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AFRICA  
HEALTHTECH  
SUMMIT

CONNECTED CARE:  
Scaling Innovation Towards UHC



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SUMMIT



ABCEALTH

CEO

ROUNDTABLE

AFRICA  
HEALTHTECH  
SUMMIT 2025

THEME:

**Aligning Public-Private Innovation and Interoperable**

**Systems:** Driving Inclusive, Sustainable HealthTech  
Solutions for Universal Health Coverage and Health  
Security in Africa

Kigali, Rwanda



Aliko Dangote  
Foundation



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

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



**Mr. Aliko Dangote  
CON**

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.

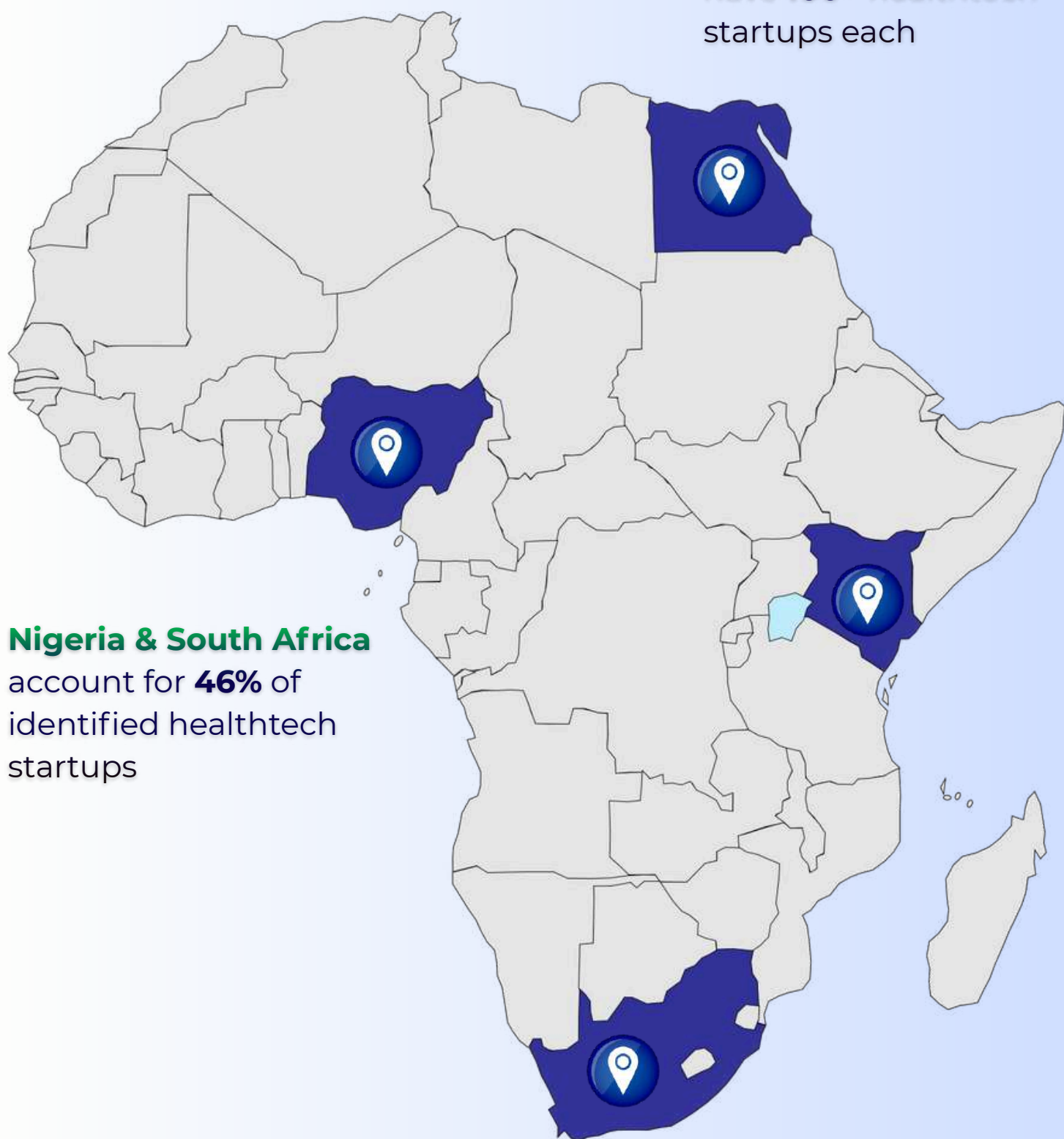
The Group has diversified into other sectors of the Nigerian economy including agriculture and is currently constructing the largest petroleum refinery, petrochemical plant and fertilizer complex in Africa.

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.

Most African Health & Biotech Startups are concentrated in 4 countries.

**Kenya & Egypt**

have **100+** healthtech startups each



**Nigeria & South Africa**

account for **46%** of identified healthtech startups



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# Foreword



**Dr. Mories Atoki**  
CEO, ABCHealth

Today, more than 1.4 billion people on the continent still face significant barriers to essential health services, while health systems combat with fragmented data, limited interoperability, and under-resourced innovation pathways. The ABCHealth CEO Roundtable, held during the Africa HealthTech Summit in Kigali, Rwanda, brought together over 52 CEOs, policymakers, investors, and technical experts representing 12 countries and multiple health subsectors, to confront these systemic challenges head-on.

The Roundtable, themed “Aligning Public-Private Innovation and Interoperable Systems: Driving Inclusive, Sustainable HealthTech Solutions for Universal Health Coverage and Health Security in Africa,” was structured to move beyond discussion toward actionable strategies that integrate

technology, policy, and financing. It was designed as a high-resolution diagnostic of Africa’s HealthTech ecosystem, identifying operational gaps, investment opportunities, and scalable interventions capable of transforming outcomes across the continent.

Several key technical insights emerged:

- **Interoperable Digital Infrastructure:** Analysis indicates that over 62% of hospitals and clinics operate disconnected health information systems, leading to fragmented patient data and inefficiencies. Participants emphasized deploying open-standards platforms to enable real-time, cross-institutional data flow.
- **Investment Levers for HealthTech Scale-Up:** Innovative financing mechanisms—including blended public-private investment models, outcome-based financing, and venture philanthropy—could unlock upwards of USD 1.2–1.5 billion annually to accelerate digital health adoption.
- **Artificial Intelligence in Health Security:** AI-enabled predictive analytics and disease modeling can improve early outbreak detection by 25% and optimize resource allocation, particularly in underserved regions, when integrated with national health databases.
- **Human Capital and Capacity Building:** The Roundtable underscored the need to develop over 25,000 skilled digital health professionals by 2030 to sustain HealthTech innovation pipelines across the continent.
- **Regulatory and Policy Alignment:** Harmonized regulations at regional levels were identified as essential for scaling solutions while maintaining data privacy, cybersecurity, and patient safety.

This report captures the proceedings and insights from the Roundtable, providing a technical roadmap for actionable public-private collaboration. It highlights not only the challenges but also the immense opportunities to leverage interoperable systems, smart financing, and innovation-driven partnerships to achieve universal health coverage and bolster Africa’s health security.





## Executive Summary

The CEO Roundtable on 'Aligning Public-Private Innovation and Interoperable Systems: Driving Inclusive, Sustainable HealthTech Solutions for Universal Health Coverage and Health Security in Africa', convened by African Business Coalition for Health (ABCHealth) on the margins of the Africa HealthTech Summit, represents a high-level strategic intervention aimed at addressing persistent structural and systemic barriers to Universal Health Coverage (UHC) and health security across the African continent.

Despite sustained political commitment and the formal adoption of UHC within national health strategies, health outcomes in Sub-Saharan Africa continue to reflect deep inequities in access, affordability, and system resilience. Coverage of essential health services remains limited, while out-of-pocket expenditure continues to expose households to catastrophic financial risk. These challenges are compounded by fragmented health systems, weak public-private coordination, siloed digital health solutions, and underdeveloped regulatory and financing frameworks. Collectively, these constraints have slowed the translation of innovation into system-wide, population-level impact.

The Roundtable is positioned against this backdrop as a catalytic platform to interrogate how intentional public-private collaboration, anchored in interoperable digital systems, can unlock the next generation of scalable, inclusive, and sustainable HealthTech solutions. Central to the session is the recognition that governments alone cannot deliver UHC and health security at scale. Rather, progress depends on structured partnerships that leverage private sector innovation, capital, and operational agility alongside public sector stewardship, policy authority, and system-wide reach.

The Roundtable further advances a redefinition of public-private partnerships for the digital health era—from transactional or infrastructure-focused arrangements toward co-creation ecosystems. These next-generation partnerships are envisaged to jointly define priority use cases, co-invest in digital public goods and shared platforms, and align around common impact metrics linked to UHC and health security outcomes. Risk-sharing mechanisms, adaptive procurement approaches, and performance-based contracting are highlighted as critical tools for embedding innovation sustainably within public health systems.

Through executive-level dialogue among policymakers, private sector leaders, investors, innovators, and development partners, the CEO Roundtable seeks to deliver actionable outcomes. These include clear recommendations for national and regional interoperability standards, scalable models for public-private innovation, and a shared blueprint for embedding inclusive, interoperable HealthTech solutions within health systems. The session is also intended to inform a unified policy-innovation framework and a practical roadmap for strengthening data governance, digital infrastructure, and public-private infrastructure sharing.

In summary, the ABCHealth CEO Roundtable positions digital health not as an end in itself, but as a strategic enabler of system-wide transformation. By aligning innovation, investment, and governance across public and private actors, the session aims to accelerate Africa's transition toward people-centered, resilient, and sustainable health systems capable of delivering on the promise of Universal Health Coverage and strengthened health security.





# About the Africa Healthtech Summit

The fourth edition of the Africa HealthTech Summit (AHTS), convenes a diverse spectrum of stakeholders including Ministers of Health and ICT, National Public Health Institutes, regulators, healthcare innovators, development partners, investors, academia, and frontline health professionals. The 2025 edition, under the theme 'Connected Care: Scaling Innovation Towards UHC,' focused on harnessing emerging technologies to strengthen African health systems, improve primary healthcare delivery, enhance continuity of care, and ensure equitable access to essential services. The Summit spotlighted the critical intersection of technology, policy, and investment in driving scalable, sustainable, and inclusive health solutions across the continent

The summit aimed to emphasize the critical role of integrated digital solutions ranging from AI, cloud computing, IoT, robotics, drones, and blockchain—in enabling seamless service delivery, real-time decision-making, and operational efficiency. The discussion was grounded in the broader objectives of Universal Health Coverage (UHC), highlighting thematic areas including MNCAH, NCDs and mental health, SRHR, immunization, communicable diseases, nutrition, health equity, diagnostics, health system strengthening, pandemic preparedness, preventive health, digital health innovation, and environmental and occupational health. Central to the discourse was the imperative of designing interoperable, inclusive, and sustainable HealthTech solutions capable of addressing systemic gaps while fostering resilience, equity, and scalability across national and regional health ecosystems.

The Africa HealthTech Summit convened ministers of health and ICT, national public health institutes, regulators, tech innovators, healthcare professionals, development partners, investors, and academic leaders to focus on reinforcing primary health care as a foundational pillar for Universal Health Coverage. Under the theme of connected care, the event highlighted how integrated digital platforms can improve continuity of care across maternal, neonatal, child, and adolescent health, sexual and reproductive health, non-communicable diseases, and mental health services. By linking community-level services with higher-level facilities, digital integration supports consistent follow-up, timely interventions, and coordinated care pathways—especially for populations with limited access to traditional health infrastructure.

A central focus of the Africa HealthTech Summit was the integration of health systems through interoperable digital infrastructure. The event highlighted the importance of connecting digital health records, laboratory networks, and point-of-care diagnostics to enable real-time data sharing, coordinated referrals, and evidence-based decision-making across the continuum of care. By pairing system-wide connectivity with locally tailored innovations and attention to social determinants of health, the Summit underscored how integrated approaches can reduce geographic, economic, and social barriers, strengthening inclusive and sustainable access to preventive, promotive, and curative health services for underserved populations.

The 2025 Africa HealthTech Summit provided a comprehensive platform to envision connected, intelligent health systems capable of delivering equitable and high-quality care. By leveraging digital innovation, strengthening workforce capacity, and aligning policy and investment frameworks, African health systems can achieve interoperable, efficient, and resilient service delivery. The Summit reinforced the imperative of coordinated, technology-driven strategies to advance Universal Health Coverage and ensure sustainable health outcomes for all populations.



# Background

Universal Health Coverage (UHC) and health security have become central pillars of national, regional, and global health agendas, anchored within Sustainable Development Goal (SDG) 3.8, which commits countries to ensuring that all individuals and communities can access the health services they need without financial hardship. In Africa, however, progress toward these goals has been uneven and insufficient relative to population growth, epidemiological transitions, and rising health system demands. Despite two decades of policy reforms, declarations, and strategic plans, large segments of the population remain excluded from essential health services, and health systems continue to exhibit structural fragilities that limit their capacity to deliver equitable, resilient, and sustainable care.



As of 2021, only 43% of the population in Sub-Saharan Africa had access to essential health services, representing a modest improvement from approximately 22% in the early 2000s. While this increase reflects incremental gains in service coverage, it also highlights the slow pace of progress relative to need, particularly when compared to other global regions. Financial protection has shown even less improvement.

The proportion of the population experiencing catastrophic health expenditures stagnated at 8.8% in 2019, underscoring the persistence of high out-of-pocket payments and the limited reach of prepayment and risk-pooling mechanisms. These trends reveal enduring inequities in access, affordability, and quality of care, particularly for rural populations, women, informal sector workers, and marginalized communities.

Several structural challenges underpin this reality. African health systems are frequently characterized by fragmentation across service delivery, financing, governance, and information systems. Public and private health actors often operate in parallel rather than in coordinated or complementary ways, leading to inefficiencies, duplication of effort, and uneven quality of care. Weak referral systems, limited continuity of care, and poor data visibility across levels of the health system further constrain performance. In many settings, legacy paper-based processes and non-interoperable digital tools continue to dominate, restricting real-time decision-making, population health management, and effective surveillance for public health threats.

Regulatory and policy environments add another layer of complexity. Across the continent, regulatory frameworks for digital health, data governance, and health innovation remain fragmented and unevenly enforced. Inconsistent standards for data exchange, privacy, cybersecurity, and digital identity hinder cross-platform integration and slow the adoption of scalable technologies. These regulatory gaps disproportionately affect private sector innovators and investors, increasing transaction costs and uncertainty while limiting governments' ability to integrate digital solutions into national health strategies in a coherent manner.

Digital transformation presents a critical opportunity to leapfrog long-standing systemic barriers, provided it is approached strategically and at scale. Africa's digital health ecosystem has expanded rapidly over the past decade, with growing deployment of mobile health (mHealth) applications, electronic medical records, telemedicine platforms, logistics and supply chain solutions, and data analytics tools.

