the critical binding force; without accountable, visionary leadership, digital innovations risk becoming another layer of fragmentation, but with it, Africa can achieve resilient, inclusive, and self-sufficient health systems.



Dr. Njide Ndili, Country Director of PharmAccess and President of the Healthcare Federation of Nigeria, brought a perspective that combined both advocacy and technical insight, framing the roundtable's theme within the lived realities of young populations and low-income contexts where the urgency of achieving universal health coverage (UHC) is most pronounced. Drawing on her experience with international platforms such as the United Nations Global Compact Healthcare Expert Group, she positioned the discussion within development lens, but without losing sight of the specific challenges and opportunities that define Africa's trajectory.

Her remarks began by situating Africa's healthcare debate in the demographic realities that are reshaping the continent. With over 60 percent of the population under the age of 25, Africa is the youngest region in the world, yet this demographic dividend can only translate into economic growth if health systems are designed to meet the needs of a digitally native generation. She noted that the convergence of youth, technology, and rising health demands represents both a risk and an opportunity: a risk, if healthcare systems remain outdated, underfunded, and inaccessible, and an opportunity if digital and

frontier technologies are harnessed to leapfrog infrastructural limitations and bring quality care within reach of millions.

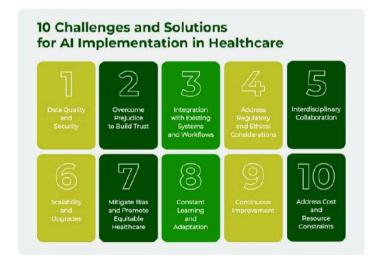
Citing World Bank estimates that up to 100 million people are pushed into extreme poverty every year due to out-of-pocket healthcare expenses, she stressed that affordability remains a core barrier to UHC. In Nigeria alone, where over 70 percent of healthcare spending is borne directly by households, young people and low-income populations are disproportionately excluded from timely adequate care. Digital technologies such as mobile health platforms, Al-enabled diagnostics, and blockchain-supported insurance models offer tools not only for expanding access but for creating entirely new delivery and financing systems that bypass some of the structural inefficiencies that have long constrained African health systems.

Her intervention placed significant weight on the role of trust, transparency, and infrastructure. She argued that without reliable broadband penetration, secure digital platforms, and clear regulatory frameworks, the promise of digital health will remain aspirational. She also emphasized that Africa has already demonstrated its capacity to leapfrog, pointing to the

mobile money revolution that has transformed financial inclusion across the continent. Just as mobile finance created entirely new ecosystems for economic participation, digital health can unlock new ecosystems for service delivery, provided the right enabling conditions are created.

From her perspective, the pathway forward required immediate and coordinated action across several fronts. First, governments must prioritize investment in digital health infrastructure, particularly in rural and peri-urban areas where gaps are widest. Second, there must be deliberate efforts to build inclusive digital platforms that are sensitive to literacy, gender, and cultural dynamics, ensuring that technology does not entrench inequities but reduces them.

Third, financing mechanisms must be restructured to support young people and vulnerable groups, with health insurance schemes designed to leverage mobile technology for premium collection, claims management, and real-time data monitoring. Fourth, partnerships between the public sector, private innovators, and international development actors must be strengthened to scale proven models rather than allowing innovation to remain trapped in small pilots.



Fragmentation, she noted, has been one of the persistent weaknesses of Africa's health sector, with pilot projects often overlapping or duplicating efforts without building toward systemic change. To overcome this, she called for greater interoperability of systems, stronger collaboration between governments and private actors, and deliberate alignment of digital platforms with national health information systems.

By embedding these technologies within long-term strategies and institutional frameworks, Africa can avoid the pitfalls of short-lived initiatives and instead build durable pathways toward universal coverage.

Call to Action

From Dr. Njide Ndili

- Universal health coverage (UHC) cannot be achieved in Africa without addressing affordability, as over 70 percent of healthcare spending in Nigeria and many other low-income countries remains out-of-pocket, excluding young and vulnerable populations from consistent access to care.
- Digital and frontier technologies offer a pathway to leapfrog infrastructural gaps by expanding access through mobile platforms, Al-assisted diagnostics, and blockchain-supported financing models.
- The integration of technology must go hand in hand with clear regulatory frameworks, reliable broadband penetration, and secure digital infrastructure, without which innovations will remain aspirational rather than transformative.
- Africa has demonstrated its capacity to leapfrog systemic barriers, as shown by the success of mobile money in financial inclusion. The same model of innovation and adoption can be replicated in healthcare if the right enabling environment is provided.
- Digital platforms must be designed inclusively, taking into account literacy levels, cultural dynamics, gender equity, and the needs of underserved communities to ensure that technology reduces inequities rather than deepening them.
- Financing models must be restructured to leverage digital tools for health insurance expansion, with mobile-based premium collection, claims processing, and real-time data monitoring enabling broader coverage at lower cost.
- Partnerships across the public sector, private innovators, and international development actors are essential to scaling digital health solutions, preventing promising innovations from remaining fragmented pilot projects
- Achieving UHC through digital innovation is central to the broader development agenda, as healthcare is a prerequisite for education, productivity, and economic growth, making it a multiplier for Africa's progress toward the Sustainable Development Goals.



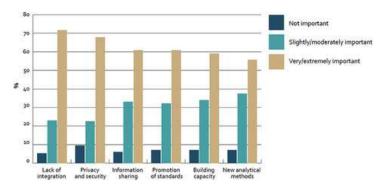
Dr. Amina Mohammed Baloni, former Commissioner for Health in Kaduna State, contributed to the roundtable with remarks in health system strengthening, policy reform, and governance. Her intervention was distinguished by its emphasis on the foundational role of governance in shaping the effectiveness of both policy and technology, and by her insistence that self-sufficiency in healthcare cannot be achieved without institutional reform that embeds accountability, transparency, and equity at the core of decision-making.

She opened by setting the scene within the lived realities of subnational governance, noting that while continental strategies and national policies provide vision, it is at the state and community levels that these policies must be translated into practice. Drawing on her experience in Kaduna State, she illustrated the persistent challenges of aligning policy intent with operational capacity. Health financing remains inadequate, human resources unevenly distributed, and health infrastructure weak, and without deliberate reforms to strengthen governance, technology risks being deployed on fragile foundations that cannot sustain it. She argued that one of the recurrent failures of African health systems is the fragmentation of policies, where

competing priorities, short political cycles, and donor-driven projects undermine continuity. For her, true health system strengthening requires policies that are long-term, evidence-based, and insulated from shifts in political leadership. This, she insisted, is where governance structures must evolve, through stronger institutions, independent oversight mechanisms, and the cultivation of technical expertise within ministries that can outlast political appointments.

In addressing the theme of health system resilience, she pointed to the critical importance of community engagement and trust. No policy, however well-crafted, can succeed without buy-in from the populations it serves.

