MENTAL HEALTH & WORKPLACE WELLNESS WEBINAR

OUTCOME REPORT

The Future of Workplace Health — Exploring AI-Driven Workforce Intelligence and Predictive Approaches to Identify Performance, Attrition, and Wellbeing Risks

January 2026

ABCHealth · Aliko Dangote Foundation · access · AIG-IMOUKHUEDE FOUNDATION · TGI GROUP · United Nations Economic Commission for Africa · NIH · UNAIDS · Seplat energy

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

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

Tel: +234 802 478 2021
Email: info@abchealth.com
Web: www.abchealth.com

First printing January 2026

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

OUR FOUNDERS

Mr. Aigboje Aig-Imoukhuede FCIB, CON

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

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

Mr. Aliko Dangote GCON

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

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

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

Contents

Foreword

In many African countries, there are fewer than one mental health professional per 100,000 population, compared to a global average of approximately nine per 100,000. Corporate health insurance penetration remains below 20% in most sub-Saharan markets, and structured employee assistance programmes are largely confined to multinational firms. Consequently, employers are increasingly becoming de facto first responders in mental health detection, support, and risk mitigation.

It is within this context that the theme of this webinar; The Future of Workplace Health: Exploring AI-Driven Workforce Intelligence and Predictive Approaches to Identify Performance, Attrition, and Wellbeing Risks—becomes strategically urgent. Workforce intelligence systems now enable the integration of multisource organizational data: human resource information systems (HRIS), payroll analytics, attendance logs, productivity dashboards, health claims data, occupational health records, engagement surveys, and anonymized behavioral indicators. When structured within robust governance frameworks, these datasets can be analyzed to detect early signals of distress long before they manifest as burnout, disengagement, or resignation.

Predictive modelling in workplace environments is already demonstrating quantifiable returns:

- Attrition prediction models can achieve 70–85% classification accuracy when combining tenure data, workload intensity metrics, leave utilization patterns, and engagement scores.
- Early burnout detection algorithms leveraging longitudinal absence data and productivity volatility indicators can identify high-risk employees up to six months before formal resignation or medical leave.
- Integrated occupational health analytics have shown potential reductions of 15–25% in short-term disability claims where early intervention protocols are triggered.
- Organizations deploying structured wellbeing dashboards report up to 20% improvement in employee engagement indices within 12–18 months of implementation.

However, predictive capability without ethical oversight risks eroding trust. Workforce intelligence must be deployed within clearly articulated boundaries. Data minimization, transparency in algorithmic decision-making, bias mitigation, and strict separation between health support mechanisms and disciplinary procedures are non-negotiable. Employees must experience these systems as protective infrastructures—not surveillance instruments.

For corporate Africa, the question is no longer whether to invest in workplace mental health infrastructure; it is how to operationalize it at scale, with measurable outcomes. Investment in predictive workforce intelligence should be evaluated not merely as a technological upgrade but as enterprise risk management. Boards and executive committees must increasingly view wellbeing metrics alongside financial and operational key performance indicators.

At the African Business Coalition for Health (ABCHealth), we recognize that private sector leadership is pivotal in closing the mental health treatment gap. Through cross-sector partnerships, technical advisory platforms, and policy engagement, we advocate for integrated workplace health models that combine preventive mental health programming, digital screening tools, structured referral pathways, and outcome tracking systems.

As we advance this conversation, I invite corporate leaders, policymakers, insurers, technology providers, and health professionals to commit to building workplaces where data strengthens dignity, intelligence enhances empathy, and predictive systems safeguard human potential.