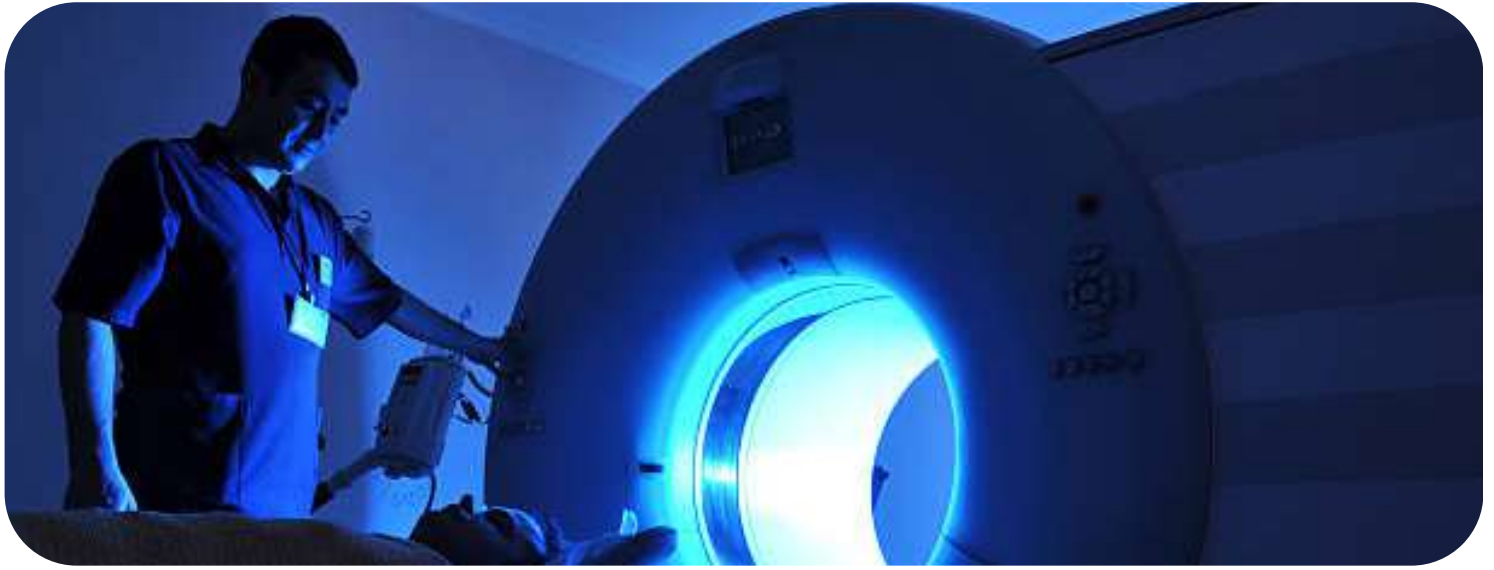
However, many of these innovations remain pilot-driven, donor-funded, and siloed, with limited pathways for integration into national systems or long-term sustainability. The absence of interoperability has meant that digital health investments often fail to deliver cumulative value, remaining isolated solutions rather than building blocks of a cohesive digital health architecture.

There is increasing recognition that governments alone cannot deliver UHC and health security in this context. Fiscal constraints, competing development priorities, and limited implementation capacity necessitate deeper engagement with the private sector, not only as a service provider, but as a partner in innovation, financing, and system design. Public-private partnerships (PPPs) have therefore emerged as a critical mechanism for aligning public mandates with private sector capabilities. When effectively structured, PPPs can combine the scale, legitimacy, and stewardship role of government with the efficiency, technological expertise, and investment capacity of private actors.

However, traditional PPP models in Africa have largely focused on physical infrastructure or service outsourcing and have not been sufficiently adapted to the digital health era. Digital transformation requires co-creation rather than transactional engagement, including shared definition of use cases, joint investment in interoperable platforms, risk-sharing arrangements, and alignment around measurable health outcomes. Central of this transformation is digital health technology as a







system integrator linking service delivery, financing, governance, and accountability across public and private actors. Interoperability has emerged as the decisive factor determining whether Africa's digital health future will be cohesive or fragmented. Interoperable systems enable seamless data exchange across providers and platforms, support coordinated care, improve resource allocation, and strengthen disease surveillance and emergency preparedness. Yet interoperability is not merely a technical challenge; it is equally a question of governance, financing, institutional capacity, and political will. Achieving it requires common standards, shared digital infrastructure, robust data stewardship frameworks, and policies that encourage collaboration while safeguarding data privacy and national sovereignty.

There is the need to embed equity and inclusion into Healthtech design and deployment. Many digital innovations disproportionately benefit urban, digitally literate, and higher-income populations, reinforcing existing disparities. To meaningfully advance UHC, Healthtech solutions must be context-responsive and aligned with national health priorities, addressing gaps in primary healthcare, maternal and child health, non-communicable diseases, and outbreak response. Participatory design approaches, local innovation ecosystems, and mechanisms to measure and enforce inclusivity are therefore essential components of sustainable digital health transformation.

Financing remains a binding constraint. While pilot funding and donor support have catalyzed innovation, they have not delivered scale or sustainability. Long-term transformation depends on sustainable financing models, including blended finance, impact investment, innovation funds, and other mechanisms that align private capital with public health objectives. These financing approaches must be supported by adaptive regulatory environments capable of responding to rapidly evolving technologies such as artificial intelligence, federated data systems, and digital public goods, while maintaining accountability and patient safety.

As a coalition dedicated to mobilizing private sector leadership and investment in health across Africa, ABCHealth recognizes that achieving UHC and strengthening health security will remain elusive unless deep-seated structural inequities, fragmented digital ecosystems, and chronic underinvestment are addressed in a coordinated and system-wide manner. The CEO Roundtable is therefore conceived as a high-level platform to bring together executive leadership from the health, technology, finance, and investment sectors alongside policymakers, development partners, and innovators. Its purpose is to interrogate how aligned public-private innovation and interoperable systems can drive inclusive, sustainable healthtech solutions that are embedded within national health systems and capable of scaling across borders.

# Session Leaders' Insights

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“Aligning private innovation, technology, and investment with public health priorities is essential to closing systemic gaps and achieving health impact at scale.”

**Dr. Mories Atoki**

**CEO**

**ABCHealth**

**Co-Host/Anchor**

Dr. Mories Atoki, CEO ABCHealth anchored her contribution in the assessment of Africa's current UHC trajectory, highlighting that despite sustained effort, access to essential health services remains limited and financial hardship continues to define care-seeking for millions. These realities, she emphasized, reflect not a lack of innovation or intent, but a deeply fragmented ecosystem where public systems, private capital, and digital solutions often operate in isolation. This fragmentation has produced a HealthTech landscape rich in pilots yet constrained in scale, underfunded in sustainability, and uneven in access. Her framing positioned alignment not technology alone as the defining challenge standing between Africa and meaningful progress toward UHC and health security.

A central theme was the pervasive fragmentation of health systems, where public institutions operate under pressure, private capital is deployed in silos, and digital innovations remain largely disconnected from national priorities. Dr. Atoki explained that this lack of coordination limits scalability, reduces operational efficiency, and constrains the transformative potential of promising solutions. She argued that bridging these divides requires a unified strategic vision that aligns incentives, promotes system integration, and embeds innovation directly into national health architectures.

She emphasized the private sector as a critical co-architect of Africa's health future, integral to shaping resilient, scalable, and sustainable health systems. She highlighted that aligning private innovation, technological agility, and strategic investment with public mandates, policy objectives, and national health priorities is essential to closing systemic gaps and achieving impact at scale. By fostering structured collaboration, shared accountability, and coordinated planning, private-sector resources can complement—and amplify, public health efforts rather than operate in isolation or competition. This alignment enables a synergistic ecosystem where innovation is responsive to real-world health system needs, ensures equitable access to quality care, and leverages both financial and operational expertise to deliver measurable improvements in service delivery, efficiency, and health outcomes.

Effective health innovation she stated, requires deliberate alignment of intent, incentives, and implementation across all stakeholders including regulators, policymakers, investors, and innovators. Without coherent coordination frameworks, clear accountability structures, and shared strategic objectives, even the most promising interventions risk remaining fragmented, underutilized, or misaligned with national priorities. Alignment serves as the strategic linchpin that transforms investments, technological innovation, and policy commitments into measurable, sustainable, and equitable health outcomes. By fostering synchronized planning, cross-sector collaboration, and integrated implementation, leaders can ensure that HealthTech initiatives achieve scale, operational efficiency, and resilience across both national and regional health systems.

Reimagined public–private partnerships were a central theme, with Dr. Atoki’s contributions highlighting the imperative to move beyond conventional transactional models. She emphasized that by strategically leveraging the agility, innovation capacity, and capital of the private sector alongside the public sector’s scale, legitimacy, and stewardship, PPPs can evolve into dynamic co-creation ecosystems. Such partnerships are designed to embed innovation directly within national health systems rather than operate as parallel or isolated initiatives, ensuring that solutions are aligned with policy priorities and integrated service delivery.

Central to her argument was the notion that these models foster shared accountability, enhance operational efficiency, and accelerate the adoption of technological innovations, while simultaneously maintaining financial sustainability and prioritizing equitable access. By transforming the structural framework of PPPs, Dr. Atoki positioned these partnerships as essential instruments for scaling impactful interventions, bridging systemic gaps, and converting fragmented innovations into cohesive, high-impact national solutions capable of advancing Universal Health Coverage and health system resilience.

Equity and inclusion are as non-negotiable design principles, she highlighted that HealthTech must intentionally serve all populations, including rural communities, adolescents, and other underserved groups. Central to her points was that equity cannot be an afterthought; it must guide every stage of solution development, deployment, and governance. By embedding equity into system design and policy frameworks, innovations become culturally relevant, linguistically accessible, and responsive to marginalized populations, ensuring that technological advancements deliver meaningful, measurable impact across all segments of society.

Concluding her remarks, she stressed that reliance on donor-dependent pilots is unsustainable and limits the ability of HealthTech innovations to scale effectively. She advocated for comprehensive, integrated financing models that combine domestic resources, private capital, and targeted public investment to ensure continuity and long-term viability. By linking funding directly to governance structures, national health priorities, and system-wide integration, financial mechanisms can reinforce accountability, incentivize performance, and sustain innovation beyond initial grants. Such approaches not only strengthen UHC objectives but also cultivate resilient, adaptive health systems capable of responding proactively to emerging public health challenges, fostering equitable access and measurable impact across all populations.

## Key Action Points

- 1. Institutionalize Interoperability:** Governments should establish, enforce, and regularly update national interoperability standards that enable seamless data exchange, coordinated care, and efficient health system management. Such frameworks create the foundation for scalable, integrated, and patient-centered HealthTech ecosystems.
- 2. Advance Co-Creation Partnerships:** Public–private partnerships should transition into genuine co-creation models that prioritize shared risk, joint investment, and measurable health outcomes. By aligning incentives and fostering collaborative governance, these partnerships can embed innovations directly within national health systems.
- 3. Embed Equity by Design:** HealthTech solutions must be intentionally designed to reach underserved populations, including rural communities, adolescents, and marginalized groups. Equity-focused design ensures that innovations are accessible, affordable, culturally relevant, and deliver meaningful impact across the last mile.
- 4. Transition to Sustainable Financing:** Stakeholders should adopt blended funding approaches that combine domestic resources, private capital, and strategic public investment. Sustainable financing models reduce reliance on short-term donor support and enable HealthTech solutions to scale effectively over the long term.
- 5. Strengthen Alignment Mechanisms:** Policymakers, regulators, investors, and innovators should implement shared planning, monitoring, and accountability frameworks. Alignment of intent, incentives, and implementation ensures that technological innovation translates into system-wide, measurable improvements in health outcomes.



“Public-private partnerships must move beyond transactions to become co-creation ecosystems that deliver system-wide health impact.

## Dr. Ikpeme Neto

CEO

WellaHealth

Moderator



Dr. Ikpeme Neto, CEO of Wellahealth, opened the discussion by spotlighting the persistent fragmentation of Africa's health systems as a critical barrier to Universal Health Coverage (UHC). He highlighted that slow progress toward UHC is not simply a funding issue, but a systemic challenge requiring alignment of public-private innovation and interoperable systems. By focusing the dialogue on these levers, he set the tone for exploring scalable, sustainable solutions that integrate technological, financial, and operational components across national health ecosystems.

The discussion opened by situating Africa's slow progress toward UHC within a broader context of systemic fragmentation, characterized by parallel service delivery models, uncoordinated digital platforms, and weak integration between public health systems and private innovation. The framing underscored that without deliberate alignment, even the most advanced technologies risk reinforcing inefficiencies rather than resolving them. By interrogating why public-private alignment and interoperable systems now represent the most critical lever for change, he highlighted that Africa's health trajectory cannot be altered through incremental reforms alone. Instead, transformational impact requires synchronized incentives, shared accountability, and interoperable infrastructures that allow innovations to plug directly into national health priorities. This positioning reframed alignment not as a technical exercise, but as a strategic governance choice essential to unlocking scale, resilience, and equitable access.

Regulation was reframed as a strategic enabler of innovation when developed collaboratively between governments and private actors, rather than as a constraint on progress. The discussion emphasized the need for adaptive regulatory frameworks that can keep pace with rapidly evolving HealthTech solutions while safeguarding patient safety, data privacy, and ethical standards. Instruments such as regulatory sandboxes, harmonized policy guidelines, and iterative approval pathways were highlighted as practical mechanisms to test, refine, and scale innovations in real-world settings. By embedding flexibility and co-creation into regulatory design, such approaches strengthen institutional trust, reduce uncertainty for innovators, and create a predictable environment that supports responsible adoption at scale.

Interoperability was positioned as core national health infrastructure, fundamental to system efficiency and resilience rather than an optional technical enhancement. His remarks ascertained the importance of common data standards, shared digital platforms, and robust governance frameworks to enable seamless information exchange across public and private providers. Framed as a public good, interoperability was linked to improved continuity of care, more effective resource allocation, and evidence-based decision-making. Without it, health systems remain fragmented and reactive; with it, they can function as coordinated, patient-centered networks capable of supporting UHC, population health management, and health security objectives.

In his remarks, he highlighted the need to reframe public-private partnerships beyond traditional transactional models, envisioning them instead as dynamic co-creation ecosystems capable of delivering system-wide impact. He emphasized that risk-sharing arrangements, performance-based contracting, and joint investment models are essential to align incentives around shared outcomes rather than isolated outputs. By strategically combining the scale, legitimacy, and stewardship role of the public sector with the agility, capital, and innovation capacity of private actors, such partnerships can embed solutions directly within national health systems. This approach, he suggested not only strengthens accountability and enhances value for money, but also ensures that innovations are designed for sustainable, long-term adoption rather than short-term deployment, fostering resilient, inclusive, and high-performing health ecosystems.

Equity, he explained should be a foundational principle guiding the design, deployment, and scaling of HealthTech solutions. In the discussion, it was highlighted that persistent gaps in Universal Health Coverage and high out-of-pocket expenditures are largely driven by fragmented health systems that inadequately serve underserved populations. Particular emphasis was placed on ensuring that digital innovations are intentionally aligned with primary healthcare strategies and UHC benefit packages, thereby promoting affordability, accessibility, and contextual relevance for rural communities, informal workers, adolescents, and other marginalized groups. By embedding equity at the system level, HealthTech interventions can actively reduce disparities, strengthen financial protection, and generate meaningful, inclusive health outcomes transforming innovation from a potential source of fragmentation into a catalyst for systemic fairness, resilience, and sustainable improvements in population health.

Recognizing that health challenges and data flows transcend national boundaries, the discussion highlighted the strategic and indispensable role of regional and continental institutions in driving scale, resilience, and sustainability across Africa's health systems. Key actors, including the African Union, Africa CDC, and development finance institutions, were identified as critical conveners for harmonizing technical standards, aligning cross-border policies, and mobilizing long-term, sustainable financing for HealthTech initiatives. This regional coordination is essential not only for scaling interoperable systems but also for enhancing disease surveillance, strengthening emergency preparedness, and reinforcing cross-border health security. By explicitly linking Universal Health Coverage objectives with broader resilience and health security agendas, the discussion positioned coordinated regional action as a foundational pillar for transforming Africa's health ecosystem into an adaptive, inclusive, and technologically empowered framework capable of addressing both current and emerging public health challenges with equity, efficiency, and sustainability at its core.