She emphasized that governance must therefore be participatory, with communities actively engaged in shaping priorities, monitoring implementation, and holding leaders accountable. This participatory approach not only builds legitimacy but also ensures that policies are responsive to the realities of diverse populations, particularly in low-income and rural settings where health inequities are most pronounced. She also highlighted financing and resource allocation as central governance challenges.



Barriers to adoption of big data for health globally—survey of 125 countries by the WHO - Frontiers in Digital Health

In many states, health budgets remain far below the commitments articulated in the Abuja Declaration, with health often deprioritized in favor of other sectors. She asserted that self-sufficiency requires governments to treat healthcare as an investment in economic growth and human capital, rather than as a recurrent expenditure. For her, the failure to invest adequately in health reflects a governance deficit as much as a financial one, evidence that political will, rather than capacity, is often the primary barrier.

Her intervention further stressed the alignment of technology with governance reform. She cautioned against the temptation to see digital health and artificial intelligence as stand-alone solutions to systemic problems. Instead, technology as a tool that can only achieve scale and sustainability when layered upon strong institutions, effective regulation, and accountable leadership. Data governance, in particular, was a recurring point in her analysis. She persisted that without secure, transparent, and well-regulated systems for collecting and using health data, both patient trust and institutional reliability are compromised.

Expanding her remarks, Dr. Baloni focused on primary healthcare as the bedrock of any sustainable health system. She stressed that no amount of advanced technology or specialized service delivery will achieve impact unless the primary healthcare tier is strengthened to provide reliable, accessible, and affordable care for the majority of citizens.

She described primary healthcare as the "entry point of trust" between populations and the health system, where preventive services, maternal and child health, immunization, and health education converge. Weaknesses in this tier, she argued, create cascading failures across the system, overwhelming secondary and tertiary facilities and widening inequities in access. For her, self-sufficiency begins with making primary healthcare functional, adequately financed, and digitally enabled to reach both rural and periurban communities.

Call to Action

From Dr. Amina Mohammed Baloni

- Self-sufficiency in healthcare cannot be achieved without strong governance structures that embed accountability, transparency, and equity in policy design and implementation.
- The effectiveness of national and continental health strategies depends on their translation into action at the subnational level, where operational capacity often lags behind policy intent.
- Policy fragmentation, driven by competing priorities, short political cycles, and donor dependence, remains a critical barrier to continuity and long-term health system strengthening.
- Governance reform must prioritize institutional resilience, independent oversight mechanisms, and technical expertise that can outlast political appointments.
- Community engagement and trust are essential for building resilient health systems; participatory governance ensures policies reflect lived realities, particularly in low-income and rural settings.
- Financing remains one of the largest governance challenges, with health budgets consistently falling below Abuja Declaration commitments and reflecting a lack of political prioritization.
- Technology and digital health solutions are enablers, not substitutes, for governance reform; they can only achieve sustainability when layered on strong institutional foundations.
- Data governance is critical to maintaining patient trust and system reliability, requiring secure, transparent, and well-regulated mechanisms for collection, storage, and use.
- Strengthening primary healthcare requires adequate financing, community health worker support, and digital tools that extend services to rural and peri-urban communities.
- Health system strengthening is fundamentally a governance challenge requiring political courage, institutional continuity, and long-term planning that can withstand economic and political shocks.



Dr. Olamide Okulaja, Technical Assistant to the Lagos State Honorable Commissioner for Health and Health Economist at the Lagos State Ministry of Health, approached the theme from the perspective of financing and system efficiency, highlighting the structural elements that must underpin any credible pathway to self-sufficiency. His remarks combined the technical rigour of a health economist with the operational insight of someone working within one of Africa's most complex subnational health systems.

The intervention started by confronting the financing dilemma head-on, noting that the gulf between health needs and financial resources remains the most consistent barrier to progress. Lagos, as Nigeria's commercial capital and Africa's fastestgrowing megacity, illustrates both the scale of the challenge and the potential of innovative responses. With rapid urbanization placing unprecedented strain on health infrastructure, sustainable financing models must be developed to match the realities of demographic pressure. Reliance on out-of-pocket spending, currently accounting for more than 70 percent of health expenditure in Nigeria, is economically inefficient, pushing households into poverty while undermining health-seeking behavior. The way forward lies in scaling prepayment and riskpooling mechanisms through health insurance, but with designs that are context-sensitive and inclusive of informal workers who make up the majority of the labor force.

From financing, attention shifted to the question of how health systems utilize resources once mobilized. Financing reform without efficiency gains in hospital management remains insufficient. Drawing on work with hospital management information systems (HMIS) in Lagos State, he underscored how digital platforms optimize can resource allocation, streamline patient flow, and reduce leakages in billing and procurement. An effective HMIS does more than digitize records, it provides decisionmakers with real-time data that can guide staffing, procurement, and clinical protocols, ultimately driving down costs while improving quality of care. The link between financing and hospital efficiency is direct: without systems that ensure accountability in how funds are used, no amount of financing reform will translate into better outcomes.

Healthcare quality formed another critical part of the contribution. Discussions of self-sufficiency often focus on inputs, finances, technology, infrastructure, without sufficient attention to outcomes. A health

system that is well-funded but delivers poor-quality care cannot claim to be self-sufficient, because patients will continue to seek alternatives outside the system, whether through medical tourism or informal providers. Institutionalizing quality standards, accreditation frameworks, and continuous monitoring mechanisms is therefore indispensable, with technology supporting, not substituting, the accountability of healthcare professionals.

Human resources management was presented as perhaps the most sensitive and yet the most decisive element. Health financing is not only about money for infrastructure or equipment, but about investing in people, the doctors, nurses, pharmacists, and administrators who sustain the system. The ongoing exodus of health professionals is not simply a brain drain but evidence of systemic failure to create environments where professionals feel valued, supported, and adequately compensated. Strategic shifts are needed toward structured incentives, continuous professional development, and digital tools for workforce planning, which can help predict gaps and guide recruitment more effectively.

The remarks concluded by linking health to business development, drawing attention to the often-overlooked role of the private sector in financing and service delivery. Public resources alone will never meet the scale of Africa's needs, and the health sector must be seen as an investment frontier, capable of attracting capital, generating employment, and driving innovation.

