



West African Institute of Public Health

ABCHealth



ABCEALTH ROUNDTABLE SESSION

Africa Primary Healthcare Forum
Abuja

Theme:

Unlocking Universal Health Coverage in
Africa: Evaluating the Impact of Primary
Healthcare Financing through Reforms,
Innovations, and Partnerships

Outcome Report

14TH JULY 2025

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



**Mr. Aliko Dangote
GCON**

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

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

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



TABLE OF CONTENTS

Foreword	08
Executive Summary	09
Background	10
Key Themes	09
The Session	10
Insights from the Audience	23
Photo Album	26
Contributors	27
Acknowledgements	28
References/Sources	29

Foreword

Let's face the reality: the promise of Universal Health Coverage in Africa will remain elusive unless we reimagine how primary health care is financed, delivered, and governed. For too long, we have designed systems that manage sickness rather than preserve health. Today, however, we are beginning to see a continental awakening. An awakening that recognizes that primary healthcare is not just the foundation of public health, but the engine of economic resilience.

Africa carries 24% of the global disease burden with only 3% of the world's health workforce and less than 1% of global health expenditure. This structural imbalance has left over 600 million Africans without access to essential health services, and millions more facing catastrophic out-of-pocket costs each year. The conversation on financing reform, therefore, is not simply about budgets. It is about fairness, functionality, and the future of our continent.

The African Business Coalition for Health (ABCHealth), in partnership with the West African Institute of Public Health, convened this Roundtable at the Africa Primary Healthcare Forum to dissect this very challenge. Our aim was clear: to move from fragmented conversations to collective action. The dialogue reflected a convergence of expertise across policy, finance, and innovation—a shared understanding that the path to UHC runs directly through the strengthening of PHC systems. Participants explored a spectrum of practical priorities: how to rethink fiscal frameworks to channel resources equitably, how to align public budgets with measurable outcomes, and how to deploy digital tools to enhance transparency and efficiency.

The conversation also highlighted an urgent truth: Africa must not only finance its health systems but also own them. We must cultivate self-sufficiency in healthcare delivery by investing in our own human capital, leveraging technology to bridge workforce deficits, and ensuring that communities remain central to the design and monitoring of health services. Digital innovation and data intelligence are no longer optional; they are the levers through which we can leapfrog traditional constraints and accelerate the reach of primary healthcare to the last mile.

The challenge before us is clear: we must institutionalize the reforms we discuss, scale the innovations we pilot, and sustain the partnerships we form. Our collective call to action is unequivocal. Governments must prioritize PHC as the anchor of their national health agendas. The private sector must step forward with investments, data, and technology that extend public reach. Development partners must align support with long-term sustainability rather than short-term relief. Together, we must rewrite Africa's health financing story, not as one of deficit, but of determination and shared accountability.

This is not another report to be archived. It is a blueprint for action. May it inspire every policymaker, investor, and practitioner to make health financing not just a policy objective, but a continental imperative; one that secures Africa's right to health, dignity, and prosperity. I hope it serves as both a call and a compass for every policymaker, investor, and health leader to make health financing not merely a policy objective, but a continental mandate—one that anchors Africa's long-term development in the right to health, human dignity, and shared prosperity.

Dr. Mories Atoki
CEO, ABCHealth





Executive Summary

The ABCHealth Roundtable session at the Africa Primary Healthcare Forum, in collaboration with the West African Institute of Public Health (WAIPH), convened a multidisciplinary cohort of policymakers, financiers, and health system experts to interrogate the central role of Primary Healthcare (PHC) financing as the critical pathway to achieving Universal Health Coverage (UHC) in Africa. The session proceeded from the consensus that current financing modalities are insufficient and inefficient, thereby constraining the operational capacity of PHC systems and perpetuating coverage gaps.

The analysis centered on the interdependent levers for change: reforms, innovations, and partnerships. On reforms, the discourse emphasized the imperative of transitioning from input-based to output-based financing mechanisms, such as strategic purchasing and performance-based financing, to enhance allocative efficiency and provider accountability. The need for domestic resource mobilization through dedicated health taxes and the formalization of contributory health schemes was underscored as a non-negotiable component of fiscal sustainability, reducing reliance on volatile external funding.

Regarding innovations, the roundtable examined the transformative potential of digital health technologies, not as standalone solutions, but as enablers for improving financial governance. Specific focus was placed on digital provider payment platforms, supply chain management information systems, and national health insurance information architectures that reduce leakage and enable real-time claims adjudication. The session explored innovative financing instruments, including development impact bonds and blended finance models, calibrated to de-risk private capital investment in PHC infrastructure.

The criticality of partnerships was framed as a strategic necessity to leverage comparative advantages. This entails structured public-private partnerships (PPPs) for PHC service delivery and infrastructure, South-South cooperation for knowledge transfer on cost-effective interventions, and deeper alignment between bilateral donors and national health priorities to bolster system-wide strengthening over vertical programs.



Background

The pursuit of Universal Health Coverage (UHC) across Africa is fundamentally anchored in the performance and resilience of Primary Healthcare (PHC) systems. PHC represents the most inclusive, efficient, and cost-effective approach to achieving equitable health outcomes. However, in many African countries, PHC delivery remains constrained by weak financial structures, limited institutional capacity, workforce shortages, and uneven access to essential medicines and technologies. The theme, 'Unlocking Universal Health Coverage in Africa: Evaluating the Impact of Primary Healthcare Financing through Reforms, Innovations, and Partnerships', draws attention to the multifaceted reforms and investments required to transform PHC into a sustainable vehicle for UHC attainment.

In many countries, PHC is underpinned by fragile financing mechanisms characterized by low domestic health expenditure, heavy reliance on out-of-pocket payments, and inadequate risk pooling. This has perpetuated inefficiencies in service delivery and widened inequities in access, particularly among vulnerable and rural populations. Weak institutional frameworks and limited fiscal decentralization further constrain the capacity of sub-national governments to plan, allocate, and utilize resources effectively for PHC. Additionally, persistent shortages of skilled health workers, coupled with uneven distribution and inadequate infrastructure, continue to erode the quality and responsiveness of frontline services.

The thematic focus, 'Unlocking Universal Health Coverage in Africa: Evaluating the Impact of Primary Healthcare Financing through Reforms, Innovations, and Partnerships' underscores the urgent need for systemic transformation in the design and execution of PHC financing and delivery models. It calls for comprehensive reforms that strengthen financial governance, promote efficiency in resource allocation, and ensure accountability for results. It emphasizes the role of innovation, through digital technologies, alternative financing instruments, and data-driven health system management, in bridging gaps in service delivery and financial protection. Furthermore, it highlights the critical importance of multi-sectoral partnerships that leverage the comparative advantages of public institutions, private sector investors, and development partners to accelerate progress toward UHC.

By rethinking how PHC is financed, managed, and scaled through reform-oriented, innovative, and partnership-driven approaches, African countries can unlock the full potential of primary healthcare as the basis for achieving universal, equitable, and sustainable health coverage across the continent.

“The transition from passive input-based funding to active strategic purchasing is the foundational reform. However, its efficacy is contingent upon parallel innovations in digital payment infrastructure, which together create an auditable transaction trail, transforming opaque budget lines into measurable units of health output and enabling genuine accountability for both public funds and patient outcomes.”