## **Key Action Points**

1. Institutionalize Public-Private Alignment Mechanisms: Governments should establish formal platforms that align HealthTech platforms linking innovation with national UHC and health security priorities from inception to scale health priorities.
2. Embed Interoperability as a National Public Good: Adopt and enforce common data standards and shared digital infrastructure to ensure seamless integration across public and private health systems
3. Transition from Pilots to Policy-Backed Scale: Require early integration of HealthTech solutions into national health strategies, financing frameworks, and procurement systems to enable sustainability
4. Advance Adaptive and Ethical Regulatory Frameworks: Co-develop flexible regulatory approaches, including sandboxes and iterative approvals, that protect patients while accelerating and fostering innovation.
5. Redesign PPPs Around Shared Outcomes: Shift towards promoting risk-sharing and performance-based partnership models that incentivize long-term system integration and measurable health impact models for integrated, impactful solutions.
6. Strengthen Regional Coordination for Health Security: Empower continental and regional institutions to harmonize standards, mobilize financing, and scale interoperable systems across borders.





“HealthTech adoption must extend beyond routine care to address health security imperatives.”

**Dr. Francis Ohanyido**

**Director-General**

**West Africa Institute of Public Health (WAIPH)**

**Co-Chair**

Dr. Francis Ohanyido opened by emphasizing that robust public health systems form the foundation for scalable HealthTech adoption. He framed digital innovation not as a replacement for traditional health systems, but as a strategic complement that amplifies public health effectiveness. He highlighted the need for HealthTech solutions to address systemic inefficiencies such as fragmented service delivery, inconsistent data flows, and gaps in access. By situating technology within a structured health governance framework, he argued, innovations can contribute to both immediate service delivery improvements and long-term health system resilience, aligning closely with national and regional health objectives.

Central to his remarks was the critical role of data in accelerating Universal Health Coverage (UHC). He stressed that interoperable, integrated health information systems enable policymakers to monitor population health trends, identify service gaps, and allocate resources efficiently. By embedding digital platforms into routine public health workflows, governments can leverage real-time insights to optimize service delivery, evaluate interventions, and track equity outcomes. His perspective reinforced that evidence-based decision-making is essential to transform isolated innovations into coordinated, sustainable improvements in access, quality, and health equity.

HealthTech adoption, he stated, must extend beyond routine care to address health security imperatives. Integrated digital surveillance systems, interoperable platforms, and early-warning mechanisms can enhance epidemic preparedness, strengthen cross-border coordination, and accelerate emergency response. He argued that alignment between private sector innovation and public health mandates ensures technology serves both daily service needs and emergent public health challenges. This dual focus enhances system resilience, reduces duplication of effort, and fosters trust across stakeholders, ultimately safeguarding populations while promoting UHC objectives.

Recognizing that many health challenges cross national boundaries, he highlighted the strategic importance of regional collaboration as a catalyst for resilient, scalable HealthTech ecosystems. He stressed that harmonized data standards, shared digital infrastructure, and coordinated investment strategies across West African nations are essential to ensure interoperability, reduce duplication, and optimize resource utilization.

By pooling expertise, aligning regulatory frameworks, and leveraging collective financing, countries can maximize economies of scale, accelerate adoption of innovative solutions, and strengthen both routine service delivery and emergency preparedness. Such coordinated action, he emphasized, is pivotal for building equitable, people-centered health systems capable of addressing regional health security challenges and advancing Universal Health Coverage.

Dr. Ohanyido in his remarks stressed that digital tools are most effective when integrated into primary healthcare delivery. He emphasized embedding HealthTech into community health programs, immunization campaigns, and maternal-child health services to ensure continuity of care and equitable access. Integration allows technology to enhance frontline service delivery, improve patient tracking, and strengthen referral systems. By aligning HealthTech with routine operations and workforce capabilities, innovations become operationally relevant, contextually appropriate, and sustainable over time.

He emphasized that human capital is a foundational enabler of sustainable HealthTech adoption and long-term health system resilience. Investing in the training of health workers to proficiently utilize digital platforms, developing structured mentorship programs for emerging innovators, and establishing formal knowledge-sharing networks were identified as essential strategies to maximize the impact of digital health initiatives. By simultaneously building technical competencies, governance literacy, and operational expertise, the health ecosystem can ensure that innovations are not only effectively implemented but also maintained, scaled, and adapted to local contexts. Strengthening human capital in this way reinforces service continuity, promotes system-wide resilience, and enhances the capacity of health systems to respond dynamically to evolving public health needs.

Equity and inclusion were highlighted as foundational principles for the design, deployment, and governance of HealthTech interventions. He stressed that digital health solutions must deliberately address the needs of underserved populations including rural communities, adolescents, and marginalized groups ensuring that technologies are linguistically accessible, culturally sensitive, and responsive to local contexts and realities. Embedding equity throughout the lifecycle of HealthTech from conception and design to implementation and evaluation enhances adoption, reduces systemic disparities, and ensures that innovations deliver meaningful benefits across all segments of society. He emphasized that inclusion is not only a moral imperative but also a strategic necessity, as sustainable health outcomes and resilient systems depend on reaching every community effectively.

Concluding his remarks, Dr. Ohanyido emphasized that sustainable financing is essential for long-term HealthTech impact. He advocated for blended approaches combining domestic resources, private investment, and regional funding to create resilient financial ecosystems. Linking funding to governance frameworks, national priorities, and public system integration ensures innovations are scalable, accountable, and aligned with health objectives. Without such structuring, promising solutions risk stalling post-donor support, undermining progress toward Universal Health Coverage. Strategic, integrated financing is therefore critical to sustaining innovation, strengthening resilience, and building adaptive health systems.

## Key Action Points

- 1. Institutionalize Public-Private Alignment:** Establish formal platforms that synchronize innovation, investment, and policy objectives to support scalable, equitable HealthTech adoption.
- 2. Embed Interoperability as a National Priority:** Implement and enforce common data standards, shared digital infrastructure, and governance frameworks to enable seamless integration across public and private systems.
- 3. Transition from Pilots to System-Wide Scale:** Integrate HealthTech solutions early into national strategies, financing models, and operational frameworks to ensure sustainability beyond short-term donor projects.
- 4. Promote Adaptive and Ethical Regulation:** Co-develop regulatory frameworks, including sandboxes and iterative approvals, that protect patients while fostering responsible innovation.
- 5. Redesign Partnerships Around Shared Outcomes:** Shift PPPs toward co-creation models emphasizing risk-sharing, performance-based contracts, and measurable health impact.
- 6. Strengthen Regional Coordination:** Empower continental and regional institutions to harmonize standards, mobilize financing, and scale interoperable systems to reinforce health security across borders.

“What Africa needs are connected systems, not just digital tools operating in isolation.”

## Dr. Lynda Decker

President

FOASPS (West Africa Healthcare Federation)

Co-Chair



Dr. Lynda Decker, the President of the Fédération des Organisations du Secteur Privé de la Santé en Afrique de l'Ouest (FOASPS) remarks illuminated not just the challenges facing Africa's health systems, but the strategic pathways through which digital technology, data interoperability, and regional collaboration could serve as catalysts for achieving Universal Health Coverage (UHC) and strengthening health security across the continent.

In her address, she centered the discussion around a transformative vision one where digital innovation is not a peripheral luxury, but a core pillar of modern health system strengthening. She observed that while the global conversation around UHC often emphasizes financing and service delivery, digital transformation is now the structural backbone that enables both. In the context of West Africa, she noted that health systems remain deeply fragmented, constrained by siloed data systems, weak connectivity between private and public actors, and significant inequalities in digital readiness among member states. This fragmentation, she emphasized, impedes not only efficiency and coordination but also the continent's ability to respond collectively to public health emergencies and chronic disease burdens.

Dr. Decker stressed that digital technologies are the most promising equalizer in Africa's healthcare landscape. When effectively integrated, they improve the efficiency, accountability, and responsiveness of service delivery. For instance, digital innovations such as telemedicine platforms, e-pharmacies, and electronic laboratory networks are already reshaping access to care, especially for underserved populations in rural and peri-urban areas. Similarly, health information systems (HIS) built on interoperable architectures can enhance decision-making, optimize resource allocation, and improve the timeliness and accuracy of health intelligence. Furthermore, digital insurance and payment systems can promote financial protection, ensuring that citizens do not fall into poverty due to out-of-pocket healthcare spending a critical dimension of UHC.

However, she noted that technology alone is not the solution. What Africa needs are connected systems, not just digital tools operating in isolation. The true power of digital health lies in interoperability the ability of different systems and platforms, whether public or private, national or regional, to communicate seamlessly, share data securely, and collaborate toward common health goals. Interoperability is what transforms a collection of innovations into an ecosystem capable of delivering people-centered care. Without it, digital initiatives remain fragmented, duplicative, and inefficient mirroring the very structural weaknesses they were designed to overcome.

It is in this context that Dr. Decker positioned FOASPS as a pivotal actor in bridging the public-private divide in digital health across West Africa. FOASPS, as a regional federation representing the private health sector, has both the mandate and the reach to catalyze an interoperable digital ecosystem aligned with UHC objectives. She outlined several strategic avenues through which FOASPS can drive this transformation.



Dr. Decker emphasized that FOASPS is uniquely positioned to bridge the public–private digital divide in West Africa and drive interoperable, people-centered health ecosystems that advance UHC. It does so by advocating for harmonized regional standards and digital governance, representing private-sector interests in policy dialogues, and promoting secure data-sharing for public health intelligence. Acting as a neutral facilitator, FOASPS coordinates interoperability pilots linking private providers with national health systems, supports regional digital hubs, and enables cross-country learning and benchmarking.

Central to her remarks was the critical role of knowledge sharing and South–South collaboration in advancing digital health across the region. She envisioned FOASPS as a central knowledge broker, curating comprehensive digital health showcases, organizing innovation awards, and publishing detailed Digital Health Observatory Reports that systematically capture best practices, lessons learned, and successful interoperability initiatives. By providing accessible, evidence-based insights, these platforms not only facilitate the replication and scaling of effective solutions across member states but also elevate West Africa's profile as a regional leader in digital health transformation. This proactive approach positions the region to actively contribute to global health policy and innovation discourse, moving beyond passive adoption to becoming a source of knowledge, expertise, and contextually relevant solutions.

She emphasized that achieving Universal Health Coverage (UHC) is fundamentally dependent on a strong, well-resourced Primary Healthcare (PHC) foundation, noting that PHC remains the most cost-effective, equitable, and sustainable pathway to improving population health outcomes. Yet across Africa, PHC delivery faces persistent structural challenges, including weak financial management systems, underfunded national health budgets, and inefficient allocation of resources. These systemic weaknesses are compounded by fragmented donor interventions, chronic workforce shortages, and inadequate data infrastructure, all of which limit the ability of PHC to serve as a reliable platform for equitable, high-quality healthcare. She stressed that addressing these bottlenecks is essential not only to strengthen frontline services but also to enable broader health system integration, facilitate scalable innovations, and ensure that digital health solutions can effectively contribute to UHC and health security objectives.

Her remarks concluded by reaffirming that UHC cannot be achieved without a strong Primary Healthcare foundation. She highlighted persistent PHC challenges, including underfinancing, fragmented donor interventions, workforce shortages, and weak data systems. Digital solutions, when embedded within PHC financing and delivery models, can improve continuity of care, support frontline health workers, and enhance accountability. Through investment mobilization and partnerships, FOASPS supports locally relevant digital innovations such as teleconsultation networks and mobile health payments—ensuring that private-sector contributions are integrated, visible, and impactful within national PHC strategies.

## Key Action Points

1. **Strengthen Digital Governance:** Advocate for regional interoperability standards and harmonized health data policies to ensure private-sector contributions are integrated into national strategies.
2. **Build Interoperable Health Systems:** Facilitate platforms linking private providers with national health information systems and coordinate regional digital hubs to enable real-time data exchange and cross-country learning.
3. **Mobilize Innovation and Investment:** Support homegrown digital health solutions through partnerships with startups, telecoms, and fintechs, ensuring solutions are scalable, contextually appropriate, and sustainable.
4. **Expand People-Centered Digital Services:** Implement technology-enabled solutions such as telemedicine and digital monitoring tools to extend access, improve efficiency, and relieve pressures on overstretched health systems.
5. **Position the Private Sector as a Co-Architect:** Align private-sector assets data, technology, innovation, and financing with national UHC strategies to strengthen equity, accountability, and system resilience.



True impact comes from ‘collaboraction’ when collaboration moves beyond discussion and translates into action

## Dr. Jean Philbert Nsengimana

Chief Digital Advisor  
AfricaCDC  
Co-Chair

Dr. Jean Philbert Nsengimana, Chief Digital Advisor, Africa CDC, former Minister of Youth and ICT of Rwanda, delivered a deeply reflective address on transformation, partnerships, and the power of collaboration that translates into tangible outcomes a concept he framed as “collaboraction.” His remarks resonated as a clarion call for Africa to move beyond dialogue and declarations, toward meaningful, measurable action that advances digital health transformation and universal access to care.

He began by situating the conversation within Africa’s ongoing digital transformation journey, describing it as a moment of unprecedented opportunity. Across the continent, technological progress is redefining what is possible in healthcare delivery, governance, and citizen engagement. However, he highlighted a critical challenge: while innovation is abundant, uncoordinated efforts risk reinforcing fragmentation that has long characterized African health systems. Central to his argument was the need for digital health solutions to be purposeful, people-centered, and collaborative, aligning governments, private innovators, civil society, and investors around a shared mission of inclusive, sustainable, and interoperable health systems.

A key insight from his address concerned the overwhelming proliferation of digital health initiatives. He noted that governments and institutions are inundated with proposals, often struggling to differentiate between solutions with real impact and those offering limited benefits. Historical examples of costly pilot programs and reversals illustrate the consequences of adopting solutions without rigorous evaluation. He emphasized the importance of cost-effectiveness, urging innovators to demonstrate not only affordability but measurable reductions in care costs, improved service delivery, and stronger population health outcomes. Central to his remarks was the idea that the value of digital health investments lies not in technical sophistication alone, but in tangible improvements to health system performance.

He reinforced that partnerships are the cornerstone of transformation. No single actor, government, private sector, or civil society can achieve universal health coverage or health security in isolation. The complexity of health challenges, including workforce shortages and infrastructural deficits, necessitates joint problem-solving. However, he cautioned against collaboration in name only, insisting that partnerships must lead to action. This principle formed the basis of the “collaboraction” framework, which he defined as aligning intentions with measurable results. Every initiative, meeting, and partnership, he stressed, should contribute directly to improved health outcomes.

Central to his argument was also the need for interoperability. He reflected on the fragmented state of Africa’s health data systems, observing that many digital initiatives remain siloed and fail to communicate effectively. True transformation, he argued, requires interoperable

interoperable systems that enable seamless sharing of information across facilities, sectors, and platforms. Governments, he noted, must establish clear policies and regulatory frameworks to guide adoption, while the private sector must commit to transparency and alignment with national strategies.

Equity and inclusion were highlighted as non-negotiable components of sustainable health solutions. He emphasized that digital tools must reach marginalized populations including rural communities, informal settlements, and vulnerable groups and address barriers such as affordability, digital literacy, and gender disparities. Locally-led innovation was presented as a critical driver of sustainability, with the call for African entrepreneurs, startups, and researchers to co-develop solutions that are contextually relevant and scalable. He cautioned against over-reliance on imported technologies that often fail to integrate into local health systems or respond to community needs.

His remarks also stressed that alignment across actors and systems is essential. Too often, ministries, development agencies, and private companies pursue disconnected agendas, undermining the scale and impact of innovations. Strategic coordination, clear accountability, and shared frameworks are necessary to ensure that collective efforts contribute to measurable, system-wide improvements. Central to this is the recognition that transformation is a shared responsibility: governments enable and regulate, the private sector drives innovation and efficiency, academia provides evidence and evaluation, and communities participate as co-creators and end-users.

In his analysis, Digital health transformation must be designed to be inclusive, ensuring that technology reduces rather than reinforces inequalities. To achieve universal health coverage, solutions should address access, affordability, literacy, and gender, reaching rural and marginalized communities through platforms like mobile health, teleconsultation, and digital payments. Inclusion is central to the effectiveness of a health system, as its strength lies in serving all populations equitably.