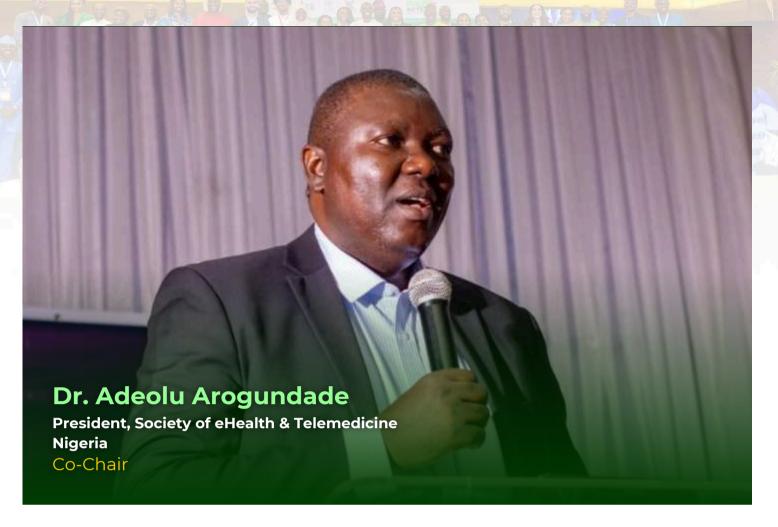
Business development, in this context, is about designing partnerships where private capital and expertise complement public priorities. Lagos has already begun experimenting with such models, where hospital concessions, public-private diagnostic centers, and private health insurance providers are being integrated into the state's broader health strategy. The central question is not whether private participation should occur, but how governance and regulatory frameworks can ensure it contributes to equity, quality, and long-term sustainability.

Technology serves as an enabler that strengthens each of these foundations, but only when anchored in governance structures that align incentives and monitor outcomes. The perspective highlighted the necessity of viewing healthcare as an economic sector in its own right, one where financing, business development, and system efficiency converge to drive both improved health outcomes and broader development gains.

Call to Action

From Dr. Olamide Okulaja

- Develop sustainable financing models that reduce reliance on out-of-pocket spending and expand prepayment and risk-pooling through health insurance schemes.
- Design health insurance systems that are inclusive of informal workers, with mechanisms tailored to the realities of Africa's largely informal labor force.
- Strengthen hospital management information systems (HMIS) to ensure real-time visibility into resource use, staffing, procurement, and patient flow.
- Establish accountability frameworks within health facilities that link financing reform directly to efficiency gains and improved patient outcomes.
- Institutionalize quality standards across the health sector, supported by accreditation frameworks and continuous monitoring mechanisms.
- Prioritize investment in human resources by creating structured incentives, competitive remuneration, and supportive work environments that encourage retention.
- Expand continuous professional development opportunities, leveraging digital platforms to build skills and competencies across the healthcare workforce.
- Deploy digital workforce planning tools to predict staffing gaps, guide recruitment, and ensure equitable distribution of health professionals across facilities.
- Position healthcare as a sector for business development, attracting private capital and expertise into service delivery while safeguarding equity and public interest.
- Scale up public-private partnerships in hospital concessions, diagnostic services, and insurance provision, ensuring integration into broader health strategies.
- Create regulatory and governance frameworks that align private sector participation with national health priorities, preventing inequity and ensuring long-term sustainability.



Dr. Adeolu Arogundade, President of the Society of eHealth and Telemedicine Nigeria, approached the roundtable theme from the vantage point of a long-standing advocate for digital health integration. His remarks combined the strategic clarity of a thought leader with the technical specificity of a practitioner who has worked at the intersection of healthcare delivery, policy, and technology. In his view, eHealth and telemedicine are not peripheral innovations but central levers for transforming Africa's healthcare ecosystem into one that is inclusive, sustainable, and resilient.

The promise of eHealth lies in its ability to reconfigure access, In many parts of Nigeria and across the continent, geography remains one of the greatest barriers to care—patients in rural communities travel long distances to reach even the most basic services, while urban centers are overwhelmed by congestion and limited capacity. Telemedicine, he argued, directly addresses this imbalance by bringing care to the patient rather than waiting for the patient to find care. The simple act of enabling remote consultations, Al-supported triage, and digital referrals expands the reach of health professionals exponentially, reducing inequities and optimizing scarce human resources. At the same time, he

cautioned that access must not be conflated with effectiveness. A fragmented proliferation of telemedicine apps and platforms, without interoperability or integration into mainstream health systems, risks creating silos rather than solutions. He argued that Africa cannot afford a patchwork of disconnected digital services that duplicate efforts and confuse patients.

For eHealth and telemedicine to achieve scale, systems must be interoperable, governed by shared standards, and anchored in national and sub-national health strategies. This requires regulatory frameworks that define scope of practice, protect patient data, and ensure quality assurance in virtual consultations.

He placed significant weight on the issue of trust, both at the patient and system levels. For patients, trust determines whether they will adopt digital services. Without confidence that their data will remain confidential, that consultations are clinically reliable, and that costs are transparent, uptake will remain limited. For systems, trust relates to governance: institutions must believe that telemedicine is safe, scalable, and capable of delivering measurable improvements in outcomes. He called for investment in public awareness

campaigns, regulatory oversight, and pilot-to-scale pathways that demonstrate tangible benefits for patients and providers alike.

In his analysis, telemedicine is not only about service delivery but about strengthening the broader health ecosystem. By embedding eHealth solutions into supply chains, workforce management, and disease surveillance, governments and institutions can create systems that are more agile and predictive. He pointed to the role of telemedicine in outbreak response, where real-time data sharing and remote patient management can reduce delays, improve surveillance accuracy, and protect frontline health workers. Similarly, in workforce development, digital platforms can provide continuing education, supervision, and support for health workers across dispersed geographies, helping to mitigate the continent's chronic shortage of professionals.

The financing question, in his view, cannot be Telemedicine solutions will aspirational if the cost burden falls primarily on patients. With health systems in Nigeria and much of Africa still heavily dependent on out-of-pocket payments, affordability poses a structural barrier. He advocated for deliberate integration of eHealth services into insurance schemes, public-private partnerships, and government subsidies to ensure that cost does not exclude the very populations most in need of digital health innovations. He also noted that investor confidence in digital health is tied to governance predictable clarity in and reimbursement models, making the design of financing frameworks an urgent priority.

Local innovation and capacity building must be prioritized to ensure that solutions are not imported wholesale but developed with sensitivity to African realities. He stressed the importance of cultivating indigenous talent, software developers, data scientists, and healthcare entrepreneurs, who can create platforms adapted to local languages, cultural norms, and infrastructure limitations. This, in his view, is how telemedicine can transition from isolated pilots to systemic transformation.

The future of eHealth and telemedicine, he argued, will not be determined by technology alone but by the capacity of leaders to align policies, financing, and partnerships toward shared objectives. In his analysis, Africa's opportunity lies in moving beyond fragmented experimentation to bold, integrated action—embedding eHealth and telemedicine into the very architecture of health systems, and in so doing, reframing access, equity, and resilience for the next generation.