Statistics on Gaps in Service Coverage & UHC

Indicator	Value / Estimate	Implication for PHC / UHC
Service Coverage Index (SDG 3.8.1) for WHO Africa Region, 2019	~ 46%	Less than half of essential health services are being delivered; large shortfall in coverage.
Number of countries in WHO Africa Region with UHC Service Coverage Index < 50	Most (many of ~39 out of ~47 countries)	Indicates that majority of countries are far from “high” service coverage (which is ≥60).
Improvement in UHC Service Coverage Index from 2000-2021	From ~23 to ~44 points	Progress has been made, but rate is slow and vulnerable to reversals (e.g. COVID-19 impacts).

Health Workforce & Access Gaps

Indicator	Value / Estimate	Implication for PHC / UHC
Health workforce in Africa vs need	~1.3 health workers per 1,000 people in 2015, vs 4.5 per 1,000 needed to meet SDG & UHC goals	Severe shortages of health workers at PHC level; undermines capacity to provide even basic services.
Health worker per 10,000 people in Nigeria (doctors, nurses etc.)	~3.95 doctors, 9.45 nurses, 6.18 midwives per 10,000 population; far below the minimum WHO threshold of ~23 per 10,000	Nigeria’s PHC especially constrained by human resource deficit.

Financial Protection & Out-of-Pocket Expenditures

Indicator	Value / Estimate	Implication
People pushed into or deeper into poverty by out-of-pocket payments	Over 150 million in WHO Africa Region in recent years	Health payments are a major driver of poverty; PHC under-financing exacerbates financial risk.
Out-of-pocket payments as share of health spending	In many African countries more than 25%, in some more than 50–70% of total health expenditures	High burden on households; low financial risk protection.
Nigeria health sector public budget allocation vs Abuja target	Nigeria allocates ~5% of national budget to health, well below the 15% Abuja Declaration target	PHC (and health in general) is underfunded from domestic sources.



Key Themes

Financing Reforms and Efficient Resource Allocation

Financing is central to health system strengthening, yet most African countries allocate less than the Abuja Declaration's 15% benchmark to health. This underfunding drives reliance on donor aid and out-of-pocket payments, worsening inequities.

Reforms must not only increase funding but also enhance efficiency, accountability, and impact. Strategies such as pooled procurement, strategic purchasing, and decentralized budgeting can optimize resource use. Aligning financing with national health insurance schemes will expand coverage and protect households from catastrophic health costs.

Innovations in Health Financing and Service Delivery

Innovation is key to closing financing gaps and strengthening PHC service delivery. Digital tools, such as mobile payment systems, telemedicine, and electronic medical records, enhance accountability, expand access, and improve care quality, especially in underserved areas.

Innovative financing models like blended finance, results-based financing, and social impact investments are mobilizing private capital for public health, promoting sustainability and aligning resources with measurable outcomes.

Strengthening Partnerships for Sustainable Health Systems

No single actor can achieve UHC in isolation. The complexity of health system challenges in Africa demands a coordinated, multi-sectoral response rooted in partnerships between governments, development partners, private sector actors, and civil society.

Public-Private Partnerships (PPPs) in particular have proven instrumental in driving infrastructure development, logistics optimization, and technology deployment across the health value chain. By aligning business incentives with public health goals, PPPs can unlock capital, scale proven innovations, and accelerate progress toward UHC.

Evaluating Impact and Building Accountability Frameworks

Robust evaluation is essential to turn reforms and innovations into measurable results. Continuous monitoring, performance tracking, and transparent data help assess financial efficiency, service delivery, and population health impact.

Institutionalizing tools such as Health Financing Assessment Tools (HFAT), National Health Accounts (NHA), and Performance-Based Budgeting (PBB) strengthens fiscal discipline, improves coordination across government levels, and ensures PHC financing aligns with real community needs.



The Session

As part of ABCHealth's commitment to advancing public-private collaboration for sustainable health outcomes, the session brought together a high-level mix of public sector representatives, private sector leaders, development partners, and policymakers to explore practical frameworks for scaling innovative financing, improving accountability, and driving equitable access to essential health services at the community level.

1. Assess PHC Financing and UHC Progress: Examine the current financing landscape, gaps, and inefficiencies hindering PHC performance and UHC achievement.
2. Evaluate Financing Reforms: Analyze how pooled funding, performance-based allocation, and decentralized budgeting impact access, quality, and efficiency of PHC.
3. Highlight Innovative Financing and Digital Solutions: Showcase emerging tools, blended finance, digital health, and accountability technologies, transforming PHC financing and service delivery.
4. Foster Public-Private Collaboration: Explore scalable PPP models that leverage private capital, expertise, and technology to expand PHC access and affordability.
5. Strengthen Partnerships and Policy Coherence: Promote alignment among stakeholders to harmonize PHC financing with national, regional, and global UHC commitments.
6. Identify Actionable Strategies and Accountability Frameworks: Define clear policy and investment priorities to improve PHC governance, resource efficiency, and measurable outcomes.

Keynote Addresses and Session Leadership

The Roundtable featured keynote addresses from distinguished leaders in health policy, financing, and innovation, offering multi-dimensional insights into Africa's progress and opportunities in UHC implementation. These addresses set the tone for discussions around sustainable PHC financing and the role of innovation and partnership in driving systemic transformation.

The session was co-chaired by eminent representatives from the public and private sectors — including senior government officials from Ministries of Health, health financing and planning agencies, and representatives from private sector coalitions, development organizations, and global health institutions. Together, they provided a balanced platform for aligning public priorities with private sector innovation and investment capabilities.

Key participants included:

- Public Sector Leaders: National and sub-national health policymakers, commissioners, and agency heads responsible for primary health care and health financing reforms.
- Private Sector Executives: CEOs and investors from health technology companies, healthcare providers, pharmaceutical industries, and financial institutions driving innovation and resource mobilization.
- Development Partners: Representatives from international organizations and donor agencies supporting health system strengthening, health financing reforms, and UHC initiatives.
- Policy and Technical Experts: Health economists, researchers, and academics providing data-driven insights into PHC financing efficiency, governance, and impact evaluation.

“We must move beyond high-level declarations to building mechanisms that support sustainability, efficiency, and ownership in Africa’s health systems.”

Dr. Mories Atoki

Chief Executive Officer

ABCHealth

Host



Dr. Mories Atoki, Chief Executive Officer of the African Business Coalition for Health (ABCHealth), delivered a powerful and intellectually grounded welcome address that established both the tone and depth of the theme, confronting one of the continent’s most structural health system challenges: how to finance, organize, and sustain accessible, high-quality care for all Africans, irrespective of income or geography.

She highlighted that Universal Health Coverage (UHC) cannot be realized without a strong, well-financed Primary Healthcare (PHC) foundation, emphasizing that PHC remains the most cost-effective, equitable, and sustainable pathway to population health improvement. However, across Africa, PHC delivery continues to be hampered by weak financial systems, underfunded national health budgets, inefficient allocation mechanisms, fragmented donor interventions, workforce shortages, and insufficient data infrastructure.