Building on this, He also highlighted that transformation requires more than innovation it requires alignment. Too often, Africa's health and technology ecosystems operate on parallel tracks, with ministries, development agencies, and private companies pursuing disconnected agendas. To achieve scale, there must be convergence around shared frameworks, investment priorities, and accountability mechanisms. Collaboration must be intentional, guided by a clear understanding of who does what, and how collective action contributes to measurable system-wide outcomes. In this sense, transformation is as much about governance and coordination as it is about technological progress. He further emphasized that "collaboraction" thrives on trust and mutual accountability. Partnerships that endure are those that are transparent, measurable, and rooted in shared benefit. He challenged leaders to move away from performative alliances that end with signed memoranda and press releases, and instead focus on outcomes that transform lives better access to care, stronger data systems, and more efficient service delivery. Every collaboration, he noted, must answer a simple question: What difference does it make for the people and systems we serve?

## **Key Action Points**

1. **Champion Interoperability:** Develop and implement interoperable digital health systems that enable seamless communication and data sharing across public and private actors.
2. **Foster Collaboraction:** Move partnerships beyond dialogue to tangible action, ensuring collaborations deliver measurable improvements in health access, efficiency, and outcomes.
3. **Promote Inclusive Innovation:** Support homegrown, locally-led digital solutions that address community needs, reduce dependency on imported technologies, and strengthen Africa's innovation capacity.
4. **Prioritize Equity and Access:** Design digital health solutions that reach underserved populations, addressing barriers such as affordability, literacy, geography, and gender to ensure universal coverage.
5. **Align Systems and Stakeholders:** Coordinate governments, private sector actors, and development partners around shared frameworks, investment priorities, and accountability mechanisms to maximize system-wide impact.
6. **Invest in Leadership and Capacity:** Build visionary leadership and human capital capable of sustaining digital transformation, fostering trust, and embedding interoperability, inclusion, and collaboration as national priorities.



“Digital health, should not be an abstract ideal but a practical enabler of care efficiency, accountability, and inclusion.

## Dr. Amit Thakker

Executive Chairman  
Africa Health Business  
Co-Chair



Dr. Amit N. Thakker, CEO, African Health Business, delivered a compelling address. His remarks underscored a pragmatic yet visionary approach to Africa's health transformation one rooted not in rhetoric, but in measurable value, sustainability, and collective impact. He began by framing Africa's health journey as one defined by costly choices that will determine whether the continent's growing health investments translate into meaningful outcomes. The central challenge, he emphasized, is not the lack of resources, but how those resources are deployed. With over 1.5 billion people depending on fragile health systems, he questioned how the continent could move beyond “more money for health” to “more health for the money.” This reframing, he noted, demands a shift in the way value is perceived and measured in healthcare from sheer spending and infrastructure expansion to actual health impact, service quality, and patient outcomes.

The conversation, therefore, is not about quantity, but quality; not merely about funding, but about how care is delivered, how efficiently systems operate, and how equitably technology can close gaps in access and affordability. He also spoke to the need for appropriate digital platforms tailored to Africa's realities, solutions that integrate seamlessly into the everyday lives of communities rather than mimic imported models that fail to capture local nuances. Digital health, in his view, should not be an abstract ideal but a practical enabler of care efficiency, accountability, and inclusion. However, he cautioned that innovation alone is not enough.

Digital health tools, he observed, are proliferating rapidly, but without sufficient evidence of their efficacy in addressing real health problems. There are, as he highlighted, few studies demonstrating how these tools reduce disease burdens, improve diagnostics, or strengthen primary healthcare. The proliferation of apps and platforms, without a parallel focus on validation, scalability, and integration into national systems, risks fragmenting rather than transforming healthcare delivery.

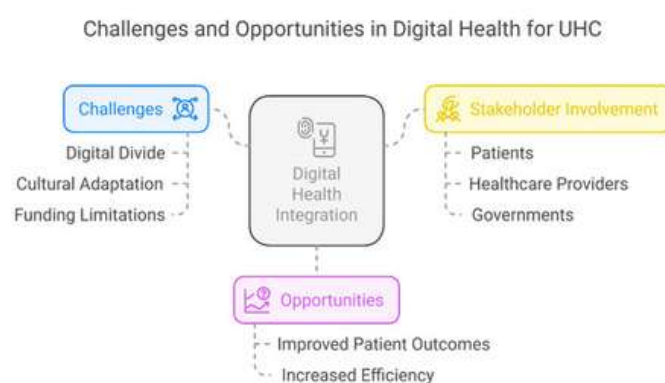
For innovation to translate into systemic improvement, He argued, Africa must reframe the value proposition of HealthTech, seeing technology not as a shiny object of progress but as an essential mechanism to make healthcare smarter, leaner, and more outcome-driven. This reframing calls for a strong culture of evaluation: understanding how a digital intervention saves lives, improves health-seeking behavior, or reduces operational inefficiencies. Health technology should not simply be about digitization but about enabling interoperability across systems.

He also drew attention to the paradox of Africa's digital health evolution: despite significant innovation at the grassroots level, few solutions have achieved continental or even national scale. The reason, he observed, lies not in a lack of creativity but in weak collaboration frameworks and misaligned incentives between governments, innovators, and investors. The

path forward, he proposed, is a model anchored on partnerships that deliver action echoing the notion of “collaboraction”. Collaboraction, in this context, must go beyond dialogues and memoranda to concrete initiatives that align financial, policy, and technological resources toward shared health goals. The private sector’s entrepreneurial energy must meet the public sector’s regulatory and infrastructural mandate in a space of mutual accountability and joint ownership. Africa’s future health systems must be shaped by the principle of shared value creation where innovation serves both social good and economic sustainability. The call is for the health community to invest not only in developing new tools but in ensuring that existing ones are optimized, interoperable, and contextually relevant.

He urged stakeholders to think differently about resource allocation to channel investments into systems and solutions that demonstrate impact, scalability, and inclusivity. True transformation, he argued, is not achieved by pouring funds into isolated initiatives, but by creating enabling ecosystems where innovation thrives sustainably. By focusing on value-based healthcare, Africa can ensure that every dollar spent delivers tangible improvements in health outcomes. This shift demands political will, data-driven decision-making, and a commitment to long-term structural change.

In his analysis, digital health transformation must also be inclusive by design. UHC cannot be achieved if digital tools widen rather than bridge inequalities. For technology to be an equalizer, it must address issues of access, affordability, literacy, and gender. He spoke of the need to reach the last mile rural communities, informal settlements, and marginalized groups through accessible platforms such as mobile health services, teleconsultation networks, and digital payment systems. Inclusion, in his view, is not an afterthought; it is the measure of success. A



health system is only as strong as its ability to serve everyone, regardless of geography or socio-economic status. The vision articulated in his remarks aligns with a broader continental aspiration for universal health coverage one that integrates technology, governance, and human capital into a cohesive framework for progress. He emphasized that health security in Africa is inseparable from health innovation: digital systems that facilitate surveillance, telemedicine, and logistics are as vital as vaccines or infrastructure. But to realize this potential, governments must embrace the private sector as a genuine partner, not merely a contractor. The private sector, in turn, must commit to ethical innovation, transparency, and alignment with public health goals. Ultimately, success will depend on a shared commitment to build integrated, people-centered health systems that leave no one behind.

## Key Action Points

- **Prioritize Value-Based Investment:** Allocate resources to initiatives that demonstrate measurable impact on health outcomes, efficiency, and patient experience, rather than focusing solely on funding or infrastructure expansion.
- **Foster Evidence-Driven Innovation:** Support digital health solutions that are validated, scalable, and integrated into national systems, ensuring that innovation translates into tangible improvements in care delivery.
- **Enable Interoperable Systems:** Develop platforms that connect public and private actors, allowing seamless data sharing, continuity of care, and informed decision-making across facilities and regions.
- **Strengthen Public-Private Collaboration:** Build purposeful partnerships where government, innovators, and investors align incentives and resources, moving beyond dialogue to actionable, accountable initiatives.
- **Promote Local Relevance:** Ensure health technologies are contextually appropriate, culturally sensitive, and designed to meet the practical needs of African communities, reducing reliance on imported solutions.
- **Embed Accountability and Measurement:** Establish frameworks to monitor performance, track outcomes, and ensure that every intervention delivers meaningful, equitable, and sustainable benefits for patients and health systems.



“True universal health coverage must center the perspectives of those it serves, especially the next generation inheriting these systems.

**Dr. Njide Ndili**

**President, Healthcare Federation of Nigeria**  
**Founding Member, Digital Transformation of Health Labs**  
**Co-Chair**

Dr. Njide Ndili, Founding Member, Digital Transformation of Health Labs and President of the Healthcare Federation of Nigeria gave a decisive exploration of how Africa can deliberately build digital-first health systems that are people-centered, data-driven, and inclusive particularly of the continent's young population, whose voices and needs remain critically underrepresented in current digital health ecosystems

She situated Africa's health moment within a defining paradox. Despite remarkable progress in digital health adoption with more than 60% of African countries implementing national digital health strategies the continent still faces staggering inequities. Over 615 million Africans continue to lack access to essential health services, and a deepening health workforce shortage further constrains the ability to meet growing health demands. The gap, she explained, is not merely infrastructural but systemic, driven by the fragmentation of digital systems, weak interoperability, and limited cross-sector collaboration. Without alignment between governments, innovators, and private sector stakeholders, Africa's digital transformation risks becoming a patchwork of isolated pilots rather than a cohesive platform capable of advancing universal health coverage (UHC) and health security.

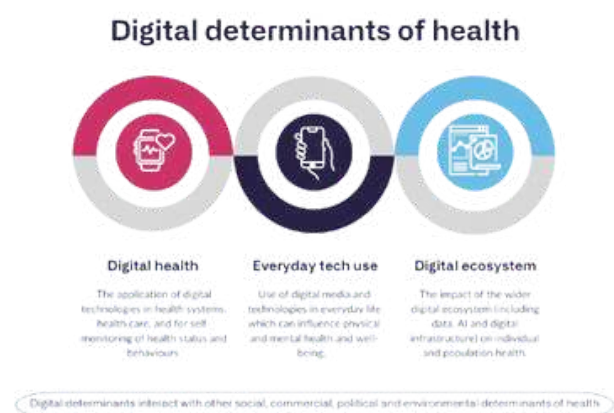
She emphasized that the lesson from years of fragmented digital initiatives is clear: the future must move from pilots to platforms. With over 469 digital health projects catalogued across 45 African countries through the Digital Health Atlas, the challenge is no longer innovation scarcity but strategic coherence. For digital health to deliver on its promise, stakeholders must shift from small-scale experimentation toward integrated, interoperable ecosystems that share data responsibly, communicate effectively, and respond equitably to people's needs. This requires not only technological advancement but also governance reform systems of data solidarity that ensure data is aggregated, harmonized, and used ethically to drive decision-making while protecting privacy and fostering trust.

Central to her message was the role of the Digital Transformations for Health Lab (DTH-Lab), a multi-regional initiative championing strong digital and data governance with a focus on the health and well-being of young people. Through research and global consultations, including several conducted across African regions, DTH-Lab uncovered a striking reality: youth voices though representing the continent's largest demographic are rarely heard in the design, governance, or evaluation of digital health systems. Policies are often crafted for young people but seldom with them, leading to tools that miss their priorities and fail to reflect their lived realities.

Her insights drew attention to the urgency of institutionalizing youth engagement within the digital health agenda. True universal health coverage, she asserted, must integrate the perspectives of those it seeks to serve particularly the next generation who will inherit and operate the health systems being built today. Through consultations with young people



across Africa, several shared principles emerged: equity, inclusivity, accountability, trust, and humanism. These foundational values, she noted, are non-negotiable if Africa's digital health transformation is to be sustainable and legitimate.



Her remarks also probed deeply into the emerging field of digital determinants of health. She stressed that the digital environment once viewed as peripheral to physical health has now become a major determinant of well-being. The same technologies that expand access to care can also perpetuate harm if not properly governed. Rising mental health challenges among young people are increasingly linked to social media exposure and digital fatigue; targeted marketing of unhealthy foods, alcohol, and tobacco online undermines public health

campaigns; misinformation erodes trust in vaccines and health systems; and excessive device use contributes to sedentary lifestyles and poor sleep quality. Thus, digital transformation must not only extend the reach of healthcare but also safeguard the health of societies in digital spaces. To that end, she highlighted the growing global recognition of the digital determinants of health and their implications for public policy. Governments worldwide have begun to prioritize digital well-being and develop strategies to mitigate digital harms. African policymakers, too, must rise to this challenge, not by copying external frameworks, but by crafting contextually relevant legislation and governance structures that balance innovation with protection.

To that end, she highlighted the growing global recognition of the digital determinants of health and their implications for public policy. Governments worldwide have begun to prioritize digital well-being and develop strategies to mitigate digital harms. African policymakers, too, must rise to this challenge, not by copying external frameworks, but by crafting contextually relevant legislation and governance structures that balance innovation with protection. A key element of her perspective was data solidarity the collective responsibility to ensure that data is aggregated and used to serve public good rather than fragmented across competing interests. In a continent as diverse as Africa, data is the lifeblood of effective governance and planning, yet it remains scattered and often inaccessible. Harnessing the value of data requires interoperable systems built on trust, ethical governance, and shared standards. Data should not merely be collected but contextualized, analyzed, and shared transparently to inform action. Importantly, communities must see tangible benefits from the data they generate reinforcing a culture of trust and reciprocity. She called for deliberate efforts to close the digital divide that continues to mirror socioeconomic inequalities.

## Key Action Points

- **Move from Pilots to Platforms:** Transition from fragmented, small-scale digital health initiatives to integrated, interoperable systems that communicate effectively and respond equitably to population needs.
- **Institutionalize Youth Engagement:** Ensure young people are actively involved in the design, governance, and evaluation of digital health solutions, reflecting their priorities and lived experiences.
- **Promote Data Solidarity:** Build interoperable, ethical, and transparent data systems that aggregate information for public good while protecting privacy and fostering trust among communities.
- **Address Digital Determinants of Health:** Develop policies and safeguards to mitigate digital harms such as misinformation, online marketing of unhealthy products, and digital fatigue, ensuring technology supports overall well-being.
- **Bridge the Digital Divide:** Invest in infrastructure, digital literacy, and inclusive policies to make technology accessible, affordable, and usable for underserved populations, including women and rural communities.
- **Strengthen Public-Private Collaboration:** Foster partnerships that co-create solutions, set interoperable standards, and align innovation with governance, accountability, and equity goals for sustainable health impact.

“Treating health data as both a public good and economic asset is key to building a sustainable African health ecosystem.”

## Professor Nicaise Ndembu

Deputy Director-General & Regional Director  
International Vaccine Institute (IVI) Africa Regional Office  
Co-Chair



Professor Nicaise Ndembu, Deputy Director-General & Regional Director, IVI Africa Regional Office, delivered a set of deeply strategic insights that shaped the direction and depth of the session. His intervention placed digital infrastructure, data governance, and interoperability at the core of Africa's ambitions to achieve Universal Health Coverage (UHC) and strengthen health security. Speaking from a continental vantage point, he unpacked the systemic constraints limiting progress while outlining the essential steps required to position Africa as an equal participant in the global digital health economy.

Anchoring his discussion in the continent's broader developmental and policy frameworks, he highlighted critical African Union (AU) instruments, including Agenda 2063, the Abuja Declaration, the Lusaka Agenda, and the recently introduced Accra Reset – a framework emerging from Ghana that seeks to align health data, innovation, and investment strategies across the continent. These instruments, he explained, represent Africa's roadmap toward achieving Universal Health Coverage (UHC) and strengthening health security, providing both strategic vision and operational guidance for governments, private sector actors, and development partners alike.