Call to Action

From Dr. Adeolu Arogundade

- Redefine access by delivering care directly to patients through telemedicine, bridging geographic gaps and easing pressure on urban health systems.
- Integrate systems by ensuring digital platforms are interoperable and aligned with national health strategies to eliminate fragmentation and inefficiency.
- Build trust by strengthening patient confidence in data security, clinical reliability, and affordability to drive telemedicine adoption.
- Establish governance by creating strong regulatory frameworks to protect patient rights, assure quality, and define digital practice boundaries.
- Expand scope by extending eHealth beyond consultations to supply chains, disease surveillance, and workforce management for greater system resilience.
- Boost outbreak readiness by enabling rapid crisis response, remote monitoring, and frontline worker protection through telemedicine.
- Develop the workforce by leveraging digital platforms for continuous training, supervision, and knowledge-sharing among healthcare personnel.
- Increase financial inclusion by integrating eHealth into insurance schemes, subsidies, and blended financing models to reduce out-of-pocket reliance.
- Attract investment by building sustainable business models and predictable reimbursement systems to draw capital into digital health ventures.
- Scale up by transitioning from small pilots to coordinated, large-scale programs embedded in national and sub-national health frameworks.



Mrs. Fola Laoye, Co-Founder and Chief Executive Officer of Iwosan Investments, set out a perspective that connected finance, health infrastructure, and long-term sustainability in Africa's healthcare landscape. With her background in establishing health-focused investment holding structures and her leadership role at the Investment Fund for Health in Africa (IFHA), one of the continent's pioneering private equity platforms dedicated to health, she offered clarity on how capital can be mobilized, structured, and directed to achieve measurable improvements in both service delivery and resilience.

She stated the fundamental challenge: Africa's healthcare systems face a chronic financing shortfall estimated in tens of billions of dollars each year, and this gap continues to widen as populations grow and disease burdens shift. Traditional sources. government allocations, donor contributions, and out-of-pocket payments, are neither sufficient nor sustainable. In this context, private capital is not simply desirable; it is essential. The vehicles that can channel such capital effectively, she explained, are well-governed investment funds and health-focused holding companies. These entities consolidate fragmented providers, impose operational discipline, and create scale, making healthcare platforms

healthcare platforms investable for local and international financiers. These insights emphasized that fragmentation remains one of the greatest weaknesses of the sector. Across the continent, healthcare deliverv is dominated by small. undercapitalized providers that struggle standardize quality, attract investment, or adopt new technologies. Investment holding companies, in her analysis, play a transformative role by aggregating these providers under unified management structures.

Through consolidation, they are able to implement shared systems, ranging from electronic medical records and data-driven procurement to integrated supply chain and financial platforms. This aggregation creates economies of scale, lowers cost per patient, improves transparency, and attracts higher volumes of investment capital.

Drawing on the experience of IFHA, she highlighted how private equity can catalyze trust in health as an asset class. By financing hospitals, diagnostics networks, and insurance companies, IFHA has demonstrated that healthcare is both commercially viable and socially impactful. One of the clearest lessons from this experience is the importance of

health insurance as a structural foundation for financial sustainability. Without risk pooling, providers remain dependent on irregular out-of-pocket payments, which limits their ability to expand services or plan strategically. Insurance creates predictability, enhances cash flow stability, and unlocks investments in digital innovations that improve efficiency and accountability.

How Al Helps Address Health Insurance Claims



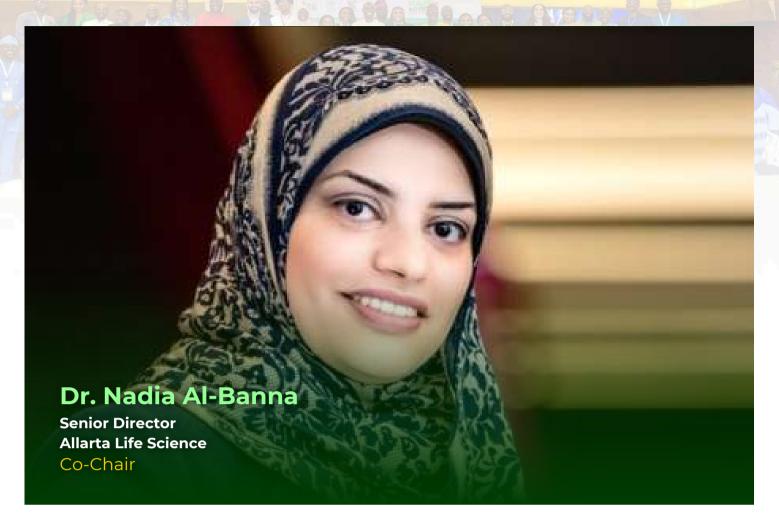
Insurance itself is also being reshaped by technology. Digital enrollment platforms, automated claims processing, and Al-supported risk assessments are reducing inefficiencies and enabling insurers to reach populations previously excluded from coverage, especially informal workers and lowincome households. Innovations such as mobile enrollment and blockchain-based verification systems are breaking down barriers of access, while simultaneously building confidence among patients and providers. In this way, technology is not ancillary but central to scaling health financing mechanisms that can move countries closer to universal coverage.

Capital flows into healthcare, particularly in areas such as primary care and community-level health, often face reluctance from commercial investors who perceive high risk and low returns. Blending commercial equity with development finance, concessional funding, and philanthropic support can alter the risk-return profile of such investments, making them more attractive to institutional investors. Strategic partnerships with governments further ensure that private investment aligns with policy priorities, while embedding private capital into public frameworks enhances both legitimacy and sustainability. Too often, health is regarded primarily as a social sector, dependent on aid and subsidy. Healthcare should be treated like infrastructure or telecommunications, attracting capital, creating jobs, and driving innovation through investment-ready enterprises with strong governance, technology, and financial sustainability, positioning it as both a development need and economic driver.

Call to Action

From Mrs. Fola Laoye

- Strengthen healthcare financing by positioning health as a priority investment class, creating structures that attract both local and international capital.
- Consolidate fragmented providers into scalable platforms through health investment holding companies, allowing for standardized operations and improved governance.
- Expand the role of private equity in healthcare by demonstrating commercially viable models that also deliver measurable social outcomes.
- Embed health insurance at the center of financial sustainability, ensuring providers have predictable cash flows and patients gain equitable access to care.
- Leverage digital technologies to modernize insurance systems through mobile enrollment, automated claims, and Al-enabled risk management, enabling expansion into underserved populations.
- Develop blended financing models that combine commercial equity, concessional capital, and philanthropic resources to de-risk investments in high-need areas such as primary and community care.
- Prioritize indigenous innovation and local capacitybuilding in health enterprises to ensure solutions are tailored to Africa's demographic, cultural, and infrastructural realities.
- Position healthcare as a sector of economic growth by highlighting its potential for job creation, technological advancement, and GDP contribution, not only its social impact.
- Create robust regulatory frameworks that safeguard patient rights, enforce quality standards, and enhance investor confidence in health enterprises.
- Adopt a long-term approach that emphasizes scale, sustainability, and resilience, moving beyond short-term donor-driven initiatives to systemic transformation of healthcare delivery.