Dr. Mories Atoki
CEO, ABCHealth

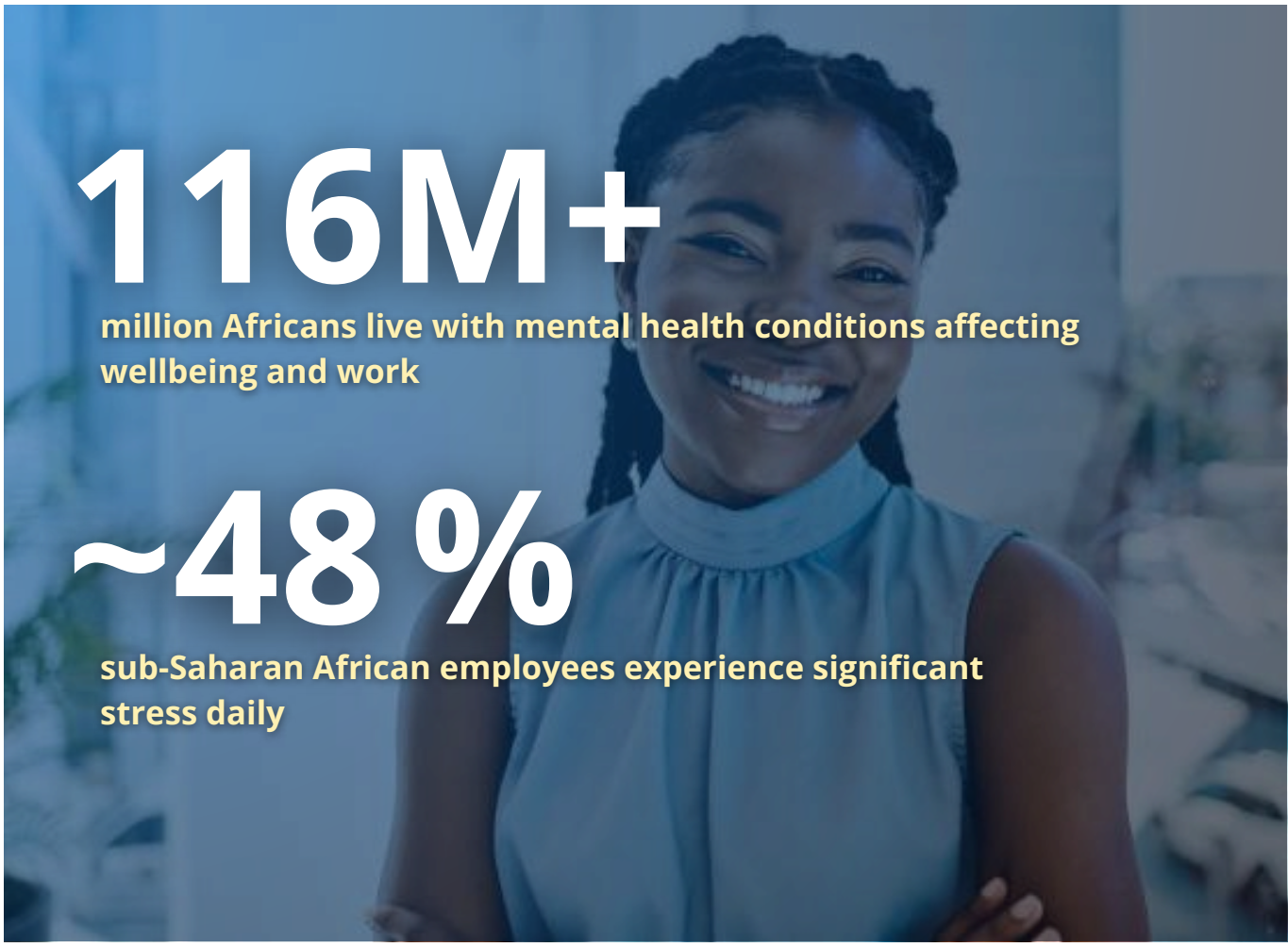
Executive Summary

Workplace health is entering a transformative era. Across global labor markets, organizations are confronting escalating levels of psychological strain, burnout, disengagement, and voluntary attrition—trends that carry profound economic, operational, and social consequences. Mental health conditions alone account for approximately 12 billion lost workdays annually, costing the global economy nearly one trillion United States dollars each year in productivity losses. At the same time, non-communicable diseases, chronic stress exposure, and digital hyperconnectivity are reshaping the risk landscape for employees across sectors.

The World Health Organization estimates that approximately 15 percent of working-age adults live with a mental health disorder at any given time, while the International Labour Organization identifies psychosocial risks, such as excessive workload, job insecurity, lack of autonomy, and digital overconnectivity—as among the most significant occupational hazards of the 21st century. Burnout, now formally recognized by the WHO as an occupational phenomenon under ICD-11, has become a widespread challenge, particularly in high-demand sectors like healthcare, technology, and financial services, where prevalence rates exceed 40 percent in some employee populations.

Traditional wellness initiatives, which rely on retrospective metrics such as absenteeism, insurance claims, or periodic engagement surveys, are insufficient to address these challenges. The integration of Artificial Intelligence (AI) into workforce intelligence represents a transformative approach, enabling organizations to move from reactive interventions toward predictive, data-driven decision-making. AI-powered analytics synthesize multidimensional data—including performance metrics, behavioral patterns, digital communication signals, workload indicators, and engagement survey responses—into actionable insights that identify early warning signs of performance decline, attrition risk, and psychosocial strain.

Within this panel session, we explore how predictive analytics are applied to workforce performance management. Machine learning models can detect deviations from established behavioral and performance baselines months before traditional appraisal cycles, offering organizations an opportunity to implement timely, targeted interventions. Evidence indicates that companies utilizing real-time, AI-enhanced performance systems report productivity improvements ranging from 20 to 30 percent and reductions in bias inherent to conventional evaluation methods. This session provides a unique platform to examine not only the potential of AI but also the human, ethical, and strategic frameworks necessary to realize its full promise in safeguarding workforce health and driving organizational resilience.



Across Africa, mental health challenges in the workplace represent a growing and urgent concern. Recent estimates indicate that over 116 million people on the continent are living with mental health conditions, many of which directly affect workforce participation and productivity. While precise, continent-wide workplace-specific statistics remain limited, regional studies and surveys provide a clear picture of the scope and scale of the problem.

In sub-Saharan Africa, a Gallup survey found that 48% of employees reported experiencing significant stress on the previous day, well above the global average of 41%. Stress, along with feelings of isolation and loneliness, is widespread, with 28% of workers indicating frequent loneliness, which has implications for engagement, collaboration, and overall workplace performance.