He reflected on the progress made in countries such as Rwanda, Nigeria, and Ghana, all of which have taken deliberate steps to expand UHC initiatives using digital platforms, improved surveillance tools, and technology-led service delivery models. These examples show what is possible when political will, partnerships, and digital strategy align. However, he emphasized that without harmonised frameworks, shared standards, and sustainable investment, these national successes will remain fragmented, limiting their regional impact.

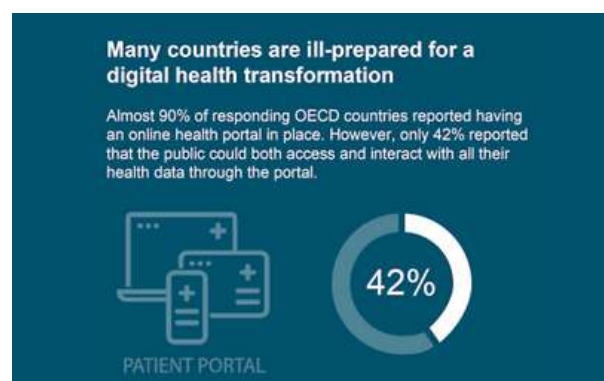
A recurring theme in his contribution was the centrality of data. Beyond its operational function, data is an economic asset, a regulatory tool, and a strategic resource that must be properly governed and leveraged. He underscored the importance of government ownership of health data, noting that states must play an active role in shaping how data is managed, shared, secured, and used. For meaningful reforms to occur, governments must be present “in the room,” co-driving the agenda with innovators, investors, and development partners. Without strong governmental stewardship, digital health ecosystems risk becoming disjointed, inequitable, and vulnerable.

The concept of data solidarity emerged as a critical pillar of his contribution, framed as a continental imperative for responsible data sharing across countries, institutions, and digital platforms. This approach calls for strengthened regional governance structures, including enhanced roles for the African Union and the strategic use of African Continental Free Trade Area (AfCFTA) frameworks to harmonise data standards, enable cross-border collaboration, and support the creation of a unified digital health market. Such harmonised systems are central to protecting Africa's data sovereignty, amplifying the continent's collective voice in

global health governance, and ensuring that digital transformation translates into equitable and secure health outcomes for all. Data should be considered a strategic asset, urging a rethinking of health business models to leverage the value of data through structured sharing, innovation, and investment. He highlighted that the private sector has already made significant contributions including nearly 350 startups operating in 27 African countries and generating data for a population of 1.5 billion people, with annual investments exceeding US\$500 million. Projected growth suggests that by 2033, Africa could generate over US\$200 billion from data-driven health solutions, particularly through machine learning and artificial intelligence. For this potential to be realized, governments, private investors, and philanthropists must collaborate to provide funding, technical support, and enabling policy environments.

The COVID-19 pandemic provided a practical demonstration of these principles. While the AU developed a continental digital pandemic-response platform, only 11 of 58 member states fully implemented it, revealing gaps in political ownership, coordination, and technical capacity. By contrast, countries like Nigeria and South Africa benefited significantly from private sector contributions, underscoring the importance of public-private partnerships in strengthening health system resilience. Lessons learned from the pandemic underscore that technological innovation alone is insufficient without aligned governance, clear incentives, and sustained implementation.

The experience underscored a deeper lesson: technology, no matter how innovative or well-designed, cannot succeed without the institutional alignment, governance structures, and sustained commitment required to translate tools into action. Effective deployment depends on synchronised policies, incentives that encourage adoption, strong regulatory guidance, and collective responsibility across national and regional bodies. Without these elements, even the most sophisticated digital platforms remain underutilized, leaving the continent vulnerable during



health emergencies. Existing digital health platforms, including the District Health Information System (DHIS) and other open-access tools, provide a strong foundation for building interoperable data systems across Africa. and other open-access platforms that already provide strong foundations for interoperable data systems. However, these platforms must be strengthened with clear guidelines, open-access policies, and investment models that ensure longevity and scalability. A final point emphasised the need to rethink health business models, framing data as a strategic asset capable of generating value through structured sharing, innovation, and targeted investment. This requires building strong regulatory frameworks, clarifying how data is exchanged, and consolidating fragmented systems into a coherent architecture that strengthens resilience and drives economic value. Only by treating data as both a public good and an economic asset can Africa develop a sustainable, future-proof health ecosystem.

## Key Action Points

- **Strengthen Government-Led Data Governance:** National authorities must lead in establishing strong frameworks governing data ownership, protection, and equitable sharing across sectors and borders.
- **Invest in Scalable Digital Infrastructure and Connectivity:** Closing the broadband and bandwidth gap is essential for enabling real-time data use, large-scale analytics, and interoperable digital health systems.
- **Build a Digitally Fluent Health Workforce:** Train scientists, health professionals, and technologists with the skills required to design, deploy, and sustain continent-wide digital health solutions.
- **Harmonise Continental and Regional Digital Platforms:** Leverage AU and AfCFTA frameworks to align standards, support interoperability, and ensure cross-country collaboration for UHC and health security.
- **Develop Data-Driven Business and Investment Models:** Position data as a strategic marketplace asset, creating incentives for innovation, partnership, and sustainable digital health investments.



# Speakers' Insights





“Treating health data as both a public good and economic asset is key to building a sustainable African health ecosystem.”

**Atef Fawaz**  
Executive Director  
eHealth Africa  
Speaker

Atef Fawaz, Executive Director of eHealth Africa, lauded the strategic imperative of cultivating a new generation of innovators to drive the continent's HealthTech transformation. His remarks underscored the urgency of approaching health as both a priority and a sustainable business, urging stakeholders to move beyond purely technical solutions toward blended, integrated strategies that embed innovation directly within health systems. He highlighted the potential for youth engagement to catalyze new ideas, bridge gaps in service delivery, and create scalable, contextually relevant solutions for Universal Health Coverage (UHC) and health security.

The role of youth is vital in accelerating HealthTech adoption. He highlighted that the emerging generation represents not only the primary users of digital health solutions but also a vital pool of creative talent capable of generating locally relevant innovations. By fostering interest, providing mentorship, and creating avenues for young innovators to contribute to design and implementation, health systems can cultivate a sustainable ecosystem that addresses unmet needs while building human capital for future resilience.

He advocated viewing health simultaneously as a public good and a viable business opportunity, emphasizing that sustainable HealthTech investment requires clear business models aligned with health priorities. Fawaz also highlighted the need for blended approaches that integrate technical tools with governance, operational workflows, and policy frameworks. Such integration transforms isolated solutions into interoperable networks that enhance efficiency, care quality, and accessibility.

He also stressed the importance of multi-stakeholder partnerships in scaling HealthTech innovations. Collaboration among governments, the private sector, academia, and civil society is critical to ensure coordinated investment, knowledge sharing, and equitable access. By fostering such ecosystems, HealthTech solutions can transition from pilot projects to sustainable, system-wide adoption, strengthening health outcomes and supporting Africa's goals for Universal Health Coverage and long-term health security.

#### Key Action Points

- **Youth Empowerment:** Develop structured programs to engage young innovators in HealthTech design, implementation, and evaluation, building local capacity and sustainable talent pipelines.
- **Sustainable Health Investment:** Align health priorities with viable business models to attract private sector investment while maintaining equity and accessibility in service delivery.
- **Blended Innovation Approaches:** Integrate technical solutions with governance frameworks, operational workflows, and cross-sector collaboration to maximize impact and system coherence.
- **System Integration:** Embed HealthTech interventions into existing health systems, policy frameworks, and institutional processes to ensure scalability, accountability, and equitable access.



Sustainable health innovation depends on collaboration, interoperability, and alignment between profit-driven and non-profit actors.

## Dr. Ifunanya Ilodibe

CEO

EHA Clinics

Speaker



Dr. Ifunanya Ilodibe, CEO of EHA Clinics, pointed out the transformative potential of collaboration across both profit and non-profit health actors. She framed her remarks around the need to rethink service delivery models and leverage collective innovation to address patient challenges more effectively. Central to her perspective was the recognition that fragmented, siloed approaches, where multiple actors unknowingly develop duplicate tools—undermine efficiency, limit scalability, and impede equitable access to care. Her insights underscored the necessity of interoperable systems and coordinated strategies to enhance outcomes across the health ecosystem.

There are detrimental effects of siloed care on service delivery, when tools and platforms are developed in isolation, providers risk duplication of effort, inefficient workflows, and disjointed patient experiences. She stressed that establishing interoperable systems is critical to ensuring that health innovations complement rather than compete with one another. By connecting digital platforms, patient records, and service providers, healthcare systems can deliver more seamless, integrated care while optimizing resource utilization.

Dr. Ilodibe reinstated the importance of problem-driven innovation. She advocated for developing digital health tools that directly address specific patient challenges, rather than creating solutions in isolation without knowledge of existing resources. She emphasized that collaboration across stakeholders including private clinics, technology providers, and non-profit actors can prevent redundancy, accelerate adoption, and ensure tools are both practical and impactful. Such approaches strengthen patient-centered care, improve accessibility, and foster a culture of shared innovation across the sector.

Sustainable health innovation depends on collaboration, interoperability, and alignment between profit-driven and non-profit actors. Coordinated strategies enable shared infrastructure, optimized funding, and joint efforts to address systemic health challenges. By focusing on patient-centered solutions, sharing knowledge to prevent duplication, and integrating systems across stakeholders, health ecosystems can evolve into resilient, scalable, and innovation-ready networks that deliver meaningful impact and strengthen care for all communities.

### Key Action Points

- **Promote Interoperable Systems:** Establish platforms that connect providers, tools, and patient records to enable seamless care and reduce duplication.
- **Encourage Stakeholder Collaboration:** Foster coordination among profit and non-profit actors to maximize efficiency, scale, and equity.
- **Develop Problem-Driven Tools:** Prioritize innovations that directly address patient needs while considering existing solutions to prevent redundancy.
- **Align Profit and Non-Profit Efforts:** Integrate strategies across sectors to combine sustainability, accessibility, and systemic impact.
- **Strengthen Shared Innovation Culture:** Support cross-sector networks and knowledge-sharing initiatives to encourage scalable, patient-centered solutions.





“Africa is not held back by a lack of innovation, data, or talent but by a lack of coordinated, consolidated, and trusted systems

## Laurie Hawkins

Founder  
AITIA Global  
Speaker

Mr. Laurie Hawkins Chief Executive Officer (CEO) & Founder, AITIA Global Estonia brought a practical, deeply experienced, and action-oriented perspective to the conversation on aligning public-private innovation with interoperable systems for Universal Health Coverage (UHC) and health security in Africa. In more than fourteen years of managing national digital health data systems, building federated directories, and orchestrating multi-jurisdictional interoperability in Australia, his intervention was both a technical blueprint and a strategic warning urging African leaders to avoid the costly missteps of more mature health systems by choosing smarter, simpler, and more unified approaches from the outset.

He framed Africa's current opportunity as a rare strategic turning point: a moment where the continent can either replicate the fragmented, siloed digital health architecture of high-income countries or leapfrog them entirely by building harmonised, consumer-centred, AI-ready systems from the ground up. Africa is not held back by a lack of innovation, data, or talent but by a lack of coordinated, consolidated, and trusted systems. His remarks highlighted that fragmentation is Africa's main health system challenge, with public, private, and non-profit providers maintaining separate, unreliable datasets. Drawing on Australia's experience, he showed that consolidating data into a single verified repository creates a “source of truth” that supports planning, governance, and digital tools. He emphasized that Africa can achieve this through practical, incremental steps—starting with one service category, demonstrating clear benefits, and gradually expanding adoption across regions and sectors.

He also stressed the importance of citizen-centered health data, leveraging mobile devices to store personal health records securely. This approach strengthens privacy, continuity of care, and access for underserved populations while allowing Africa to leapfrog legacy system limitations. Unified, AI-ready data can further enhance outbreak forecasting, public health planning, and economic opportunities such as medical tourism. Hawkins' core message was urgent: Africa must build interoperable, citizen-focused health systems one dataset, one service, and one state at a time.

### Key Action Points

- Establish Unified Health Service Libraries: Create authoritative national directories consolidating public, private, and non-profit health services to eliminate duplication and provide a single trusted data source for planning and analytics.
- Adopt Mobile-First Consumer Health Records: Enable secure personal health records stored on citizens' mobile devices to strengthen privacy, mobility, and continuity of care.
- Design Data Architecture for AI and Population-Level Analytics: Build harmonised, non-identifiable datasets and governance frameworks that support predictive modelling, outbreak forecasting, and future AI applications.
- Implement Incremental, Value-Driven Rollouts: Start with one service category or region, demonstrate rapid impact, and scale gradually to build trust and political will.

“A jointly governed health entity can sustain long-term innovation, provide dependable infrastructure, and strengthen national health systems

## Dr. Tosin Oshinubi

Director

Salient Advisory

Speaker



Dr. Tosin Oshinubi, Director Salient Advisory highlighted a critical challenge in African health systems: fragmentation. While pockets of digitization exist at sub-national levels, national-level integration remains largely absent. Systems such as the National Health Management Information System and the National Logistics Management Information System often operate in silos, leaving policymakers with incomplete visibility of nationwide health operations. These gaps, he noted, impede planning, coordination, and the ability to respond efficiently to emerging health needs.

He drew a parallel with the Nigerian banking sector, which faced similar fragmentation roughly 25 years ago. At that time, individual banks operated independently, leading to inefficiencies and delays in transactions. The breakthrough came when the Bankers Association and the Central Bank of Nigeria collaborated to create the Nigerian Interbank Settlement System (NIBSS). This entity was established not merely as a technological solution but as a governance structure with representation from both regulators and industry players.

He highlighted that structured collaboration between public and private sectors is key to overcoming fragmentation. Drawing on the Nigerian banking sector's success with the Nigerian Interbank Settlement System (NIBSS), he proposed a similar model for health: a national Health Information Exchange (HIE) jointly governed by the Ministry of Health, health associations, private providers, and other stakeholders. This neutral entity would set standards, enforce interoperability, and enable real-time, integrated health data, supporting planning, decision-making, and the rollout of digital health innovations across the country.

He concluded that the success of the Nigerian financial sector demonstrates the long-term value of public-private collaboration. A well-structured, jointly governed entity can sustain innovation for decades, provide reliable infrastructure, and elevate national systems above international benchmarks. He argued that healthcare in Africa could achieve similar progress if lessons from other sectors are applied thoughtfully.

### Key Action Points

- **National Health Information Exchange:** Establish a jointly governed HIE that brings together public and private stakeholders to coordinate health data integration.
- **Inclusive Representation:** Ensure the Ministry of Health, health federations, and private healthcare actors are involved to build broad ownership and stakeholder buy-in.
- **Standards and Interoperability:** Empower the HIE to define standards, enforce interoperability, and manage data integration across sub-national and national systems.
- **Real-Time Data Utilization:** Use the HIE to provide accurate, up-to-date health information for planning, logistics, and evidence-based policy-making.
- **Sustainable Collaboration:** Foster long-term partnerships between public and private sectors to maintain innovation and strengthen nationwide healthcare delivery.





“Private sector actors can complement government efforts by piloting scalable, sustainable digital health solutions aligned with national health priorities.

**Candace B. Eastman**

**CEO**

**Africabio Enterprise**

**Speaker**

Ms. Candace B. Eastman CEO, Africabio Enterprise– opened by emphasizing that embedding private enterprises within government health frameworks is essential not only for policy co-creation but also for the acceleration of systemic innovation. She highlighted that private sector actors, operating with agility and technological expertise, can complement government efforts by piloting scalable, sustainable digital health initiatives while ensuring alignment with national priorities. This integration enables innovations to be both impactful and inclusive, bridging gaps in health service delivery and strengthening system-wide governance.

A central theme of her remarks was the unique speed and adaptability of the private sector. She noted that private enterprises can deploy real-time monitoring, analytics, and iterative solutions far more rapidly than many public systems allow. When coordinated with government strategies, these innovations can enhance efficiency, improve health outcomes, and demonstrate the value of public-private partnerships in driving transformative, technology-enabled healthcare solutions across Africa.