Dr. Nadia Al-Banna, Senior Director at Allarta Life Science, delivered an address on the urgent need to harness digital health innovation as a cornerstone for Africa's journey toward healthcare self-sufficiency. The narrative reflected a career deeply rooted in bridging science and business, building ventures that mobilize innovation, and shaping ecosystems where entrepreneurship and partnerships drive lasting transformation.

From the outset, the address challenged the conventional view of digital health as simply a means of improving efficiency. Instead, digital health was framed as a transformative force, a catalyst capable of reshaping entire health systems. Rapid population growth, accelerating urbanization, and changing disease patterns are placing unprecedented strain on fragile health infrastructures.

These pressures demand solutions that are not only scalable and cost-effective but also adaptable to the continent's diverse and evolving needs. Digital health technologies, spanning Al-driven diagnostics, integrated electronic health records, and telemedicine platforms, hold enormous potential to meet these challenges.

However, this potential can only be fully realized if digital solutions are woven into long-term, national strategies rather than pursued as fragmented, short-lived experiments. The real obstacle is not access to technology, but the lack of unified vision and collaboration among institutions, investors, and policymakers to translate innovation into systemic, sustainable impact.

Dr. Al-Banna spotlighted one of the most pressing issues facing Africa's health innovation landscape: the persistent gap between research breakthroughs and commercial application. Across the continent, laboratories are generating groundbreaking discoveries, yet many of these innovations never reach the communities they are designed to serve. Without the proper business structures, financing mechanisms, and market pathways, transformative ideas remain stalled at the proof-of-concept stage.

By nurturing entrepreneurship and fostering crosssector partnerships, these ideas can be scaled into viable enterprises that deliver life-saving solutions while simultaneously driving economic growth. When healthcare is positioned as part of a broader innovation economy, it becomes a magnet for investment, a source of high-value jobs, and a catalyst for sustainable development. She placed particular emphasis on the importance of cultivating leadership and unlocking opportunities for women and young professionals in STEM and entrepreneurship. Africa's journey to health self-sufficiency cannot succeed without fully harnessing its vast reservoir of talent.

This calls for more than expanding access to education. It requires deliberate, systemic action to dismantle the structural barriers that prevent women and youth from playing active roles in shaping the future of health innovation. Mentorship programs, leadership pipelines, and strong professional networks are vital to ensuring that promising talent is not sidelined, underutilized, or lost to migration.

The conversation also turned to the necessity of building strong innovation ecosystems. Ideas alone cannot solve Africa's healthcare challenges. Digital health and biotech ventures need supportive environments to thrive, environments defined by enabling policies, accessible venture capital, clear intellectual property protections, and meaningful collaboration between governments, academia, and the private sector. Africa's path to self-sufficiency hinges on its ability to create ecosystems where startups can grow into industry leaders and where partnerships between local innovators and global players accelerate the spread of cutting-edge technologies.

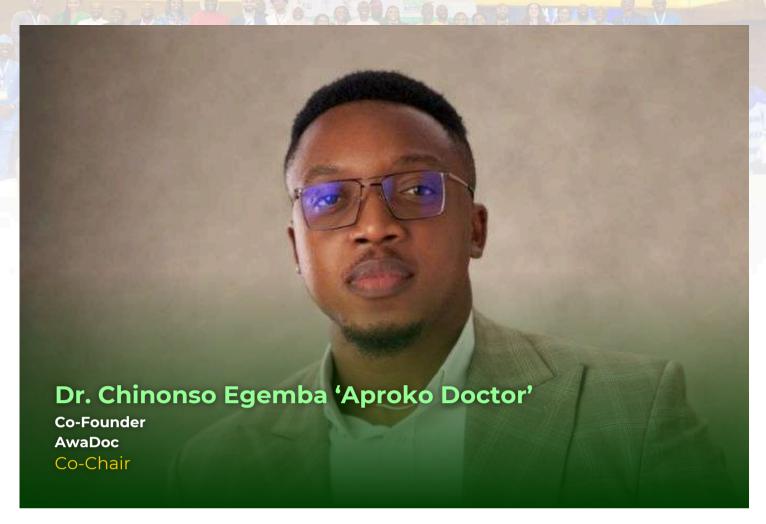
A theme throughout the address was the need for alignment. Innovation without coordination, Dr. Al-Banna cautioned, risks perpetuating the same fragmentation that has historically weakened African health systems. Lasting change requires harmonizing technological priorities with investment flows, regulatory frameworks, and entrepreneurial capacity. Only when these elements are aligned can digital health evolve beyond isolated pilot projects and become an integral part of robust, inclusive, and resilient health systems.

Healthcare must be reimagined as a dynamic engine of scientific advancement, entrepreneurship, and inclusive economic growth. By centering digital health innovation, forging stronger connections between science and business, mobilizing diverse partnerships, and empowering women and emerging leaders, Africa can transform its healthcare systems into both a guarantor of public well-being and a powerful driver of sustainable development. This vision, if realized, has the potential to redefine not just health outcomes, but the continent's role in the global innovation economy.

Call to Action

From Dr. Nadia Al-Banna

- Prioritize digital health as a systemic enabler, embedding technologies such as Al-driven diagnostics, cloud-based patient records, and telehealth into long-term national and regional health strategies.
- Transform research outputs into commercially viable enterprises by strengthening the bridge between science and business, ensuring that biotech and digital innovations reach markets at scale.
- Mobilize entrepreneurship in the healthcare and biotech sectors by creating dedicated funding mechanisms, incubation programs, and supportive policies that allow startups to grow into sustainable enterprises.
- Foster cross-sectoral partnerships that unite academia, government, investors, and industry to accelerate the translation of innovations into scalable solutions.
- Develop leadership pipelines that deliberately cultivate women in STEM and entrepreneurship, ensuring gender inclusion and empowering a new generation of health innovators.
- Build robust mentorship and support networks for young professionals and women entrepreneurs to address structural barriers and expand access to opportunities in the innovation economy.
- Strengthen intellectual property protection and regulatory frameworks that incentivize investment while safeguarding patient rights, product safety, and data privacy.
- Establish innovation ecosystems that provide not only capital but also technical expertise, enabling infrastructure, and collaborative platforms for continuous growth.
- Invest in talent development through targeted education programs in health technology, biotech, and digital entrepreneurship, equipping Africa's workforce with globally competitive skills.
- Position healthcare innovation as both a guarantor of well-being and an engine of economic growth, embedding digital health and biotech within broader national development agendas.



Dr. Chinonso Egemba, widely recognized as Aproko Doctor and Co-Founder of AwaDoc, brought a unique perspective that fused the power of public health communication with the practical realities of building innovative healthcare solutions in Africa. His contribution focused on the central question of how bold actions, grounded in technology and entrepreneurship, can close critical gaps in access while empowering communities to take ownership of their health.