Addressing these systemic limitations requires a change that redefines how financing is conceptualized, mobilized, and deployed. She articulated that the conversation around PHC financing must evolve from resource mobilization to resource optimization, ensuring that every investment is data-driven, evidence-based, and results-oriented. Financing, she noted, must no longer be viewed merely as an input, but as a strategic enabler of health system transformation.

She also drew attention to the critical role of the private sector as a catalytic partner in closing the health investment gap, not as a parallel actor but as

an integral part of a unified ecosystem. She stressed that collaboration between governments, businesses, and development partners is essential to create enabling environments for innovation, accountability, and scalability.

She described the Roundtable as a solution-driven convening designed to generate actionable insights, foster evidence-based policymaking, and strengthen coordination between public and private stakeholders.

Key Action Points

1. Strengthen Domestic Financing Architecture: Prioritize sustainable health financing through predictable budgets, better fiscal management, and health insurance reforms.
2. Leverage Public–Private Partnerships (PPPs): Expand inclusive PPPs to harness private sector innovation, efficiency, and financing.
3. Promote Smart and Targeted Investments: Focus investments on high-impact PHC areas like community health, digital systems, and supply chains.
4. Harness Digital Transformation and Innovation: Adopt digital health and data tools to improve efficiency, accountability, and real-time performance tracking.
5. Advance Local Manufacturing and Supply Chain Efficiency: Boost local production of health commodities to reduce imports and improve access.
6. Institutionalize Accountability and Performance Monitoring: Build transparent systems to track funds, measure outcomes, and ensure accountability.



“The transformation of Primary Healthcare rests on the 5Ps ; People, Policy, Partnership, Platforms, and Profit, a framework that connects reform with real impact, turning imagination into implementation.”

Dr. Jean Philbert Nsengimana

Chief Digital Advisor
Africa CDC

Opening Remarks

Dr. Jean Philbert Nsengimana, Chief Digital Advisor at the Africa Centres for Disease Control and Prevention (Africa CDC), delivered the opening remarks with a message that was pragmatic, grounding the session’s discourse on the realities of Africa’s healthcare financing and reform landscape. Speaking as the opening speaker of the Roundtable, he emphasized that achieving Universal Health Coverage (UHC) is not just a policy goal, it is a generational imperative that defines Africa’s path toward resilience, equity, and self-reliance.

He began by stating Primary Healthcare (PHC) as the operational engine of UHC, noting that without robust PHC systems, UHC remains aspirational rather than attainable. Drawing a vivid comparison, he highlighted the disparity in healthcare spending between high-income and African nations, pointing out that the United States spends over \$500 per person on health annually, while most African countries spend barely a dollar. This funding gap, he argued, reflects a systemic imbalance that cannot be bridged by external aid alone, but through innovative domestic reforms and smarter financial strategies.

Dr. Nsengimana cautioned against trying to “solve a billion-dollar problem with a million-dollar mindset,” stressing that reform in PHC financing must move beyond imagination to implementation, and from talk to tangible transformation. He underscored the need for strategic reallocation of resources, institutionalization of reform policies, and creation of enabling environments for innovation, technology adoption, and blended financing. He introduced a transformative framework, the 5Ps—as the foundation for advancing PHC

transformation and accelerating progress toward UHC: People, Policy, Partnership, Platforms, and Profit. Each of these, he explained, represents a critical lever for sustainable health system reform.

Key Highlights

- **People:** The PHC transformation agenda must be people-centered, prioritizing community ownership, equity, and accessibility. Investment in health workforce development and digital literacy is essential to ensuring that care reaches those most in need.
- **Policy:** Reform must be institutionalized rather than episodic. Dr. Nsengimana emphasized that policy consistency and government accountability are central to sustaining PHC progress, ensuring that health remains a national development priority beyond political cycles.
- **Partnership:** UHC cannot be achieved in silos. He called for stronger, functional partnerships among governments, private sector actors, and development partners that go beyond symbolic collaboration to co-financed, co-created solutions.
- **Platforms:** He stressed the power of digital and data-driven platforms in connecting systems, integrating health services, and expanding access. Leveraging technology, he said, is key to achieving efficiency, transparency, and scalability in PHC delivery.
- **Profit:** Innovation and impact financing must converge to ensure sustainability. He advocated for Public–Private Partnerships (PPPs) and blended finance models that mobilize private capital to complement public funding, de-risk investments, and support local solutions.

“Healthcare must never be a privilege for those who can afford it, but a right that every African can exercise at the moment of need.”

Dr. Ayodele Cole Benson

Chairman

EchoScan Services

Moderator



Dr. Ayodele Cole Benson, Chairman of EchoScan Services, served as the Moderator for the Roundtable Session which was characterized by a balanced blend of analytical depth and strategic foresight, ensuring that the conversation remained focused on solutions that address Africa's systemic barriers to equitable healthcare access.

Dr. Benson noted that Primary Healthcare (PHC) remains the most effective pathway to achieving Universal Health Coverage (UHC), yet it continues to be the weakest link in most African health systems. He reminded participants that healthcare must not be viewed as a privilege, but as a fundamental human right, one that guarantees access to essential services for all individuals, regardless of geography, gender, or socioeconomic status.

management. This, he emphasized, illustrates why PHC strengthening must prioritize inclusion, proximity, and affordability. He urged governments, private investors, and development partners to look beyond traditional models of healthcare delivery, calling for the integration of innovative and community-driven approaches such as mobile health units, telemedicine, community health extension programs, and decentralized financing mechanisms that can bridge existing gaps. Achieving UHC requires a complete re-engineering of health system architecture to ensure that equity, accountability, and accessibility are embedded in policy formulation, budget allocation, and service delivery.

Key Action Points

1. **Reframe Healthcare as a Right, Not a Privilege:** Health systems must be structured to guarantee equitable access to essential services, ensuring that affordability or location does not determine survival or care quality.
2. **Prioritize Rural and Underserved Communities:** Governments and stakeholders must channel investments toward strengthening health infrastructure and human resources in rural and peri-urban areas where access gaps are widest.
3. **Innovate through Community-Based Solutions:** Adopt mobile clinics, telemedicine platforms, and community-based insurance schemes as viable mechanisms to bring healthcare closer to the people.
4. **Invest in Equitable Workforce Distribution:** Develop incentive frameworks that ensure skilled health workers are equitably deployed, supported, and retained across all regions, especially in remote and hard-to-reach areas.



He underscored the persistent inequities within Africa's health systems, particularly the rural-urban divide that leaves millions in remote communities underserved. He cited the reality that, for many people across the continent, reaching a functional health facility often means traveling for up to two hours or more, a distance that can be life-threatening in emergencies or chronic disease



“Primary Healthcare is the bedrock of achieving Universal Health Coverage. We must move from dialogue to action, interrogating what needs to be done, determining what is truly possible, and shifting from fragmented interventions to holistic, sustainable solutions.”

Dr. Umar Tanko Yakasai

Senior Technical Assistant
to the Special Adviser on Health
Keynote Address

Dr. Salma Ibrahim Anas, Special Adviser to the President on Health, ably represented by Dr. Umar Tanko Yakasai, Senior Technical Assistant to the President on Health, delivered the first keynote address, setting a visionary context for the ABCHealth Roundtable Session. His remarks lauded the discussion around one of Africa’s most enduring health system imperatives: unlocking Universal Health Coverage (UHC) through a revitalized, well-financed, and equitable Primary Healthcare (PHC) system that serves every citizen.