She emphasized that interoperability is critical for health system efficiency and universal coverage. She noted that aligning private sector technologies such as electronic health records, telemedicine, and logistics systems with national infrastructure can create a unified, actionable data ecosystem, supporting evidence-based planning, better resource allocation, and trust among stakeholders. She further highlighted that private sector leadership sets benchmarks in efficiency and innovation, catalyzing public sector modernization, fostering business-to-business opportunities, attracting investment, and ensuring technology serves both commercial and public health goals.

Equity and inclusivity are essential for sustainable digital health ecosystems. Finally she emphasized that mobile health, telemedicine, and remote diagnostics can expand access for underserved populations, and when integrated with interoperable national platforms, they enhance care continuity, enable real-time surveillance, and advance universal health coverage while preventing the widening of health disparities.

#### Key Action Points

- **Embed Private Sector in Policy Development:** Actively involve private enterprises in shaping national health policies to ensure innovations align with public priorities.
- **Leverage Innovation Agility:** Utilize private sector speed and adaptability to pilot, optimize, and scale digital health solutions that enhance surveillance, service delivery, and health outcomes.
- **Promote Interoperability:** Standardize and integrate private sector platforms with national health systems to build a cohesive, actionable data ecosystem.
- **Foster Transformative Partnerships:** Establish long-term public-private collaborations to stimulate local innovation, attract investment, and strengthen health system capacity.



“We need a coalition of the willing proactive governments and private actors to pilot interoperable health solutions and drive momentum for broader continental adoption

## Dr. Harrison Muiru

MD/CEO

Smart Applications Ltd

Speaker



Harrison Muiru – CEO & Group Managing Director, Smart Applications International Ltd – underscored that effective alignment of public-private innovation in Africa’s health sector rests on strong governance, mutual trust, and a shared commitment to national health goals. He emphasized that technology alone cannot transform health systems; lasting progress requires governments to guide public interest while private actors contribute as trusted innovation partners. This collaborative approach, rather than transactional engagement, is essential for advancing inclusive and sustainable HealthTech solutions.

He highlighted the need for governments to deliberately cultivate an enabling environment that supports private sector participation. Clear, predictable, and forward-looking policies particularly those promoting interoperability, fair competition, and sound data governance are vital to unlocking digital health potential. He cautioned that restrictive gatekeeping practices hinder collaboration and prevent meaningful integration of private solutions into national systems, limiting the effectiveness of public health investments.

He emphasized the need for sustainable financing models, warning that reliance solely on donors or government budgets threatens the continuity of shared digital health infrastructure. He proposed hybrid approaches combining private contributions, public funding, and continental or international support to ensure long-term viability and scalability. He also stressed the urgency of action, advocating for a “coalition of the willing” of proactive governments and private actors to pilot interoperable solutions immediately, build early success, and generate momentum for wider continental adoption.

He concluded by reinforcing the principle of collective responsibility, echoing the Congolese proverb, “A single bracelet does not jingle.” True system-wide impact, he emphasized, depends on trust-based collaboration, shared governance, and co-investment. By working together, Africa can build resilient digital health ecosystems that advance universal health coverage, strengthen health security, and create a sustainable, inclusive future for all.

### Key Action Points

- Establish Pro-Innovation Enabling Policies Create predictable regulatory frameworks that support interoperability, fair competition, and data governance, enabling public and private actors to collaborate effectively.
- Adopt Hybrid Financing Models for Sustainability: Blend private sector access fees, ring-fenced government allocations, and catalytic continental or international funding to sustain Health Information Exchanges and shared digital infrastructure.
- Launch a “Coalition of the Willing” for Early Implementation: Empower pioneering countries and committed HealthTech actors to pilot interoperable solutions that generate evidence, showcase value, and build trust for wider adoption.
- Institutionalize Co-Governance for Shared Digital Platforms: Develop governance structures where public and private entities jointly oversee standards, platform maintenance, and strategic priorities for national digital health systems.



“Health solutions should be co-developed with governments, tailored for low-resource settings, and integrated into national digital systems to ensure sustainability beyond donor timelines

**Ota Akhigbe**

**Director, Strategic Partnerships & Programs**  
**eHealth Africa**  
**Speaker**

Ms. Ota Akhigbe, Director of Strategic Partnerships at eHealth Africa, emphasized a truth in Africa's health transformation: technology alone cannot deliver universal health coverage. Its real impact comes when digital tools are interoperable, embedded in government workflows, and measured by meaningful health outcomes rather than digital outputs. This perspective framed a deeper reflection on the systemic barriers slowing digital progress and the structural reforms needed for inclusive, sustainable transformation across the continent

She stressed that digital solutions must be designed for real operational environments, not for short-lived pilots. The example of PlanFeld, compressing a week-long microplanning task into just 30 minutes—demonstrated how system-aligned tools can dramatically improve efficiency, data accuracy, and decision-making at the last mile. Such innovations strengthen the everyday workflows of health workers, enhance coverage and accountability, and ensure that technology directly supports routine service delivery rather than creating parallel, unsustainable systems.

Interoperability is the foundation of scalable and durable digital health ecosystems. Solutions must be co-developed with governments, built for low-resource realities, and firmly anchored within national digital architectures so they can endure beyond donor timelines. She emphasized that capacity building, technical alignment, and shared stewardship are essential to reducing fragmentation, improving data continuity, and ensuring that digital systems remain functional, trusted, and cost-effective over time.

A shift to outcome-based financing is essential to ensure digital health solutions produce measurable public health gains rather than just expanding toolsets. Investments should reward improvements in reporting, coverage, supply planning, and decision-making. Building a connected, people-centered digital health ecosystem requires sustained, coordinated support from governments, partners, and funders focused on long-term, locally led system strengthening.

### Key Action Points

- **Develop National Interoperability Roadmaps:** Provide clear technical, governance, and implementation guidance to align all public and private digital health investments with national architectures.
- **Institutionalize Co-Design and Capacity Building:** Embed collaborative design processes and continuous skills development into every digital health initiative to ensure contextual relevance and long-term ownership.
- **Adopt Outcome-Based Financing Models:** Shift funding toward models that reward measurable improvements in coverage, data quality, efficiency, and decision-making rather than the creation of standalone tools.
- **Ensure that digital solutions are built to fit operational realities,** enabling smoother adoption, reduced duplication, and sustained system performance.



Technology alone cannot build infrastructure; strategic architecture is essential to coordinate diverse actors and translate innovation into system-wide transformation.

## Aderemi Adeseun

Founder/CEO

Aderemi Adeseun Advisory

Speaker



Aderemi Adeseun, Founder and CEO of 3A, highlighted a foundational principle shaping Africa's digital health transformation: scalable and sustainable health systems rely on robust architectural frameworks. He emphasized that architecture extends beyond servers or applications, encompassing governance, standards, and trust mechanisms that enable public and private actors to collaborate effectively, even in complex political and administrative contexts. Without such structures, innovations risk fragmentation and fail to become durable infrastructure.

The experience of the fintech sector illustrates how scalable systems emerge from shared regulatory frameworks, standardized transactional rails, and consistent oversight. By contrast, health systems remain fragmented across thousands of autonomous facilities, agencies, and providers, each operating with distinct incentives. The lesson is clear: technology alone cannot build infrastructure; strategic architecture is essential to coordinate diverse actors and translate innovation into system-wide transformation.

The Nigerian experience underscores the importance of deliberate design in building scalable digital health systems. Through the National Digital Health Architecture, interoperable standards such as FHIR, ICD-11, and LOINC enable seamless communication while preserving state and private sector autonomy. Federated models in the Federal Capital Territory illustrate secure, intelligent data flows that support coordinated decision-making. Sustainable transformation also requires economic and institutional reforms, ensuring long-term value through improved productivity, health outcomes, and operational efficiency, with architecture, affordability, adoption, readiness, and equity as mutually reinforcing pillars.

He concluded by reinforcing the principle of collective responsibility, echoing the Congolese proverb, "A single bracelet does not jingle." True system-wide impact, he emphasized, depends on trust-based collaboration, shared governance, and co-investment. By working together, Africa can build resilient digital health ecosystems that advance universal health coverage, strengthen health security, and create a sustainable, inclusive future for all.

### Key Action Points

- Establish National Digital Health Architectures: Develop interoperable frameworks with clear standards, governance, and trust mechanisms to enable seamless collaboration between public and private actors while preserving operational autonomy.
- Prioritize Federated and Scalable Data Systems: Design solutions that allow decentralized facilities, states, and private providers to contribute data securely and intelligently, supporting coordinated decision-making without centralizing control.
- Integrate Economic and Institutional Reforms: Align digital health investments with long-term value creation, balancing affordability, adoption, readiness, and equity to ensure sustainable and impactful transformation.
- Create clear contracts, incentives, and engagement protocols that integrate private actors into public health initiatives, reflecting the realities of first-contact care across Africa.





“Effective Healthtech innovation requires grounding solutions in the real-world health needs of the communities they are designed to serve

**Dr. John Adesioye**  
CEO  
Utopian Consulting Ltd  
Speaker

Dr. John Adesioye, Chief Executive Officer of Utopian Consulting LLC, brought his extensive expertise in digital health innovation, public-private partnerships, and strategic health system strengthening to the Session. His remarks emphasized the centrality of inclusive, youth- and women-led HealthTech research and development as a transformative lever for achieving Universal Health Coverage (UHC) and advancing sustainable, interoperable health systems across Africa.

He began by reinstating youth and women as pivotal innovators within the Healthtech ecosystem. With their digital fluency and nuanced understanding of community health dynamics, they offer insights that traditional development approaches often overlook. By participating in the full cycle of research from ideation to testing these groups can help create solutions that are both culturally relevant and highly adoptable, ensuring innovations are meaningful and impactful for the populations they serve.

Central to effective Healthtech innovation is grounding solutions in the realities of the communities they are designed to serve. By equipping youth and women to investigate health challenges within their own environments ranging from reproductive health to mental well-being and substance use innovations become contextually informed and culturally resonant. Utilizing mobile data collection and participatory research methods ensures that local knowledge shapes solution design, enhancing both adoption and sustainability. Involving these innovators early in the design and testing stages further guarantees that interventions are practical, user-centered, and aligned with the lived experiences of the target population.

Sustainable Healthtech transformation depends on combining structured innovation pipelines with inclusive participation. Programs like the University of Lagos' Innovation and Technology Management Office collaboration with the ABCHealth Xcelerator Pitch Program show how youth-led startups and students can prototype, pilot, and refine digital health solutions. Supported by innovation funds covering clinical validation and interoperability testing, these initiatives produce scalable solutions that reach marginalized populations and build local capacity, ensuring Africa's digital health transformation is resilient, equitable, and sustainable for all communities.

#### Key Action Points

- Empower Youth and Women in HealthTech R&D: Involve them across the research, design, and testing cycle to ensure solutions are culturally relevant, accessible, and widely adopted.
- Promote Community-Centered Research: Enable innovators to conduct health research within their own communities to address priority issues with contextually informed solutions.
- Support Structured Innovation Pipelines: Fund and mentor programs that guide prototypes through piloting, clinical validation, and interoperability testing, ensuring scalability and system integration.

“Healthtech must be approached as a sector-wide transformation, not as a series of isolated projects.”

## Chibby Dangana

Founder/CEO

Data Factory Global

Speaker



Chibby Dangana, Chief Executive Officer of Data Factory, emphasized the critical need for coherent policies and the establishment of a structured marketplace for health data in Africa. She highlighted the persistent gaps in data exchange between health entities, noting that fragmented systems hinder innovation, evidence-based decision-making, and equitable access to health services. Her insights focused on the importance of interoperable frameworks and sector-wide coordination as essential drivers for scalable, sustainable digital health solutions capable of transforming health systems across the continent.

She stressed that robust, forward-looking policies are essential to drive interoperability and standardization. She noted that sector-wide approaches, supported by cohesive budget architectures, enable governments to align priorities, reduce duplication, and incentivize private sector participation. Establishing clear regulatory frameworks ensures that health data is secure, ethically managed, and available for innovation while maintaining citizen trust. These policy foundations provide the scaffolding necessary for scalable, sustainable HealthTech solutions.

The creation of a structured health data marketplace emerged as a central recommendation. Such a platform would enable secure data exchange between public and private actors, breaking down silos and fostering collaboration. When paired with interoperability standards, this approach allows multiple digital health systems to communicate seamlessly, improving service delivery, analytics, and resource allocation across levels of care.

Finally, she emphasized that healthtech must be approached as a sector-wide transformation rather than isolated projects. Aligning budgets, governance structures, and innovation pipelines creates systemic impact, ensuring digital health investments are scalable, equitable, and sustainable. Leveraging real-world data to develop locally relevant solutions strengthens local capacity and positions African health systems for resilient, inclusive, and long-term digital transformation.

### Key Action Points

- **Strengthen Policy Frameworks:** Develop clear regulatory and governance policies that support data sharing, innovation, and interoperability across public and private health sectors.
- **Establish a Health Data Marketplace:** Create structured platforms that allow secure, standardized data exchange to drive innovation, evidence-based decision-making, and collaboration.
- **Implement Interoperability Standards:** Adopt national digital health standards to ensure different platforms and systems can integrate seamlessly, improving efficiency and scalability.
- **Leverage Data for Local Solutions:** Encourage the use of real-world data in developing contextually relevant HealthTech solutions, particularly those addressing the needs of underserved populations.





“Profitability, when aligned with quality, innovation, and strategic public-private partnerships, allows health institutions to scale services and deliver sustainable outcomes for all populations.

**Dr. Mary Moussa**  
Head of Consulting  
Africa Health Business  
Speaker

Dr. Mary Moussa, highlighted the critical intersection between profitability and the resilience of health systems. She emphasized that financial sustainability is a strategic enabler of Universal Health Coverage (UHC) and equitable access to care. Profitability, when aligned with quality, innovation, and strategic public-private partnerships, allows health institutions to scale services, invest in technology, and deliver sustainable outcomes for all populations.

A central insight focused on optimizing operational workflows as a foundation for sustainable profitability. Streamlining clinical and administrative processes, reducing waste, and leveraging digital tools such as electronic health records, telemedicine, and supply chain management systems enables cost reduction while maintaining high-quality care. Data-driven resource management supports informed decision-making, enhances patient outcomes, and ensures that financial gains reinforce systemic efficiency rather than short-term profit alone.

Dr. Moussa highlighted the importance of diversifying revenue streams and integrating innovation into health system design. By introducing value-based care models, tiered service offerings, and collaborations with private sector partners, health institutions can reduce dependency on traditional funding sources. Simultaneously, digital health solutions—ranging from AI-supported diagnostics to mobile patient engagement platforms—expand reach, improve patient experience, and create scalable opportunities that enhance both financial and social impact.

Central to achieving scalable and sustainable health outcomes is the deliberate integration of public-private partnerships (PPPs) into health system planning. These collaborations allow risk-sharing, foster investment in interoperable digital health systems, and facilitate monitoring of both financial performance and health outcomes. By leveraging the expertise and resources of investors, technology providers, and academic institutions, PPPs help ensure that innovations are both inclusive and sustainable, driving long-term sector-wide impact.

#### Key Action Points

- **Strengthen Policy Frameworks:** Develop clear regulatory and governance policies that support data sharing, innovation, and interoperability across public and private health sectors.
- **Establish a Health Data Marketplace:** Create structured platforms that allow secure, standardized data exchange to drive innovation, evidence-based decision-making, and collaboration.
- **Promote Sector-Wide Alignment:** Align budgets, governance structures, and innovation initiatives to achieve cohesive, system-wide transformation in health service delivery.
- **Leverage Data for Local Solutions:** Encourage the use of real-world data in developing contextually relevant HealthTech solutions, particularly those addressing the needs of underserved populations.