Across the continent, millions continue to struggle with basic access to reliable health services, with barriers ranging from geographic distance and limited infrastructure to financial constraints and lack of trust. An Al-powered healthcare chatbot, AwaDoc was designed to address this reality by leveraging artificial intelligence and digital platforms to connect underserved populations with timely, affordable, and reliable health services. By applying technology in this way, he explained, healthcare moves beyond traditional facility-based delivery and becomes a service embedded in the daily lives of people.

Central to his approach is the belief that AI can play a transformative role in solving deeply entrenched health challenges. From triage and early detection of of diseases to predictive analytics that anticipate outbreaks, Al offers the potential to optimize scarce resources and extend the reach of health professionals. He explained that when deployed responsibly, Al not only improves efficiency but also democratizes access, offering populations in rural or marginalized areas the same level of clinical insight available in major urban centers. This, he argued, represents one of the clearest opportunities for Africa to leapfrog traditional barriers and accelerate progress toward self-sufficiency.

Beyond the technical application of Al, he placed emphasis on the human dimension of innovation. Technology alone cannot shift behaviors unless people understand and trust it. Drawing from his expertise in public health communication, he highlighted the importance of simplifying complex health concepts into relatable language that resonates with broader audiences.

By demystifying healthcare and making knowledge accessible, communities are better equipped to adopt digital tools, participate actively in their own care, and contribute to collective health resilience. This approach, he noted, is particularly powerful in combating misinformation, which has become one of

the most significant obstacles to uptake of both preventive and digital health solutions. He also spoke importance of building collaborative ecosystems that support innovation rather than isolate it. Startups like AwaDoc operate within broader networks that include investors. governments, regulators, and fellow entrepreneurs. For technology-driven healthcare solutions to thrive, these ecosystems must provide not only capital but also mentorship, regulatory clarity, and pathways to scale. His experience within the startup ecosystem reinforced the point that healthcare innovation cannot exist in silos: it must be nurtured within dynamic partnerships that align with public health goals and long-term sustainability.

He further emphasized the potential of health technology to empower preventive care as much as curative care. While much of Africa's health financing is consumed by treatment costs, digital innovations allow a reorientation toward prevention by equipping individuals with tools for early detection, lifestyle monitoring, and health education. Wearable devices linked to Al-driven platforms, mobile-based wellness programs, and communityfocused digital campaigns can significantly reduce the burden of non-communicable diseases, which now account for more than 40% of deaths across the continent. By integrating preventive solutions into everyday life and making them accessible at scale, the continent can simultaneously lower long-term costs and strengthen population health outcomes.



Through digital platforms powered by AI, strengthened by clear communication, and scaled through collaborative ecosystems, the continent can build solutions that are both innovative and sustainable. His vision was one of transformation: healthcare that is accessible, technology-driven, and community-centered, where self-sufficiency achieved not through isolated interventions but through systems designed to empower individuals and strengthen societies.

Call to Action

From Dr. Chinonso Egemba

- Expand healthcare accessibility by deploying Alpowered platforms that connect underserved populations with timely, affordable, and reliable services.
- Leverage artificial intelligence for triage, diagnostics, and predictive analytics to optimize scarce resources and extend professional expertise into rural and marginalized communities.
- Develop digital health solutions that democratize access, ensuring populations in remote areas benefit from the same level of clinical insight available in urban centers.
- Simplify complex health concepts through clear, relatable communication that builds community trust and increases adoption of digital health innovations.
- Combat misinformation through sustained public health education campaigns that integrate evidence-based content with digital outreach tools.
- Strengthen innovation ecosystems by fostering collaboration among startups, investors, governments, and regulators to create supportive environments for healthcare technology.
- Provide pathways to scale for health startups through mentorship, regulatory clarity, and access to capital, ensuring that solutions grow beyond pilot projects.
- Reorient healthcare financing and innovation toward prevention by prioritizing digital tools for early detection, lifestyle monitoring, and community wellness.
- Integrate wearable technologies and mobilebased wellness programs into public health strategies to reduce the long-term burden of noncommunicable diseases.
- Encourage affordability and inclusivity in digital health models to ensure solutions reach lowincome and vulnerable populations without widening inequities.



Achieving healthcare self-sufficiency in Africa represents a complex, multi-faceted challenge that necessitates a deliberate and consolidated strategy. This analysis synthesizes the critical priorities and technological innovations required to transform the continent's healthcare landscape. The central thesis is that a siloed approach is untenable; success is contingent upon the synchronous advancement of local manufacturing, resilient supply chains, human capital development, and digital infrastructure, all underpinned by strategic policy and sustainable financing. Technological innovation serves as the critical integrator and accelerator across all these domains, enabling an opportunity towards a resilient, equitable, and self-sufficient healthcare ecosystem.

Strategic Imperative: Localizing Pharmaceutical Manufacturing and Regulatory Harmonization

The current dependency on imported medical products is the most significant vulnerability in Africa's healthcare security. Over 95% of Africa's pharmaceuticals and up to 99% of its vaccines are imported, creating critical supply chain fragility, as evidenced during global crises such as the COVID-19 pandemic. This reliance leads to chronic drug stock-outs, which affect nearly 1 in 2 health facilities in some regions, and exposes countries to volatile global pricing.

- Vertical Integration of Manufacturing: The priority must shift from simple formulation (secondary manufacturing) to establishing a foundation in Active Pharmaceutical Ingredient (API) production (primary manufacturing). This requires significant investment in chemical synthesis infrastructure and fostering public-private partnerships to de-risk capital expenditure. The goal is to incrementally increase local market share from less than 5% to a target of 40-50% for essential medicines within a decade.
- Pan-African Regulatory Harmonization: The operationalization of the African Medicines Agency (AMA) is paramount. A unified regulatory framework will reduce the compliance burden for manufacturers, who currently navigate 55 different national regulatory systems. Harmonization will accelerate time-to-market, ensure consistent quality standards (aligned with WHO Good Manufacturing Practices), and create a continental market large enough to justify economies of scale for local production.
- Adoption of continuous manufacturing over traditional batch processing can increase efficiency
 and reduce the factory footprint. Furthermore, leveraging AI for drug discovery focused on
 endemic diseases (e.g., Malaria, Lassa Fever) and utilizing blockchain for transparent and
 immutable audit trails throughout the production process are key technological enablers.



Operational Resilience: Modernizing Supply Chain and Logistics

Inefficient logistics contribute to an estimated 40% loss of value in health supply chains due to wastage, pilferage, and inefficient inventory management. The lack of real-time visibility prevents proactive response to disruptions.