Reflecting on the Renewed Hope Health Reform Agenda under President Bola Ahmed Tinubu, the address highlighted the government’s commitment to health financing reform through the Abuja Declaration’s 15% budget allocation target. Achieving this requires stronger fiscal accountability, partnership with the National Health Insurance Authority (NHIA), and transparent systems that ensure every investment translates into measurable health outcomes. Financing must evolve from being a routine expenditure to becoming a strategic enabler of equity and system transformation.

Dr. Yakasai emphasized digital health transformation as a catalyst for expanding access and improving efficiency. Citing mobile-based health insurance platforms as tools to reduce out-of-pocket spending and enhance transparency. He called for sustained investment in frontline health workers, who remain central to effective PHC delivery.

He also emphasized the need for a robust Public–Private Partnership (PPP) framework, recognizing that the private sector delivers nearly half of

healthcare services and must be integrated into national strategies through clear policy collaboration.

The keynote finally stressed the need for a community-centric model where citizens participate actively in health decision-making through community-based insurance schemes and local accountability mechanisms. He called for interoperability across health data systems, investment in performance evaluation frameworks.

Key Action Points

1. Reform Health Financing and Governance: Strengthen the efficiency and transparency of health financing systems through equitable allocation, accountability, and evidence-based budgeting.
2. Harness Digital Health and Technology: Adopt mobile and digital platforms to expand health insurance coverage, enhance transparency, and bridge access gaps.
3. Empower Frontline Health Workers: Invest in capacity building, welfare, and digital literacy for the health workforce to improve service delivery.
4. Strengthen Public–Private Partnerships (PPPs): Develop clear policy frameworks that enable the private sector to collaborate effectively with government in delivering quality healthcare.
5. Advance Community-Centric Models: Promote community-based insurance and participatory governance to increase ownership, affordability, and accountability.
6. Institutionalize Data and Evaluation Frameworks: Build interoperable systems for real-time data, monitoring, and performance tracking to ensure continuous improvement.

“Primary Healthcare is not just the entry point to Universal Health Coverage, it is the foundation of Africa’s epidemic resilience and the first shield protecting our communities from health threats.”

Abiola Oshunniyi

**Head/Coordinator, Project Implementation Unit (PIU)
Nigeria Centre for Disease Control and Prevention (NCDC)**

Keynote Address



Mr. Abiola Oshunniyi, speaking on behalf of Mr. Idris Jide of the Nigeria Centre for Disease Control (NCDC), delivered an incisive address that lauded the centrality of Primary Healthcare (PHC) in achieving both Universal Health Coverage (UHC) and national health security in Nigeria, shedding light on how health security reforms, technology-driven systems, and integrated community-based approaches can redefine Africa’s public health landscape.

He began by affirming that the NCDC’s role extends beyond outbreak response, it encompasses strengthening prevention, surveillance, and resilience at the community level. By embedding health security functions within the PHC system, he explained, Nigeria is building a proactive, prevention-focused health architecture capable of detecting, managing, and mitigating health threats at their source. This approach ensures that health emergencies are addressed early, minimizing morbidity, mortality, and economic disruption.

He noted the persistent challenge that fewer than 20% of Nigeria’s 30,000+ PHC facilities are fully functional, a gap that continues to undermine equitable access and effective epidemic control. However, he highlighted ongoing reforms and digital innovations driving measurable improvements in service delivery and surveillance capability across the PHC network.

He acknowledged that while Nigeria’s PHC system remains challenged, with less than 20% of the over 30,000 PHC facilities nationwide fully functional, significant reforms are underway to restore capacity through financing mechanisms, data systems, and digital innovations. Among these innovations, is the

Surveillance Outbreak Management and Analysis System (SOMA), a digital platform that has strengthened real-time disease monitoring and coordination between PHC facilities, state health departments, and national health authorities.

In complement, Oshunniyi highlighted the Nigeria Field Epidemiology and Laboratory Training Programme (NFELTP), an NCDC initiative that builds technical capacity in epidemiology, laboratory science, and field investigation at national and sub-national levels. The programme ensures a steady pipeline of skilled epidemiologists and public health responders, positioned to detect and respond to health threats directly within communities.isease monitoring and coordination between PHC facilities, state health departments, and national health authorities.

Key Action Points

1. Rehabilitate and Strengthen PHC Infrastructure: Target restoration of at least 80% functionality of PHC centers by 2030 through strategic investments and partnerships.
2. Scale Health Workforce Capacity: Strengthen programs like NFELTP to ensure that skilled epidemiologists and laboratory scientists are embedded within every state and local government area.
3. Operationalize the One Health Approach: Enhance coordination between human, animal, and environmental health sectors for integrated epidemic preparedness.
4. Increase Domestic Financing for Health Security: Sustain and expand Nigeria’s ₦2.9 billion investment toward PHC-led disease prevention and outbreak response.



“Achieving UHC in Africa requires not just innovative partnerships, but governance reforms that embed accountability, efficiency, and measurable impact in health financing systems..”

Dr. Olumide Okunola

Senior Health Specialist
World Bank
Co-Chair

Dr. Olumide, Senior Health Specialist at the World Bank, intervention centered on the urgent need to move from dialogue to decisive action in strengthening Africa's health systems. He emphasized that sustainable financing is the cornerstone of Universal Health Coverage (UHC) and human capital development, Highlighting that the government must make deliberate and intentional efforts to prioritize health within national budgets

He began his remarks with a thought-provoking question: “How do we translate the discussions around health into action?” setting the tone for a results-driven conversation that called for concrete commitments to health system strengthening. Dr. Olumide emphasized that investing in health is not optional but essential for Africa's economic competitiveness and human capital development. He cautioned that without deliberate investment today, the continent risks falling behind in global competitiveness within the next decade, stating, “If we do not invest in health now, we would not be competitive in five to ten years from now.”

Dr. Olumide reiterated that health financing remains the backbone of human capital outcomes, urging African governments to demonstrate stronger fiscal commitment to health in their national budgets.

He stressed the need for deliberate and intentional policies that prioritize health spending as a driver of long-term social and economic development, not merely as a cost center. His remarks reinforced the World Bank's broader perspective that sustainable financing is pivotal to achieving Universal Health Coverage (UHC) and ensuring equitable access to

His insights served as a timely reminder that achieving UHC in Africa will depend not only on innovative partnerships but also on governance reforms that embed accountability, efficiency, and measurable outcomes in national health financing frameworks. By aligning governance structures with evidence-based policies and performance monitoring, countries can build resilient health systems capable of delivering quality care to all.