“Health technology must demonstrate clear, tangible returns on investment to attract sustainable funding and drive impactful, scalable health outcomes.

## Nadine Karema

Executive Director

Partners In Health Rwanda

Speaker



Nadine Karema, Executive Director Partners in Health emphasized that HealthTech should be understood as an essential accessory to health systems rather than an isolated innovation. Drawing on lessons from fintech, she highlighted the importance of government enforcement and structured support, noting that Rwanda's proactive policies on electronic medical record (EMR) systems provide a model for effective integration. Her remarks underscored that health technology must demonstrate tangible return on investment to attract funding, ensuring a natural progression from innovation to scalable impact.

A key insight focused on the critical role of government in driving Healthtech adoption. By mandating EMR integration and supporting compliance frameworks, governments create an enabling environment for digital health solutions to scale. Rwanda's experience demonstrates how consistent regulatory enforcement fosters adoption, enhances data quality, and enables interoperable systems that can strengthen health outcomes. Structured government support ensures that technology solutions are not only implemented but sustained over the long term.

She also stressed that healthtech initiatives must deliver clear financial value to attract private and philanthropic investment. By linking technological solutions to measurable returns, whether through operational efficiency, improved service delivery, or patient engagement, innovators can create a compelling case for funding. Her perspective highlighted that funding should follow a natural progression from prototype to validated solution ensuring that investments in health technology yield sustainable impact while supporting organizational goals.

The strategic scaling of healthtech solutions is important across multiple contexts, informed by lessons from other sectors. Nadine Karema highlighted how experiences from fintech can guide adoption, funding models, and ecosystem development. By fostering interoperability, adopting best practices, and positioning healthtech as a supportive tool rather than a standalone product, systems can achieve both local relevance and scalable impact, ensuring equitable access to digital health innovations across populations.

### Key Action Points

- Embed HealthTech into Core Systems: Treat technology as a foundational tool integrated with service delivery, data systems, and operational workflows.
- Enhance Government Regulation and Enforcement: Mandate digital health standards like EMR adoption and interoperability to drive adoption and ensure sustainability.
- Link Investment to Measurable Returns: Require HealthTech solutions to demonstrate clear financial and operational value to attract private and philanthropic funding.
- Implement Structured, Cross-Sector Scaling: Use lessons from fintech and other sectors to guide phased, interoperable, and locally relevant scaling for equitable impact.
- Leverage Data for Local Solutions: Encourage the use of real-world data in developing contextually relevant HealthTech solutions, particularly those addressing the needs of underserved populations.



“Stronger alignment creates shared accountability and ensures that innovation translates into measurable improvements in health outcomes.

**Dr. Amina Mohammed Baloni**  
Ex. Health Commissioner  
Kaduna State  
Speaker

Public health strategist, Dr. Amina Baloni delivered a perspective on strengthening alignment between public and private health actors while driving interoperable, inclusive HealthTech ecosystems. Strategic framing, as she emphasized, involves understanding the broader context of government expectations, the structural importance of private sector engagement, and the need for local innovation. It also requires ensuring that solutions are designed to meet the actual needs of users particularly youth and underserved populations so that health system transformation is coherent, sustainable, and equitable.

A key part of her contribution focused on shifting the perception of the private sector from a profit-driven space to a critical partner in national health delivery. With nearly half of service interactions occurring privately, governments must track practical models, domesticate effective approaches, and embed them into policy frameworks. Stronger alignment creates shared accountability, reduces duplication, and ensures that innovation translates into measurable improvements in health outcomes.

Dr. Baloni emphasized the critical need to foster homegrown innovation that directly addresses the realities of African health systems. Too often, innovators develop tools without full awareness of existing solutions or the actual needs of end-users. By strengthening local capacity, promoting cross-platform interoperability, and supporting evidence-based approaches, African health systems can generate solutions that are technologically sound, operationally relevant, and scalable, ultimately driving sustainable improvements in care delivery and system resilience.

Her remarks emphasized that inclusive, youth-centered design is a critical pillar for building resilient health systems. Adolescents and young people, often overlooked in digital health solutions, must be actively engaged as contributors to ensure tools address their behaviors, needs, and access challenges. By pairing this approach with interoperable systems, health ecosystems can evolve into coordinated, future-ready networks that deliver equitable access, strengthen service resilience, and foster innovation that benefits all communities.

#### Key Action Points

- **Public-Private Collaboration:** Governments should integrate private-sector contributions into national health strategies, ensuring coordinated, accountable, and system-wide alignment.
- **Support Local Innovation:** Promote ecosystem collaboration, reduce duplication, and strengthen capacity so locally developed tools are relevant, scalable, and sustainable.
- **User-Centered Design:** Design digital health solutions around the needs of patients and providers to maximize adoption, usability, and impact.
- **Youth Engagement:** Actively involve adolescents and young people in the development and deployment of HealthTech solutions to improve access, relevance, and long-term resilience.



” Interoperable, harmonized ecosystems enable Africa’s health systems to achieve sustainable, scalable, and inclusive digital transformation.

## Anderson Oriahi

Co-Founder

Heala Tech

Speaker



Drawing from his experience as an engineer and Co-Founder of Heala Tech, Mr. Anderson Oriahi emphasized the critical importance of interoperability across Africa’s health systems. He framed interoperability not merely as a technical requirement, but as a strategic enabler that connects insurers, clinicians, laboratories, and other stakeholders to create cohesive, efficient, and patient-centered care networks. Highlighting the challenges of disparate data systems, paper records, offline operations, and inconsistent standards, he called for harmonization to ensure health data can be effectively shared, analyzed, and leveraged to improve outcomes.

A critical insight from his remarks focused on the fragmented nature of health data across institutions. Different providers, insurers, and public health entities maintain records in varied formats and with inconsistent standards, undermining both clinical decision-making and policy planning. He advocated for harmonization strategies that standardize data collection, storage, and management while maintaining security and patient privacy. Establishing common frameworks allows for accurate longitudinal tracking of patient outcomes and enables scalable analytics for population health management.

He further highlighted the potential of integrating advanced technologies, including artificial intelligence (AI) and large language models (LLMs), into interoperable systems. Connecting these tools to standardized health data can transform analytics, automate routine processes, and provide predictive insights for clinicians and administrators. Such integration not only enhances operational efficiency but also supports decision-making at both patient and policy levels, creating smarter, more responsive health systems capable of addressing complex challenges in real time. Beyond technical solutions, He stressed that interoperability must be embedded within collaborative ecosystems connecting all health actors government agencies, private providers, insurers, and technology innovators. Harmonized ecosystems, underpinned by interoperable standards and advanced analytics, position Africa’s health systems for sustainable, scalable, and inclusive digital transformation.

### Key Action Points

- **Develop Standardized Data Frameworks:** Harmonize health data across providers, insurers, and public entities to enable effective sharing and analysis.
- **Prioritize Interoperability:** Implement interoperable systems that connect stakeholders while ensuring security, privacy, and scalability.
- **Leverage Advanced Technologies:** Integrate AI and language models into health systems to enhance analytics, predictive insights, and operational efficiency.
- **Foster Multi-Stakeholder Ecosystems:** Build coordinated networks of government, private sector, and technology actors to ensure seamless data flow and equitable access.
- **Align Technology with Policy:** Ensure that technical innovations support health policy objectives, strengthen system resilience, and drive inclusive, sustainable digital transformation.





“Internal alignment, is a strategic enabler for robust, scalable public-private partnerships capable of transforming Africa’s health ecosystem.

## Dr. Chimezie Uche

Founder/CEO

Greycare NG

Speaker

Dr. Chimezie Uche, CEO of Grey Care, emphasized that meaningful alignment is the foundational step for advancing Public-Private Partnerships (PPPs) in health innovation. He argued that before engaging with external stakeholders, healthcare innovators particularly those in private care must first achieve alignment and coherence within their own organizations. Internal coordination, clear communication, and shared objectives among innovators are critical prerequisites for building resilient, scalable, and interoperable health systems that can effectively collaborate with public sector partners.

He emphasized that private healthcare innovators must first build cohesive structures, shared standards, and collaborative practices within their own networks. By establishing common frameworks for technology, data exchange, and service delivery, private actors can collectively offer more robust, interoperable, and trustworthy solutions. Such internal coherence is essential for demonstrating readiness to government partners, ensuring that digital health innovations are not only technically advanced but also operationally aligned and scalable across diverse health systems.

Furthermore, Dr. Uche underscored the importance of proactive coordination among private entities to establish norms, best practices, and shared accountability mechanisms. This internal alignment, he contended, serves as a foundation for meaningful PPPs, enabling the private sector to engage governments from a position of strength, credibility, and mutual understanding. By first harmonizing approaches within their own domain, innovators can avoid duplication, accelerate adoption, and facilitate smoother integration with national health architectures.

Finally, Dr. Uche called for a deliberate culture of collaborative maturity among private health innovators. By prioritizing shared vision, governance, and operational alignment internally, private actors can more effectively contribute to national digital health agendas. Internal alignment, he concluded, is not an end in itself but a strategic enabler for robust, scalable public-private partnerships capable of transforming Africa’s health ecosystem.

### Key Action Points

- **Develop Standardized Data Frameworks:** Harmonize health data across providers, insurers, and public entities to enable effective sharing and analysis.
- **Leverage Advanced Technologies:** Integrate AI and language models into health systems to enhance analytics, predictive insights, and operational efficiency.
- **Foster Multi-Stakeholder Ecosystems:** Build coordinated networks of government, private sector, and technology actors to ensure seamless data flow and equitable access.
- **Align Technology with Policy:** Ensure that technical innovations support health policy objectives, strengthen system resilience, and drive inclusive, sustainable digital transformation.

“Meaningful health system integration starts by embedding interoperability into every digital health solution.”

## Dr. Jadesola Idowu

COO

AXA Mansard

Speaker



Dr. Jadesola Idowu, Chief Operating Officer of Axa Mansard, centered her contribution around a central and pressing reality: Africa's greatest barrier to health system progress is not a lack of innovation, but the pervasive fragmentation that prevents innovations from translating into sustainable, system-wide impact. She emphasized that while solutions are emerging across the continent, they often operate in isolation hospitals functioning independently, systems unable to communicate, and private and public actors pursuing parallel pathways. Her remarks focused on tackling these systemic divides and fostering the interoperability required to advance Universal Health Coverage and health security.

Her remarks focuses on the persistent silo mentality across healthcare institutions. hospitals, insurers, tech developers, and public agencies generate valuable data but rarely share it in structured or accessible ways. This fragmentation weakens continuity of care, complicates system-wide planning, and limits digital innovation. She emphasized that breaking these silos requires both technical solutions and a cultural shift toward shared infrastructure, collective learning, and cross-sector visibility foundations that reduce duplication and enable more patient-centered, efficient services.

She stressed that meaningful integration begins with embedding interoperability into every digital health solution. API integration must be non-negotiable for platforms that seek scale or relevance. Without it, providers maintain parallel systems, clinical decisions suffer, and patient journeys become fragmented. Ensuring that insurers, providers, pharmacies, labs, and national systems can seamlessly exchange data creates the backbone for coordinated care and efficient service delivery, making interoperability a systemic requirement, not a technical preference. She concluded by saying that interoperability relies on harmonized systems supported by EMRs, which provide structured, portable data. When integrated with standardized APIs and strong governance, EMRs enable coordinated care, actionable insights, and a shift from fragmented operations to unified, data-driven, and innovation-ready health systems.

### Key Action Points

- Promote EMR Adoption Nationally: Prioritize widespread, standardized EMR deployment as the foundation for integrated and data-driven health systems.
- Mandate Interoperable APIs: Require digital health solutions to incorporate robust API frameworks that enable seamless data exchange across institutions.
- Break Down Institutional Silos: Incentivize hospitals, insurers, and digital health providers to share data and collaborate through aligned policies and shared infrastructure.
- Build a Culture of System-Level Thinking: Encourage health actors to shift from isolated innovation to coordinated, ecosystem-focused strategies that prioritize continuity of care.
- Strengthen Governance for Data Sharing: Develop clear regulatory frameworks and accountability mechanisms that support secure, ethical, and equitable data exchange.





“Healthtech solutions succeed when innovation is de-risked, properly financed, and scaled to deliver both improved health outcomes and sustainable impact.

## Stephanie Okpere

Head of Health Design

CcHub

Speaker

Stephanie Okpere, Head of Health Design at CcHub, emphasized the strategic importance of aligning public-private innovation with sustainable HealthTech ecosystems. Her reflections centered on the challenge of integrating profit-oriented thinking into healthcare delivery, particularly in private-sector innovation, while maintaining equity and accessibility. She highlighted that fostering sustainable HealthTech solutions requires a clear understanding of how innovation can be de-risked, financed, and scaled, ensuring that both health outcomes and commercial viability are achieved.

Her insights were focused on the perception gap in the private sector regarding healthcare as a viable business. She noted that some innovators fail to see how their solutions can generate sustainable returns, limiting their ability to scale and attract investment. Framing HealthTech not merely as philanthropy but as a sustainable enterprise encourages private actors to commit resources, collaborate across sectors, and develop solutions that are both impactful and commercially viable. By integrating financial planning and business strategy into HealthTech innovation, the ecosystem can better balance profit with health outcomes.

She stressed the necessity of de-risking innovation by leveraging co-financing models and cross-sector collaboration. Drawing parallels with fintech, she illustrated how billions of dollars have been mobilized to support technological solutions when risk is shared between investors, donors, and implementers. Open communication among innovators, investors, and public stakeholders ensures alignment, reduces duplication, and enables faster adoption of effective solutions. Structured partnerships and transparent risk-sharing mechanisms are critical to scaling HealthTech solutions without compromising financial or operational sustainability.

Her contribution concluded with insights on systemic enablers for scalable innovation. By fostering stakeholder dialogue, leveraging co-financing, and embedding sustainable business models, healthtech ecosystems can become resilient, interoperable, and inclusive, improving access, outcomes, and long-term impact.

### Key Action Points

- **Public-Private Collaboration:** Governments should integrate private-sector contributions into national health strategies, ensuring coordinated, accountable, and system-wide alignment.
- **Support Local Innovation:** Promote ecosystem collaboration, reduce duplication, and strengthen capacity so locally developed tools are relevant, scalable, and sustainable.
- **User-Centered Design:** Design digital health solutions around the needs of patients and providers to maximize adoption, usability, and impact.
- **Youth Engagement:** Actively involve adolescents and young people in the development and deployment of HealthTech solutions to improve access, relevance, and long-term resilience.



“Co-ownership and pooled funding can efficiently mobilize resources, align stakeholder incentives, and support government-led health initiatives

## Dr. Uche Nnama

Founder/CEO

CitiSquare Africa

Speaker

Uche Nnama, CEO of CitiSquare, highlighted innovative financing mechanisms as a cornerstone for sustainable HealthTech growth in Africa. His discussion focused on creating collaborative investment models that enable private actors and individuals to contribute directly to health system strengthening. By exploring co-ownership structures and pooled funding, he emphasized the potential to mobilize resources efficiently, align stakeholder incentives, and support government-led health initiatives.

The co-ownership investment model, which allows multiple stakeholders to jointly invest in health solutions - this approach not only distributes financial risk but also encourages collective responsibility and long-term commitment to HealthTech projects. By enabling private investors to co-own ventures, the ecosystem fosters accountability, promotes transparency, and ensures that innovation aligns with both market and public health needs. Moreover, such models stimulate greater stakeholder engagement, creating a culture of shared decision-making that can accelerate adoption, scalability, and sustained impact across health systems.

He advocated for the adoption of unit trust funds as a practical vehicle for aggregating investments. Such funds pool resources from individual and institutional investors, creating a sustainable financing pipeline that can directly support health interventions. By channeling these resources into priority healthtech initiatives, the model strengthens public-private collaboration, enhances funding predictability, and provides a structured mechanism to scale impactful innovations across diverse health systems. The co-ownership investment model presents a pathway for scaling HealthTech solutions effectively. By allowing multiple stakeholders to jointly invest, it distributes financial risk while fostering collective responsibility and long-term commitment. Enabling private investors to co-own ventures promotes accountability, transparency, and alignment with both market and public health priorities. This collaborative approach further cultivates stakeholder engagement and shared decision-making, creating the conditions for scalable, sustainable, and impactful health innovations.