- Implementing Integrated Logistics Management Systems: A continent-wide investment in digital supply chain platforms is required. These systems must provide end-to-end visibility from manufacturer to last-mile health clinic, integrating data across national borders.
- Technological Alignment:
 - Unmanned Aerial Vehicles (UAVs/Drones): For last-mile delivery of essential blood products, vaccines, and diagnostics to remote communities, reducing delivery times from hours to minutes and overcoming terrestrial infrastructure challenges. Programs have already demonstrated a 50-60% reduction in delivery time and a 30% reduction in costs per delivery in pilot areas.
 - IoT and Predictive Analytics: Sensor-equipped storage facilities (e.g., solar-powered, satellite-connected refrigerators) can provide real-time data on temperature, humidity, and stock levels.
 Machine learning algorithms can then predict stock-outs weeks in advance, enabling automated pre-emptive requisition and optimizing inventory holding costs.
 - Blockchain: For creating tamper-proof chains of custody for vaccines and high-value medicines, ensuring authenticity and combating the proliferation of counterfeit drugs, which account for an estimated 18% of the African pharmaceutical market.

Human Capital Development: Augmenting the Healthcare Workforce

Africa bears 25% of the global disease burden but is served by only 3% of the world's health workforce, facing a projected shortfall of 6.1 million healthcare professionals. Technology is critical to augmenting, empowering, and retaining this scarce workforce.

- Task-Shifting and Capacity Building at Scale: Empowering mid-level practitioners and community health workers (CHWs) through technology to perform diagnostic and management tasks traditionally reserved for physicians.
- Technological Alignment:
 - Telemedicine and Tele-mentoring Platforms: Enable specialist support for general practitioners in rural areas, reducing the need for patient transfers and providing continuous professional development. A single specialist can mentor dozens of frontline workers simultaneously.
 - AI-Powered Clinical Decision Support Systems (CDSS): Integrated with point-of-care devices, AI
 algorithms can assist nurses and CHWs in diagnosing conditions like diabetic retinopathy from
 retinal scans, interpreting radiographs, or analyzing symptoms to suggest differential diagnoses
 and treatment protocols, standardizing care quality.
 - Augmented Reality (AR) and Virtual Reality (VR): For immersive surgical training and simulation, allowing medical students and practitioners to practice complex procedures in a risk-free environment, drastically reducing the cost and improving the efficacy of clinical training.



Foundational Infrastructure: Data Interoperability and Digital Health Governance

Fragmented health information systems operating in silos prevent a holistic view of population health, hinder epidemic preparedness, and impede efficient resource allocation.

- Establishing National and Regional Health Information Exchanges (HIEs): Mandating the adoption of common data standards (e.g., FHIR Fast Healthcare Interoperability Resources) and unique patient identifiers to enable secure data exchange across public and private health facilities.
- Technological Alignment:
 - Unified Health Data Platforms: Cloud-based architectures that aggregate anonymized data from electronic medical records (EMRs), laboratory systems, and insurance claims. This creates a "data lake" for advanced analytics.
 - Public Health Al: Applying machine learning models to these integrated datasets can predict disease outbreaks, identify high-risk populations for targeted interventions, and optimize the allocation of beds, personnel, and equipment. For example, predictive models can forecast malaria incidence with over 80% accuracy 3-4 weeks in advance, allowing for pre-emptive vector control and resource deployment.

Sustainable Financing: Catalyzing Investment through Innovative Models

Current funding is insufficient and often project-based, lacking long-term sustainability. Annual healthcare financing in Africa faces a gap of over \$66 billion.

- Bold Action: Blended Finance and Outcome-Based Funding: De-risking private investment in health infrastructure through public funds and development finance institutions (DFIs). Shifting from input-based to output-based financing models.
- Technological Alignment: Al and Big Data for Impact Measurement: Robust data analytics platforms
 are essential for measuring the outcomes and impact of investments. This allows for the effective
 implementation of models like Development Impact Bonds (DIBs) or Social Impact Bonds (SIBs),
 where investors are repaid by outcome funders (e.g., governments, donors) only upon verification of
 pre-agreed, data-driven health results (e.g., reduction in maternal mortality rates, increased
 vaccination coverage).



Future Outlook

The path to healthcare self-sufficiency in Africa is a deliberate consolidation of priorities across the entire value chain. The alignment with technological innovation is not optional but fundamental. The bold actions required, localizing manufacturing, strengthening supply chains, augmenting human capital, integrating data, and innovating financing, are interconnected. Progress in one domain catalyzes advances in another. A successful strategy demands unprecedented multi-sectoral collaboration among governments, private industry, academic institutions, and international partners, all committed to a long-term vision where technology serves as the foundational bedrock for a healthy, secure, and self-reliant Africa.

PHOTO ALBUM



PHOTO ALBUM





Dr. Amina Mohammed Baloni - Ex. Health Commissioner for Health, Kaduna State

Ms. Elsie Attafuah - Resident Representative, UNDP

Dr. Olumide Okunola - Senior Health Specialist, World Bank

Dr. Adeolu Arogundade - President, Society of eHealth & Telemedicine, Nigeria

Dr. Jean Nsengimana - Chief Digital Advisor, Africa CDC

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

Dr. Amina Aminu Dorayi - Country Director, Pathfinder, International

Dr. Olamide Okulaja - Technical Advisor, Lagos State Government

Dr. Nadia Al-Banna - Senior Director, Allarta Life Science

Mrs. Fola Laoye - CEO, Iwosan Investments

Dr. Chinonso Egemba 'Aproko Doctor' - Co-Founder, AwaDoc

Adam Thompson - CEO, EHA Group

Garba Ahmed Rufai - Civil Servant, National Primary Healthcare Development Agency

Mr. Kokou Nouwame Alinon - Regional Director for the Western Africa Regional Coordinating Centre (RCC)

Rhoda Robinson – Co-Founder, HACEY

Ilerioluwa Brown - Director, Product Dev. Moniepoint

Mrs. Fola Laoye – Founder/CEO, Iwosan Investments

Ota Akhigbe – Director, Health & Partnerships, eHealth Africa

Dr. Abayomi Sule – Founder/Diretor, Tillit MSME Microservices

Habiba Suleiman – Head, Strategic Partnerships, TGI Group

Marilyn Obaisa-Osula- Partner & Head, ESG, Sustainability & Climate Change PwC

Dr. Abasi Ene-Obong – Founder/CEO, Syndicate Bio

Audrey Odogu – Senior Business Development Manager, eHealth Africa

Dr. Anne Adah-Ogoh – Director, Health Policy, PSHAN

Dr. Ifunanya Ilodibe – CEO, EHA Clinics

Dr. Francis Aminu – Director, Health & Nutrition, Aliko Dangote Foundation

Patrick Ajah – CEO, May & Baker

Paul Mba – Corporate Marketing Manager, LG Electronics

Mary Ephraim-Egbas - MD/CEO, Goldstarr Group



Chidi Orazulike - Senior Communications Adviser, Seplat Energy

Adeola Ayoola – CEO, Famasi Africa

Toyin Deinde - CEO, June Advisory & Co.