Key Action Points

- 1.Translate Dialogue into Action: Move beyond policy discussions to implementable frameworks that deliver measurable progress in health outcomes. Stakeholders must ensure that commitments made in forums and roundtables are translated into practical, country-level reforms.
- 2.Invest in Health as a Priority Sector: Recognize health financing as a cornerstone of economic growth and human capital development. Governments should treat investments in health as strategic drivers of productivity, innovation, and long-term competitiveness.
- 3.Strengthen Government Commitment: Institutionalize health as a central pillar within national fiscal and development planning. This includes sustained budgetary allocations, transparent spending mechanisms, and accountability systems that ensure funds reach frontline services.
- 4.Link Financing to Outcomes: Align health budgets with measurable targets on access, service quality, and equity. Performance-based financing and data-driven monitoring should guide spending to ensure value for money and tangible results.

“We are not actively utilizing data. Without evidence-based planning, resources will keep circulating around the same problems without real impact.”

Dr. Amina Mohammed Baloni

Ex. Health Commissioner

Kaduna State

Co-Chair



Dr. Amina Baloni, Public Health Specialist and Ex Commissioner of Health, Kaduna State delivered a deep contribution that reimagined the persistent financing and structural challenges hindering progress toward Universal Health Coverage (UHC) in Africa. She noted that while the aspirations for UHC have been articulated for decades, with significant work done at national, sub-national, and academic levels, Africa is yet to “crack the nut” of achieving equitable and sustainable healthcare delivery.

She emphasized that Primary Healthcare (PHC) remains the most effective pathway to UHC, yet continues to receive the least share of health financing. Citing the Abuja Declaration commitment to allocate 15% of national budgets to health, she lamented that no African country has met this target, leading to chronic underfunding of PHC systems that serve as the first and most critical point of care. “We must fund where care happens the most,” she urged, noting that PHC delivers nearly 80% of all healthcare services, yet receives the smallest portion of resources after tertiary and secondary facilities.

Dr. Baloni highlighted emerging financing models at the sub-national level that leverage philanthropic partnerships, political goodwill, and community-based insurance schemes to fund care for vulnerable populations. However, she cautioned that fragmented data systems result in duplication of funding efforts, as interventions often target the same groups—particularly women and children under five, without coordination or accountability. “We are not actively utilizing data,” she stressed, adding that evidence-based planning is essential to ensure that resources reach those most in need rather than being recycled across overlapping

programs. She also explored how technology and community engagement can reshape PHC delivery. She called for harnessing AI, blockchain, and digital health tools at the local level to empower frontline workers, improve data visibility, and strengthen accountability. Furthermore, she advocated for stronger Public-Private Partnerships (PPPs) beyond urban centers, emphasizing the need to attract private investment and innovation into rural and underserved communities. She concluded by calling for context-driven, culturally sensitive, and inclusive solutions, noting that achieving UHC requires addressing deeper structural and social barriers that impede holistic healthcare development.

Key Action Points

1. **Rebalance Health Financing:** Increase investment in PHC, ensuring equitable budget allocation across all levels of healthcare with a focus on where the majority of care is delivered.
2. **Strengthen Data Systems:** Establish integrated data frameworks to track funding flows, reduce duplication, and improve evidence-based decision-making in health financing.
3. **Leverage Technology for PHC:** Deploy emerging technologies such as AI, blockchain, and mobile health tools to enhance transparency, coordination, and service delivery at the local level.
4. **Expand PPPs to Rural Areas:** Encourage inclusive public-private partnerships that extend beyond urban centers to strengthen healthcare access and innovation in remote communities.
5. **Adopt Contextualized and Culturally Sensitive Solutions:** Design health interventions that reflect local realities, cultural dynamics, and community engagement to drive lasting impact.



“Universal Health Coverage is not achieved by how much we spend, but by how wisely we govern, ensuring that every allocation reaches the people who need it most.”

Dr. Alinon Kokou Nouwane

Regional Director
Western Africa RCC, Africa CDC
Co-Chair

Dr. Alinon Kokou delivered a technical address that examined one of the most persistent structural challenges in Africa's health systems, the governance and financing of healthcare. He emphasized that investing in health transcends fiscal policy; it is a governance imperative rooted in accountability, transparency, and evidence-based stewardship of resources. According to him, every health expenditure must translate into measurable improvements in population health outcomes, rather than administrative costs or fragmented interventions.

Dr. Kokou revisited the long-standing Abuja Declaration, which commits African governments to allocate at least 15% of national budgets to the health sector, and questioned both the extent of compliance and the effectiveness of budget execution. While several countries have made nominal progress in budgetary allocation, he noted that disbursement bottlenecks, inefficient public financial management systems, and leakages along expenditure chains often prevent funds from reaching the Primary Healthcare (PHC) level, where health needs are most acute. He asked pointedly, “Even when the funds are allocated, how much actually makes it to the frontline of care?”

This, he argued, highlights a deeper issue of fiscal governance and accountability within national health systems. To achieve Universal Health Coverage (UHC), Dr. Kokou stressed that health financing must be transparent, trackable, and results-oriented, ensuring that each dollar spent contributes directly to improved access, service delivery, and health outcomes. He also drew attention to the role of community-based financing

models and pilot programs in extending healthcare access. Reflecting on collaborative work with the Mastercard Foundation, he shared how innovative financing instruments and citizen-centered health access models have successfully expanded coverage to vulnerable populations in low-resource settings. These models demonstrate how blended financing, micro-contribution schemes, and community health insurance platforms can complement government funding and enhance sustainability at the PHC level. In conclusion, he emphasized that realizing Universal Health Coverage across Africa demands fairness, foresight, and firm political will, backed by the institutional discipline to convert commitments into tangible outcomes.

Key Action Points

1. **Promote Data-Driven Resource Allocation:** Institutionalize evidence-based budgeting and health expenditure analysis to guide national and regional investment priorities.
2. **Support Innovative and Community-Based Financing:** Expand community health insurance, blended finance models, and private-sector partnerships to extend PHC coverage.
3. **Conduct Regional Health Financing Studies:** Commission a West African regional review to assess budget execution efficiency, leakage points, and outcome measurement frameworks.
4. **Advance Equity in Health Access:** Develop equity-focused monitoring systems to ensure that marginalized and rural populations benefit directly from public health investments.
5. **Enhance Multi-Stakeholder Collaboration:** Foster stronger collaboration among governments, development partners, and the private sector for sustainable health financing and system reform.

“Health is not a policy checkbox, it is a social contract that every government must honor through equity, accountability, and collective responsibility.”

Dr. Amina Aminu Dorayi

Country Director (Nigeria)

Pathfinder International

Co-Chair



Dr. Amina Dorayi delivered an incisive reflection on the pursuit of Universal Health Coverage (UHC), urging policymakers and stakeholders to reframe health as a societal and developmental imperative, not merely a medical or technical pursuit. She emphasized that achieving UHC in Africa requires more than institutional reforms or financing mechanisms; it necessitates a paradigm shift in national priorities, where health is recognized as an intrinsic determinant of social and economic progress.

Dr. Dorayi articulated that health must be understood as a shared national responsibility, one that extends beyond the health sector to every facet of governance. “Universal Health Coverage is not just a health issue; it is a social issue,” she stated emphatically. “If we are truly committed to achieving it, then every sector must play its part.” She proposed an innovative cross-sectoral financing framework, suggesting that each government ministry allocate 5–10% of its annual budgetary resources toward health-enhancing interventions relevant to its mandate. For instance, the ministries of education, environment, agriculture, and transport can each contribute to the broader health agenda by addressing the social determinants of health.