### Key Action Points

- Support Local Innovation: Promote ecosystem collaboration, reduce duplication, and strengthen capacity so locally developed tools are relevant, scalable, and sustainable.
- User-Centered Design: Design digital health solutions around the needs of patients and providers to maximize adoption, usability, and impact.
- Youth Engagement: Actively involve adolescents and young people in the development and deployment of HealthTech solutions to improve access, relevance, and long-term resilience.
- Interoperability Standards: Implement unified technical and data standards that enable systems to communicate seamlessly, supporting coordinated, efficient, and equitable service delivery.



“Health data should be treated as a foundational asset for Africa’s digital health transformation, not just a by-product of care delivery

**Estelle Dogbo**

**CEO/ Co- Founder  
Biovana Research  
Speaker**

Estelle Dogbo, CEO and Co-Founder of Biovana Research, framed health data as a foundational asset for Africa’s digital health transformation rather than a by product of service delivery. She emphasized that fragmented, uncertified datasets undermine care quality, interoperability, and trust, particularly in telemedicine and remote service delivery models. Her remarks positioned certified and harmonized datasets as essential health system infrastructure critical for ensuring continuity of care, enabling cross-platform integration, and supporting safe, scalable digital health solutions aligned with Universal Health Coverage (UHC) and health security objectives.

She asserted that telemedicine and digital health solutions cannot scale without common data standards and aligned economic models. She underscored the importance of public-private partnerships that clearly define incentives for data sharing, ensuring that governments, innovators, and service providers are aligned around shared value creation. Interoperability, she noted, must be supported by governance frameworks that balance innovation with accountability, enabling data to flow securely across systems while fostering private sector participation. This approach reframed interoperability as both a policy and economic challenge, not solely a technical one.

Concluding her remarks, she emphasized that Africa’s health data economy must ultimately return value to patients. Data generated on the continent should translate into improved access, affordability, and quality of care, rather than serving external or extractive interests. She highlighted the importance of investing in local data ecosystems, engaging young innovators, and adopting blended approaches that embed technology within health systems and financing structures. By recognizing health as both a social priority and a viable business, stakeholders can sustain innovation, strengthen local capacity, and ensure that digital health solutions deliver equitable, long-term impact.

#### Key Action Points

- Institutionalize Data Certification and Harmonization: Governments and regional bodies should establish certified data standards to enable safe, interoperable telemedicine and cross-platform continuity of care.
- Define Economic Models for Data Sharing in PPPs: Public-private partnerships must articulate clear incentive structures, data governance rules, and value-sharing mechanisms to sustain interoperability and private investment.
- Center the Health Data Economy on Patients: Data governance frameworks should ensure that the value generated from African health data translates into improved access, affordability, and quality of care for patients.
- Invest in Youth and Blended Innovation Models: Stakeholders should cultivate young innovators and adopt integrated approaches that embed technology, financing, and policy within health systems.



“Digital tools and local expertise must work together to make care accessible and sustainable

## Dr. Julius Oni

Founder/CEO

The O.N.I. Clinic

Speaker



Dr. Julius Oni, Founder of The O.N.I. Clinics (Ortho Nigeria International), brought a critical specialist-care and system-integration perspective to the discussion. His insights were in the operational realities of delivering high-quality orthopedic and musculoskeletal care within Nigeria's evolving health ecosystem.

The often overlooked role of specialized and tertiary care in the UHC conversation was stated, particularly for conditions that require advanced diagnostics, skilled surgical intervention, and long-term follow-up. He highlighted that while primary healthcare remains the foundation of health system strengthening, the absence of structured pathways linking primary, secondary, and specialist care continues to limit equitable access to comprehensive services. From his experience building Ortho Nigeria International into a center delivering world-class orthopedic care while training locally based surgeons, Dr. Oni emphasized that sustainable HealthTech solutions must be embedded within interoperable systems that support referral efficiency, clinical continuity, and data integration across the entire care continuum.

Through initiatives such as the Joint Replacement Fellowship program, The O.N.I. Clinics demonstrates how private sector leadership can complement public health goals by strengthening the domestic specialist workforce, reducing dependency on outbound medical tourism, and retaining clinical expertise within national systems. Dr. Oni argued that digital health and HealthTech innovation should not operate in isolation, but rather be intentionally aligned with workforce development, standardized diagnostics, and outcome-driven care models. In doing so, interoperable digital systems become enablers of scale, quality assurance, and system resilience, rather than standalone technological interventions. The notion pointed to a more integrated model—one where centers of excellence are embedded within national systems, interoperable platforms enable data sharing and referrals, and innovation is judged by its ability to strengthen service delivery at scale. In this framing, HealthTech becomes a connective tissue, linking people, institutions, and policy objectives in a way that supports Universal Health Coverage and strengthens resilience across Africa's health systems.

### Key Action Points

- Strengthen interoperability between public health systems and private specialist clinics to ensure seamless referrals, shared diagnostics, and coordinated patient management.
- Integrate specialized care data into national health information systems to improve planning, surveillance, and long-term NCD management strategies.
- Scale local fellowship and workforce development programs using digital platforms to expand specialist capacity and reduce external dependency.
- Develop standardized digital clinical pathways for orthopedic and musculoskeletal care aligned with national UHC priorities.
- Embed outcome measurement and quality metrics into digital systems to ensure accountability and continuous improvement.





“Innovation alone isn’t enough, healthtech must connect with policy, systems, and investment to truly scale

## Dr. Obinna Nnewuihe

Interim Head  
Nesta Ventures  
Speaker

Dr. Obinna Nnewuihe’s contribution brought a market-shaping and policy-anchored perspective to the discussion on aligning public-private innovation and interoperable systems for Universal Health Coverage and health security in Africa. Speaking from his dual roles at Nesta Ventures and the Nigerian Economic Summit Group (NESG), he defined Healthtech as a strategic lever for economic transformation, system efficiency, and inclusive growth when properly aligned with national priorities.

While innovation activity has accelerated, particularly in digital platforms, diagnostics, financing tools, and service delivery models—scale remains constrained by fragmented policies, weak interoperability, limited patient capital, and misalignment between innovators, regulators, and health system needs. From his vantage point, the challenge is no longer the absence of ideas, but the absence of coordinated pathways that allow viable solutions to move from pilots to population-level impact.

Dr. Nnewuihe highlighted the critical role of ecosystem builders and policy platforms in bridging this gap. Through NESG’s Healthtech thematic work, he reinforced the importance of structured public-private dialogue in shaping enabling regulations, investment frameworks, and standards that support innovation without compromising equity, data protection, or system integrity. He noted that without intentional alignment between innovation policy, health sector reform, and financing strategies, HealthTech risks becoming a collection of disconnected solutions rather than a driver of UHC and health security.

He argued that digital health, data platforms, and tech-enabled service models should be treated as productive infrastructure, assets that improve system efficiency, reduce long-term costs, and strengthen resilience to shocks. From this perspective, interoperability is not a technical preference but a governance requirement, ensuring that innovation contributes to shared national outcomes rather than reinforcing fragmentation.

### Key Action Points

- Support HealthTech ventures with patient, catalytic capital that aligns with long development cycles typical of health system innovation.
- Embed data governance, privacy, and trust frameworks early in HealthTech design to safeguard public confidence and system integrity.
- Shift innovation incentives from pilot-focused funding toward solutions that demonstrate integration with national systems and scalability.
- Leverage platforms such as NESG to translate private sector insights into actionable policy reforms and implementation pathways.
- Encourage collaboration between HealthTech startups and established health institutions to accelerate adoption and reduce duplication.
- Develop performance metrics that assess HealthTech impact based on system outcomes, equity, and long-term sustainability rather than user growth alone.



## Speakers' Contributions

### Reframing Interoperability as a Health System Integration Imperative

Interoperability in Africa should be understood beyond digital connectivity between platforms. The real challenge lies in integrating fragmented service delivery, financing, and supply chains across public and private actors into a coherent system. Most private providers, pharmacies, and distributors operate outside national data architectures, not because of unwillingness, but due to misaligned incentives, weak regulatory clarity, and lack of feedback value. Aligning innovation therefore requires designing interoperable systems that enable shared visibility, accountability, and learning, while respecting the commercial realities of private enterprises.

### Aligning Public Health Goals with Private Sector Operating Realities

Public health strategies often assume centralized control, while private health actors operate in decentralized, demand-driven environments. This misalignment creates friction in areas such as reporting, quality assurance, and reimbursement. Sustainable HealthTech solutions must translate national UHC priorities into operationally viable models for private providers—integrating digital tools that improve efficiency, reduce risk, and support compliance rather than increasing administrative burden. Alignment happens when innovation improves both public value and private viability.

### Using Healthtech to Formalize Informal and Semi-Formal Providers

A large proportion of care and medicine access in Africa occurs through informal or semi-formal private actors who remain invisible to national systems. Healthtech can serve as a pathway to formalization, not through punitive regulation, but via digital registration, e-licensing, quality scoring, and simplified reporting tools. Interoperable systems that recognize these providers help governments expand reach, while enabling providers to access training, finance, and supply chains, advancing inclusion without exclusion.



## “ Leveraging Private Supply Chains as Backbone Infrastructure for Health Security

Africa's medicine availability and last-mile delivery depend largely on private logistics, distributors, and retail outlets. Yet public health security planning often underutilizes these networks. Aligning public-private innovation means embedding private supply chains into early warning systems, stock monitoring platforms, and emergency response mechanisms. Interoperability across procurement, inventory, and distribution systems strengthens resilience against shocks such as pandemics, climate disruptions, and supply shortages.

## “ Building Trust Through Data Reciprocity and Feedback Loops

One reason private actors resist data sharing is that information often flows in only one direction—upwards to regulators, with little operational value returned. Sustainable interoperability requires reciprocal data use, where providers gain access to insights on demand patterns, quality benchmarks, supply forecasting, and financing opportunities. When data improves decision-making for all actors, trust increases and system participation becomes self-reinforcing.

## “ Enabling Inclusive Innovation Through Targeted Technical Assistance

Innovation gaps are often capacity gaps, not technology gaps. Many private providers and SMEs lack the technical support to adopt interoperable systems, comply with standards, or integrate digital tools effectively. Targeted, enterprise-responsive technical assistance, linked to Healthtech adoption, helps align private innovation with public health priorities while improving quality and sustainability. This approach strengthens systems without crowding out local entrepreneurship.





The collage consists of 20 individual photographs arranged in a grid-like fashion. The top row features three speakers at podiums: a man in a dark suit, a man in a blue suit, and a woman in a white blazer. The second row shows a group of four people standing together, a man speaking at a podium, a man in a dark suit gesturing while speaking, and a man in a yellow patterned shirt speaking. The third row includes a panel of five people seated at a long table, a group of nine people standing for a photo, and a group of people seated at a table. The bottom section contains several more photos: a group of people standing, a man in a suit speaking, a man in a blue shirt speaking, a man in a blue shirt speaking, a man in a blue shirt speaking, a man in a blue shirt speaking, a man in a blue shirt speaking, a man in a blue shirt speaking, a man in a blue shirt speaking, and a man in a blue shirt speaking. The background of the photos shows a conference hall with blue and white branding, including the text 'Africa HealthTech Summit' and '#AHTS2025'. Some photos also show the 'CONNECTED CARE' logo and the text 'Scaling Innovation Towards UH'.





# Conclusion

Aligning public–private innovation and interoperable systems is the structural condition for achieving Universal Health Coverage and safeguarding health security. Across the continent, health systems already function as mixed systems in practice, even if policy and planning have yet to fully acknowledge this reality. Public institutions, private providers, informal actors, supply chain enterprises, financiers, and digital innovators are all deeply intertwined in how care is accessed, financed, and delivered. The challenge ahead is not whether these actors should work together, but how intentionally and coherently they are aligned.

Public–private alignment must therefore move beyond episodic contracting or pilot-driven innovation. Sustainable progress requires embedding private actors, formal and informal—into national health strategies, financing platforms, and information systems as consistent partners. This includes recognizing private supply chains as core health security infrastructure, leveraging strategic purchasing to align incentives with outcomes, and using digital contracting and data systems to expand financial protection while reducing out-of-pocket spending. It also demands a shift in regulatory posture, from control-based oversight to performance-based alignment that rewards quality, transparency, and reach.

At the same time, inclusive innovation cannot be achieved without addressing capacity and trust gaps. Many private providers and health enterprises operate at the margins of formal systems not by choice, but because engagement is costly, opaque, or offers little reciprocal value. Interoperable systems that provide feedback, operational insights, and access to finance and technical assistance transform participation from a compliance burden into a strategic advantage. The path to UHC and health security in Africa runs through a deliberate reimagining of how systems are designed and governed. It requires moving from fragmented stewardship to shared ownership; from isolated innovation to system-embedded solutions; and from suspicion to structured partnership. If public and private actors are aligned through interoperable systems that reflect the realities of African health markets, the continent can unlock scale, resilience, and equity in ways that neither sector could achieve alone.



## Acknowledgements

The African Business Coalition for Health (ABCHealth) extends its deepest appreciation to its distinguished leadership—Alhaji Aliko Dangote, President, Dangote Industries Limited and Co-Founder, ABCHealth; Mr. Aigboje Aig-Imoukhuede, Chairman, Access Corporation and Co-Founder, ABCHealth; Ms. Zouera Youssoufou, Managing Director/CEO, Aliko Dangote Foundation and Board Member, ABCHealth; and Dr. Mories Atoki, CEO, ABCHealth, whose collective vision, stewardship, and sustained commitment continue to shape ABCHealth as a trusted platform for private sector leadership in Africa's health transformation. Their guidance remains foundational to the Coalition's work in advancing inclusive health systems, catalyzing innovation, and positioning healthcare as a strategic and investable pillar of Africa's development agenda.

We sincerely acknowledge the CEOs, policymakers, innovators, and thought leaders who contributed to the ABCHealth CEO Roundtable Session, enriching the dialogue on Aligning Public-Private Innovation and Interoperable Systems to Drive Inclusive, Sustainable HealthTech Solutions for Universal Health Coverage and Health Security in Africa. The depth of insights shared underscored the urgency of moving from fragmented approaches to coordinated, system-level alignment, where data, financing, regulation, and service delivery converge to deliver measurable impact at scale.

We extend our sincere and heartfelt appreciation to the hosts of the Africa HealthTech Summit—Dala Group, in collaboration with the Ministry of Health, Republic of Rwanda, and Africa CDC—for their exemplary leadership in convening a platform of this significance. Their collective commitment to advancing digital innovation, system interoperability, and collaborative solutions for Africa's health sector created an enabling environment for meaningful dialogue, partnership building, and action-oriented outcomes. By bringing together public institutions, private sector leaders, innovators, and development partners, the hosts demonstrated the power of purposeful convening in shaping resilient, inclusive, and future-ready health systems across the continent.

We further extend our appreciation to ABCHealth's partners, member organizations, and technical collaborators, whose sustained engagement reinforces the Coalition's role as a convener and catalyst for cross-sector action. Their commitment to collaboration, evidence-driven advocacy, and innovative financing continues to demonstrate that achieving Universal Health Coverage and health security in Africa requires collective ownership and shared accountability.

This report captures not only the insights and outcomes of the CEO Roundtable, but also a reaffirmation of ABCHealth's commitment to advancing transformational public-private partnerships. The perspectives documented herein reflect a shared resolve to build resilient, interoperable, and inclusive health systems—ones that recognize the private sector as a core partner in delivery, innovation, and investment, and position Africa's health ecosystem for sustainable growth and long-term impact.



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