Mr. Abdulhamid Yahaya - Director, Global Health Informatics & IT, eHealth Africa

Dr. Adebanke Odunsi – Head, Digital Health, Lagos State Ministry of Health

Dr. Funmi Adewara – CEO, Mobihealth International

Olajide Adebola – CTO/Partner, Home Plus Medicare Services

Dr. Folarin Olasogba - MD/CEO, TruDoc Nigeria Limited

Dr. Jadesola Idowu - Chief Operating Officer, AXA Mansard

Kenneth Okolie - CEO, Synlab

Abiola Oshunniyi – Program Manager (Digital Health), CHIA

Adham Yehia - Co-Founder, DrugStoc

Irene Nwaukwa – Founder/CEO, Infinity Health Africa

Kareem Adeniji – MD, Tabade Pharmaceuticals

Dr. Mariya Saleh – Chief of Party, FHM Engage, Chemonics International

Folake Owoduni – CEO, Emergency Response Africa

Tosin Ozoya - Principal Consultant, Sare Health Africa

Roseanne Onyia – Founder/CEO, Clinique Research

Dr. Chibuzo Opara – CEO, DrugStoc

Dr. Raphael Akangbe - Deputy Director, Lagos State Ministry of Health, Data Protection Officer

Iyaduni Olubode - Nigeria & Kenya Programs Lead, MSD for Mothers

Dr. George Uduku - General Manager, GE Healthcare, West Africa

Sonia Odije-Fajusigbe – Economic Policy Adviser, The Consulate General of the Kingdom of the Netherlands, Lagos

Jennifer Nwokoye – Founder/CEO, Clafiya

Pharm. Abimbola Adebakin – CEO, Advantage Health Africa

Unoma Grant – COO, Paleon Memorial Hospital

Dr. Ola Brown – Founding Partner, Healthcap Africa

Ibukun Oni - CEO, Eight Medical

Chiazo Okadigbo - Associate Director, Forensic, Deloitte



Ofuzim Anderson Oriahi – CEO & Co-Founder, Heala Tech

Oghogho Makinde – Legal Partner, Aluko & Oyebode

Cyril Okoroigwe - CEO, Regtech Africa

Dr. Olayinka Adewunmi – Ag. Director, ITMO, UNILAG

Dr. Noimot Balogun – Project Lead, Linka.ng

Dr. Anastasia Isodje – Technical Manager, Bonny Malaria Elimination Project, NLNG

Stephanie Okpere – Head, Design for Health, CCHub Africa

Temi Adelana – Founder, Herlign

Dr. Chimezie Uche - Founder Doctroid Healthcare Services LTD

Shina Arogundade – Co-Founder, Myitura

Chinyere Okorocha - Head of Sectors, Jackson, Etti & Edu

Rashidat Adebisi – Chief Client Officer, AXA Mansard

Dr. Osayomore Ossueta - Director, Laboratory Management Services, ISN Medical

Olapeju Ibekwe - CEO, Sterling One Foundation; Convener, Africa Social Impact Summit (ASIS)

Dr. Mories Atoki - CEO, ABCHealth



The African Business Coalition for Health (ABCHealth) extends its profound appreciation to all individuals and organizations whose contributions made the ABCHealth – ASIS Panel & Roundtable Sessions a resounding success.

Our heartfelt appreciation goes to Alhaji Aliko Dangote, President of Dangote Industries Limited, Co-Founder of ABCHealth, Mr. Aigboje Aig-Imoukhuede, Chairman of Access Corporation and ABCHealth, Ms. Zouera Youssoufou, Managing Director/CEO of the Aliko Dangote Foundation and Board Member, ABCHealth, and Dr. Mories Atoki, CEO of ABCHealth. Their unwavering leadership in mobilizing private sector action for health, championing investment in transformative health solutions, and convening strategic dialogues that drive impact across the continent has been instrumental in the success of this sessions.

We further recognize the invaluable support of our esteemed partners, speakers, and participants, whose active engagement enriched the quality of discussions and reinforced the urgency of advancing sustainable healthcare solutions across Africa.

This report is a testament to the collaborative spirit that underpins ABCHealth's mission—bringing together stakeholders from the private and public sectors to foster partnerships, drive innovation, and accelerate progress toward resilient health systems. The insights, commitments, and action points emerging from the sessions reflect not only the strength of shared vision but also the collective responsibility we all bear in shaping the future of healthcare in Africa.

ABCHealth remains deeply grateful for the dedication, expertise, and leadership of everyone who contributed to these landmark sessions. Together, we are building momentum toward a healthier, more equitable Africa.



- The Lancet Global Health Commission on financing primary health care: putting people at the centre. The Lancet Global Health. Available at: https://www.sciencedirect.com/science/article/pii/S2214109X22000055
- Alhassan, J., et al. (2022). Significance of machine learning in healthcare: Features, pillars and applications. Machine Learning with Applications, Elsevier. Available at: https://www.sciencedirect.com/science/article/pii/S2666603022000069
- Iyawa, G. E., et al. (2023). Envisioning Digital Health Technology Innovations for 2025: Enhancing Digital Interventions in the Post-COVID-19 Era. In Advances in Digital Health. Springer. Available at: https://link.springer.com/chapter/10.1007/978-981-97-0244-2_1
- How digital technologies and AI contribute to achieving the health-related SDGs. The Lancet Digital Health (2024). Available at: https://www.sciencedirect.com/science/article/pii/S2667096824000879
- von Eschenbach, W. J., et al. (2021). Success Factors of Artificial Intelligence Implementation in Healthcare. Frontiers in Digital Health. Available at: https://doi.org/10.3389/fdgth.2021.594971
- Quixy Blog (2025). Al & Digital Transformation in Healthcare: 10 Impact Areas You Can't Ignore. Available at: https://quixy.com/blog/digital-transformation-in-healthcare/
- ScaleFocus (2023). Al Implementation in Healthcare: 10 Challenges and Solutions. Available at: https://www.scalefocus.com/blog/ai-implementation-in-healthcare-10-challenges-and-solutions
- SPSoft (2024). Al in Health Insurance: Elevating Operations, User Experience, and Overall Outcomes. Available at: https://spsoft.com/tech-insights/the-role-of-ai-in-health-insurance/
- Signity Solutions (2024). How AI is Improving Patient Care and Healthcare Efficiency. Available at: https://www.signitysolutions.com/blog/how-ai-is-improving-patient-care
- QServices IT (2023). Al for Logistics and Supply Chain Management. Available at: https://www.gservicesit.com/ai-for-logistics-and-supply-chain-management

CONTACT

African Business Coalition for Health LTD / GTE Waterfront Plaza, 270a Ozumba Mbadiwe Avenue Victoria Island, Lagos, Nigeria

Email: info@abchealth.com Mobile: +234 802 478 2021 / +234 803 714 3251

www.abchealth.com