Such a multi-sectoral financing architecture, she explained, would embed health into the national development planning process, ensuring coherence across sectors and sustainability in resource mobilization. By doing so, health would no longer be treated as an expenditure line item, but as an investment in human capital, the foundation of

productivity, resilience, and inclusive growth. Dr. Dorayi called for bold, innovative approaches to health financing that move beyond traditional donor-dependency and fragmented funding models. She encouraged the adoption of locally adaptable and context-specific revenue generation mechanisms, such as:

- Health levies on high-consumption industries (e.g., alcohol, tobacco, or sugary beverages);
- Performance-based financing models that link disbursements to measurable outcomes; and
- Blended public–private financing instruments that align corporate investment with national health goals.

Key Action Points

1. Institutionalize Cross-Sectoral Financing: Mandate all ministries to allocate a defined percentage (5–10%) of their budgets to health-related interventions addressing social determinants.
2. Integrate Health into National Development Frameworks: Embed health objectives within macroeconomic and development planning to promote intersectoral accountability.
3. Innovate Health Financing Mechanisms: Explore context-specific revenue streams such as health levies, sin taxes, and performance-based financing to ensure sustainability.
4. Strengthen Community Co-Creation: Design and implement health programs with direct community participation to enhance relevance, accountability, and ownership.
5. Operationalize Equity in Health Delivery: Move beyond rhetoric by prioritizing investments and policies that deliberately target marginalized and rural populations.



“Public financing is key, but how do we prioritize it? Achieving UHC requires rebalancing investments, strengthening public financing for primary healthcare while strategically leveraging private sector potential.”

Dr. Francis Ukwuije
Health Economist
World Health Organization (WHO)
Co-Chair

Dr. Francis opened his remarks with a critical reflection on the role of financing in advancing Universal Health Coverage (UHC), posing the question, “Public financing is key, but how do we prioritize public financing?” His intervention emphasized the urgent need to rethink how health systems across Africa mobilize and allocate resources to strengthen primary healthcare. He underscored that sustainable progress toward UHC depends on a strategic blend of public and private investments that ensure equitable and efficient service delivery at all levels.

Drawing attention to the structure of health financing in Nigeria, Dr. Francis noted that the healthcare market is valued at approximately \$22 billion, with 12% of funding sourced from donors and development partners, 14% from various levels of government, and a significant 74% from the private sector, including households. This distribution, he observed, highlights the dominance of private spending and the persistent need for stronger government commitment to public financing for health.

He reiterated that prioritizing primary healthcare financing is essential to strengthen the foundation of health systems, improve access, and achieve equity. Furthermore, he highlighted the importance of optimizing private sector engagement across Nigeria and Africa to complement public investment and drive innovation, sustainability, and inclusivity in healthcare delivery. He concluded by stressing that private sector investment must be strategically prioritized to achieve measurable progress toward the UHC goal, noting that both sectors must operate as complementary forces in

in financing and implementing health reforms. His insights aligned with broader discussions on health system reform and fiscal sustainability, reinforcing the call for governance models that balance public accountability with private efficiency to ensure that every dollar spent translates into better outcomes for citizens. He underscored the importance of institutionalizing transparent financing frameworks, strengthening regulatory oversight, and leveraging data-driven decision-making to maximize impact. By integrating innovative financing mechanisms with robust governance structures, countries can build more resilient health systems that are responsive, equitable, and financially sustainable over the long term.

Key Action Points

1. **Rebalance Health Financing:** Strengthen public sector commitment to financing primary healthcare while ensuring better alignment between public and private investments.
2. **Prioritize Primary Healthcare Funding:** Channel resources toward PHC as the cornerstone of UHC, ensuring equitable access and improved health outcomes for all communities.
3. **Leverage Private Sector Potential:** Create enabling policies that attract and sustain private investments in health, particularly in infrastructure, service delivery, and innovation.
4. **Enhance Fiscal Accountability:** Implement transparent budgetary processes and monitoring frameworks to ensure efficient use of health funds.
5. **Promote Collaborative Financing Models:** Foster partnerships between governments, donors, and private actors to close the health financing gap sustainably and strategically.

“Government should focus on creating an enabling environment, not running private health facilities — because real progress happens when policy meets private-sector innovation.”

Dr. Njide Ndili

Country Director, PharmAccess

President, Healthcare Federation of Nigeria (HFN)

Co-Chair



Dr. Njide Ndili, President of the Healthcare Federation of Nigeria (HFN), delivered a compelling intervention emphasizing the indispensable role of the private sector in advancing Africa's healthcare systems and achieving Universal Health Coverage (UHC). Drawing from her experience leading the Federation, she highlighted HFN's mandate to unify the fragmented voices within the private health ecosystem, creating a cohesive platform capable of engaging government, influencing policy, and driving systemic transformation across the health value chain.

She asserted that governments cannot, and should not, attempt to achieve UHC in isolation. “The government has no business running private health facilities,” she stated unequivocally. Rather, she argued, the public sector's strength lies in its ability to set direction through sound policy formulation, effective regulation, and robust oversight, creating the conditions under which private healthcare providers can deliver innovation, efficiency, and high-quality care at scale.

Dr. Ndili lauded the need for a redefined public-private dynamic grounded in mutual trust, transparency, and accountability. She explained that by dismantling regulatory bottlenecks, streamlining investment procedures, and establishing performance-based incentives, governments can unlock private capital and expertise essential to expanding healthcare access. The private sector, she noted, contributes not only financial resources but also agility, data-driven management, and technological innovation, critical enablers for strengthening service delivery and building resilient health systems. She further called for structured engagement frameworks between ministries of

health and organized private-sector groups, to institutionalize collaboration beyond ad hoc consultations. Such frameworks, she argued, should ensure that private sector data, innovations, and capabilities are integrated into national health strategies, from primary care and diagnostics to supply chain management and digital health solutions. Achieving UHC in Africa demands a true partnership of purpose between public and private actors. With well-defined roles, shared accountability, and a commitment to innovation, Africa can build health systems that are not only inclusive and sustainable but also responsive to the dynamic needs of its people.

Key Action Points

1. Unify Private Sector Engagement: Strengthen coordination among private health stakeholders to ensure a cohesive voice in policy dialogue and partnership with government.
2. Foster Enabling Environments: Governments should prioritize policies and regulatory frameworks that attract and sustain private sector participation and investment in healthcare.
3. Redefine Public Sector Roles: Focus government efforts on regulation, policy, and oversight, allowing the private sector to drive innovation and service delivery.
4. Build Structured Public-Private Partnerships (PPPs): Establish transparent mechanisms for long-term collaboration and resource sharing between the public and private sectors.
5. Encourage Investment and Innovation: Incentivize private investment in infrastructure, technology, and service expansion to accelerate progress toward UHC.



“In a depressed economy, can UHC truly be achieved when people are financing health from their pockets?”

Dr. Muhammed Lecky

Coordinator

Nigerian Health Sector Reform Coalition

Co-Chair

Dr. Leki delivered a pragmatic reflection on one of Nigeria's most persistent challenges; the chronic underfunding of the health sector. Speaking under the forum's theme, “ he emphasized that Nigeria cannot continue to do more with less if it truly seeks to achieve Universal Health Coverage (UHC). Health in Nigeria remains underfunded not because of scarcity, but because of misplaced priorities. “Health is not a priority,” he declared candidly, “but it must become one.” He emphasized that the conversation about health financing must go beyond rhetoric, arguing that without genuine political will and fiscal commitment, the country will remain trapped in a cycle of underperformance and inequity.

Drawing comparative insights from Kenya, Uganda, and Rwanda, he pointed out that these African nations have demonstrated what is possible through innovative and well-coordinated health financing mechanisms. These countries, he noted, have introduced models such as earmarked taxes, national insurance schemes, and performance-based funding that ensure steady and predictable resources for health. By contrast, Nigeria has been discussing “innovative financing” for over two decades with little tangible progress to show.

Dr. Leki highlighted the need for stronger collaboration between the National Health Insurance Scheme (NHIS) and healthcare institutions, both public and private, to close implementation gaps and extend financial protection to more Nigerians. The private sector, he argued, should not be viewed merely as an external actor but as a strategic partner in financing and service delivery. “Health financing must be a shared responsibility,” he stressed, calling for cross-sector

partnerships that bring efficiency, innovation, and accountability to the system. Addressing the structural inequities in Nigeria's health financing landscape, he noted that about 75% of Nigerians still pay for healthcare services out of pocket, a model that is both inequitable and unsustainable. “In a depressed economy,” he asked, “can UHC truly be achieved when people are financing health from their pockets?” He called for bold reforms that would transition Nigeria away from an out-of-pocket model toward pooled, risk-sharing mechanisms that protect citizens from catastrophic health expenditures.

Key Action Points

1. **Reposition Health as a National Priority:** Advocate for health to be recognized as a central pillar of Nigeria's development agenda through sustained political and budgetary commitment.
2. **Strengthen Political and Fiscal Commitment:** Move beyond policy rhetoric to ensure budgetary enforcement, accountability, and fulfillment of the Abuja Declaration funding benchmark.
3. **Adopt Innovative Financing Mechanisms:** Implement sustainable models such as earmarked taxes, national insurance schemes, and performance-based funding to guarantee predictable health sector resources.
4. **Engage the Legislature for Budgetary Reform:** Strengthen legislative advocacy to institutionalize health funding and safeguard steady allocations to Primary Healthcare (PHC).
5. **Prioritize Primary Healthcare (PHC):** Channel financial and structural reforms toward strengthening PHC as the foundation for achieving Universal Health Coverage (UHC).



Insights from the Audience

Human Capital Resilience: Using AI to Leapfrog Workforce Shortfalls

Africa faces a deep and persistent shortfall in health workers that undermines progress toward Universal Health Coverage. Human capital consumes the largest share of health budgets, yet workforce gaps remain vast. Using WHO staffing benchmarks, Nigeria needs ~780,000 nurses and midwives but currently has only ~100,000 for a population of ~250 million, a deficit that traditional training pipelines cannot close quickly enough. Focusing AI on treatment, through validated clinical algorithms and decision-support tools allows frontline cadres to deliver safer, higher-quality care while workforce pipelines are scaled up.

Technological Alignment:

- **AI Treatment Algorithms:** Integrate locally trained algorithms into point-of-care systems to support diagnosis, triage, and treatment decisions for common primary-care conditions.
- **Digital Task-Shifting Tools:** Provide mobile decision aids and guided workflows that enable nurses and community health workers to manage expanded scopes of practice under standardized protocols.
- **Telemedicine & Remote Supervision:** Link peripheral facilities to specialist hubs for real-time consultations, mentorship, and clinical oversight.
- **Predictive Workforce Analytics:** Use data-driven models to forecast staffing needs, prioritize deployment, and target investments where gaps are largest.

Financing for Impact: Rethinking How Health Funds Are Allocated and Tracked

Speakers noted that while more funding is needed, the inefficient tracking and utilization of existing budgets undermine health system performance. Many PHC programs remain underfunded or misdirected, with limited visibility on outcomes.

- **Financial Accountability Systems:** Implement digital tools that track resource flow from allocation to service delivery, ensuring funds reach intended programs.
- **Performance-Based Financing:** Tie funding to measurable service delivery indicators to promote efficiency and accountability.
- **Transparency and Data Use:** Strengthen financial data collection to evaluate spending effectiveness and guide future budgeting decisions.



Insights from the Audience

Governance, Policy, and Private Sector Collaboration: Rethinking Health as an Economic Investment

Speakers stressed that UHC cannot be achieved without deliberate legislative and policy alignment, supported by an enabling business environment for the private sector. Government cannot deliver healthcare alone; instead, its role should focus on regulation, policy-making, and creating conditions that allow private health providers to thrive. Participants also emphasized the need to move beyond donor dependency and embed sustainability in domestic health financing models.

This shift requires strategic engagement between government, lawmakers, and the private sector to frame health as a driver of productivity and national growth, not merely a social service.

- **Policy Alignment:** Strengthen legislative engagement to create supportive frameworks for long-term investment in health.
- **Public-Private Partnerships (PPPs):** Institutionalize structured collaboration platforms between government, private sector, and development partners.
- **Health as Business:** Encourage innovative health enterprise models that demonstrate profitability, attract capital, and stimulate local production of essential goods.

Community Engagement and Local Ownership: Making PHC People-Centered

True PHC reform must be grounded in community participation and trust-building. Speakers highlighted that many PHCs are built without local input, leading to underutilization. Effective implementation depends on stakeholder engagement from planning to evaluation.

- **Stakeholder Inclusion:** Engage community members, civil society, and local transport groups (e.g., NURTW) to improve service access and feedback loops.
- **Transparency and Accountability:** Publish health budgets and outcomes to strengthen trust between government, providers, and citizens.
- **Research-Driven Collaboration:** Support hospitals and research institutions to develop locally relevant innovations and create new funding tables through evidence generation.



Insights from the Audience

Legislative and Policy Alignment: Positioning Health as an Economic Priority

Panelists emphasized that achieving Universal Health Coverage (UHC) requires proactive engagement from lawmakers, policymakers, and private sector stakeholders to reframe health not just as a social good, but as a critical economic investment. Reliance on donor aid is increasingly unsustainable, making it essential for national financing reforms to prioritize health as a strategic sector.

- **Policy Advocacy:** Actively involve legislative bodies in health financing discussions to develop policies that enable sustainable, long-term investment and accountability.
- **Health as Business:** Promote healthcare models that are both effective and financially viable, attracting private sector capital while ensuring quality care delivery.
- **Local Ownership:** Strengthen domestic financing mechanisms through innovative public-private partnerships, reducing dependency on external aid and fostering self-sustaining healthcare systems.

Primary Healthcare Financing and Implementation: Strengthening the Delivery Ecosystem

Panelists underscored a critical disconnect between health financing priorities and the realities of primary healthcare (PHC) delivery. While PHCs are responsible for providing over 80% of essential care, funding is disproportionately allocated to secondary and tertiary facilities, leaving frontline services under-resourced and unable to meet community needs effectively.

- **Inclusive Financing Frameworks:** Actively involve PHC implementers and frontline stakeholders in budgeting and resource allocation to ensure funding aligns with actual service delivery requirements.
- **Government-Private Sector Synergy:** Establish the government as the primary financier while creating incentives for private sector investment in PHC operations, fostering shared responsibility and sustainability.
- **Digital Monitoring and Accountability:** Leverage real-time data dashboards and digital tools to track PHC performance, monitor the execution of health plans, and inform timely adjustments to resource allocation and operational strategies.

PHOTO ALBUM





Contributors

Dr. Salma Ibrahim Anas – Special Adviser to the President on Health, Federal Republic of Nigeria
 Dr. Jide Idris – Director General, Nigeria Centre for Disease Control & Prevention
 Dr. Francis Ukwuije – Health Economist, World Health Organization
 Dr. Jean Philbert Nsengimana – Chief Digital Advisor, Africa CDC
 Dr. Amina Mohammed Baloni - Ex. Health Commissioner, Kaduna State
 Dr. Muhammed Lecky - Coordinator, Nigerian Health Sector Reform Coalition
 Dr. Kokou Nouwame Alino - Regional Director, RCC, Africa CDC
 Dr. Amina Aminu Dorayi – Country Director, Pathfinder International
 Dr. Umar Tanko Yakasai - Senior Technical Assistant to the Special Adviser on Health
 Mr. Abiola Oshunniyi - Head/Coordinator, Project Implementation Unit (PIU), Nigeria Centre for Disease Control and Prevention (NCDC)
 Dr. Njide Ndili – Country Director, PharmAccess; President, HFN
 Dr. Ayodele Cole Benson - Chairman, EchoScan Services
 Carlos Yerena - Director of Strategic Partnerships, Reach Digital Health
 Dr. Olajide Adebola – CTO/Partner, Home Plus Medicare Ltd
 Kate Tulenko – CEO, Corvus Health
 Dr. Francis Ohanyido - Director-General, West African Institute of Public Health
 Dr. Mazyanga Lucy Mazaba - Regional Director for Eastern Africa at Africa CDC
 Dr. Mories Atoki - CEO, ABCHealth



Acknowledgements

The African Business Coalition for Health (ABCHealth) extends its deepest appreciation to its visionary leadership — Alhaji Aliko Dangote, President, Dangote Industries Limited and Co-Founder of ABCHealth; Mr. Aigboje Aig-Imoukhuede, Chairman, Access Corporation and ABCHealth; Ms. Zouera Youssoufou, Managing Director/CEO, Aliko Dangote Foundation and Board Member, ABCHealth; and Dr. Mories Atoki, CEO, ABCHealth, for their unwavering commitment to strengthening Africa's health systems through private sector leadership, strategic investments, and cross-sectoral partnerships. Their continued guidance and dedication remain the driving force behind ABCHealth's mission to advance sustainable health outcomes and accelerate progress toward Universal Health Coverage (UHC) across the continent.

We also extend our profound gratitude to the distinguished speakers and panelists at the ABCHealth Roundtable Session, held during the Africa Primary Healthcare Forum in Abuja, for their technical expertise and insightful contributions on the theme: "Unlocking Universal Health Coverage in Africa: Evaluating the Impact of Primary Healthcare Financing through Reforms, Innovations, and Partnerships." Their knowledge-rich perspectives, drawn from public health governance, private sector innovation, and development policy, enriched the dialogue and provided actionable frameworks for strengthening Primary Healthcare (PHC) across Africa.

ABCHealth further acknowledges with sincere appreciation the West African Institute of Public Health (WAIPH), the host of the Forum, for providing an exceptional platform that convened diverse stakeholders to reimagine and strengthen PHC delivery in Africa. The Institute's continued partnership underscores the importance of evidence-based dialogue and regional collaboration in advancing health system resilience.

We equally recognize the invaluable support of our partners, member organizations, and technical collaborators, whose sustained engagement and shared vision for a healthier Africa continue to propel the Coalition's work. Their contributions, through policy dialogue, investment advocacy, and implementation partnerships, reflect the power of collective action in driving systemic health reform.

This report is a testament to the collaborative spirit that defines ABCHealth's work. The outcomes and action points emerging from the Roundtable reaffirm our commitment to fostering partnerships that leverage innovation, financing, and multisector collaboration for equitable, efficient, and sustainable healthcare systems across Africa.

References/Sources

- World Health Organization (WHO) Regional Office for Africa. (2022). Universal Health Coverage (UHC) Regional Factsheet – WHO African Region. Retrieved from https://files.who.afro.who.int/afahobckpcontainer/production/files/UHC_Regional_AFRO_Factsheet-2022.pdf
- World Health Organization (WHO) Regional Office for Africa. (2024). Tracking Universal Health Coverage in the African Region: Ten Years of Progress Towards SDG 3.8. Retrieved from https://www.afro.who.int/sites/default/files/2024-08/WHO_10yearTMAreport.pdf
- African Forum for Primary Health Care (AfroPHC). (2023). Building Effective Teams for UHC in Africa. Retrieved from <https://afro-phc.org/wp-content/uploads/2023/10/Building-Effective-Teams-for-UHC-in-Africa-AfroPHC.pdf>
- Ezenwaka, U., Onoka, C. A., & Onwujekwe, O. (2025). Health workforce density and the road to Universal Health Coverage in Nigeria: An equity perspective. *Human Resources for Health*, 23(15). BioMed Central. Retrieved from <https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-025-01000-8>
- World Health Organization (WHO) Regional Office for Africa. (2023, December 12). UHC Day: High Health Care Costs in Africa Continue to Push Over 150 Million People into Poverty – New WHO Report. Retrieved from <https://www.afro.who.int/news/uhc-day-high-health-care-costs-africa-continue-push-over-150-million-poverty-new-who-report>
- Premium Times Nigeria. (2024, September 4). Low Insurance Coverage, Inadequate Funding Threaten Nigeria's UHC 2030 Target. Retrieved from <https://www.premiumtimesng.com/features-and-interviews/760982-low-insurance-coverage-inadequate-funding-threaten-nigerias-uhc-2030-target.html>
- AllAfrica News. (2025, September 10). Nigeria: Scaling Up Primary Health Care to Ensure Universal Coverage and SDGs. Retrieved from <https://allafrica.com/stories/202509100210.html>
- World Health Organization (WHO). (2023). Health Financing for Primary Health Care: Ghana's Roadmap Towards Universal Health Coverage. Retrieved from <https://www.who.int/news-room/feature-stories/detail/health-financing-primary-health-care-ghana-universal-health-coverage-roadmap>
- The Guardian Nigeria. (2024, July 16). Scaling Up Primary Care to Ensure Universal Coverage and Achieve SDGs. Retrieved from [The Lancet Global Health Commission on financing primary health care: putting people at the centre](https://www.theguardian.com/global-development/2024/jul/16/scaling-up-primary-care-to-ensure-universal-coverage-and-achieve-sdgs). The Lancet Global Health. Available at: <https://www.sciencedirect.com/science/article/pii/S2214109X22000055>
- <https://articles.nigeriahealthwatch.com/next-level-agenda-in-the-journey-towards-uhc-health-for-all-nigerians/>

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