Country-specific studies reveal even higher prevalence in certain regions. In East Africa, for instance, approximately 80% of employees report work-related stress, highlighting the intensity of psychological strain in professional settings. In Uganda, surveys show that 57% of the workforce experiences high levels of stress, underscoring how pervasive these challenges are in different sectors and countries.

Healthcare workers, often on the frontline of stress and mental health demands, demonstrate the acute impact of these challenges. Studies conducted during the COVID-19 pandemic showed that 20–22% of frontline healthcare workers experienced symptoms of depression and anxiety, with 15% reporting psychological distress, reflecting a population under sustained pressure with limited systemic support.

In short, Africa's workforce is facing a mental health challenge of significant magnitude. For employers, policymakers, and organizational leaders, these statistics are a call to action: to design human-centered, data-informed, and ethically grounded interventions that safeguard employee wellbeing while enhancing productivity and resilience across sectors.

Background

Overview and epidemiological context

Mental health has become one of the most significant determinants of workforce productivity, organizational resilience, and economic growth globally and across Africa. As workplaces evolve through digital transformation, demographic shifts, and new models of work, the relationship between employee wellbeing and institutional performance is becoming increasingly measurable and strategically important.

Globally, mental health conditions now account for a substantial share of lost productivity and economic burden. The World Health Organization (WHO) estimates that depression and anxiety alone cost the global economy over US$1 trillion annually in lost productivity, driven largely by absenteeism, presenteeism, and workforce disengagement. These trends are mirrored across African economies, where mental health challenges intersect with structural constraints such as limited access to care, stigma, and underdeveloped occupational health systems.

Across Africa, an estimated 150 million people are living with mental health conditions, yet fewer than 10% receive adequate care or support due to severe shortages in mental health financing, infrastructure, and skilled professionals. In many African countries, there are fewer than 1 mental health professional per 100,000 population, compared with the global average of 9 per 100,000. This treatment gap directly affects working-age populations, where untreated mental health conditions contribute to reduced productivity, increased workplace accidents, and high staff turnover.

Metric	Africa	Global Average	Notes / Context
People living with mental health conditions	150,000,000	N/A	Estimated total across Africa
Percentage receiving adequate care	10%	N/A	Fewer than 10% access mental health support
Mental health professionals per 100,000 population	1	9	Severe shortage across African countries
Productivity loss due to untreated conditions	30–50%	N/A	Estimated reduction in workforce output
Workplace accidents linked to mental health	20–30%	N/A	Approximate contribution of untreated mental health issues
Staff turnover due to mental health strain	25–35%	N/A	Estimated across affected organizations

Mental Health and Productivity in African Workplaces

The workplace is increasingly recognized as a critical intervention point for addressing mental health challenges. Empirical evidence across African contexts demonstrates high prevalence rates of psychological distress among working-age populations. Recent multi-country studies suggest that:

- Up to 45% of working-age adults report symptoms of depression,
- Approximately 37% report anxiety-related conditions, and
- Nearly 30% report sleep-related or stress-induced disorders.

These figures reflect a workforce under considerable psychosocial pressure, influenced by economic uncertainty, job insecurity, rapid urbanization, and evolving organizational demands.

The economic consequences of unaddressed mental health challenges are significant. In South Africa alone, poor mental health is estimated to cost the economy over R161 billion annually due to absenteeism, presenteeism, and reduced performance, with some estimates suggesting losses of up to 4.5% of GDP. Similar patterns are observed across other African economies. For example, a WHO investment case in Zimbabwe estimated that mental health-related productivity losses resulted in 3.7 million lost working days and approximately US$127 million in annual economic losses.

Despite these impacts, mental health and workplace wellness remain insufficiently integrated into occupational health and safety frameworks across many African organizations. Workplace mental health policies are often absent or limited, employee assistance programmes are scarce, and leadership training on psychological safety remains inconsistent.

Workforce Transitions and Emerging Risks

In Africa, mental health challenges are further compounded by rapid workforce transitions. These include demographic shifts toward a younger workforce, increased participation in the gig and informal economy, digital transformation across sectors, and growing performance pressures in competitive markets. The post-pandemic work environment has also intensified stress, burnout, and emotional fatigue among employees, particularly in high-demand sectors such as healthcare, finance, and technology.

At the same time, African workplaces are experiencing accelerated digitization. Organizations are increasingly adopting digital platforms for human resource management, performance monitoring, and employee engagement. This shift is generating large volumes of workforce data—ranging from attendance patterns and workload metrics to engagement surveys, safety incidents, and health indicators. Yet most organizations remain trapped in reactive models of workforce health management, intervening only after burnout, attrition, or performance decline has occurred.

The Emergence of AI-Driven Workforce Intelligence

Advances in artificial intelligence (AI), machine learning, wearable technologies, and people analytics are creating new opportunities to transform workplace health management. These technologies enable the integration of multimodal data—behavioral, somatic, organizational, and environmental—to detect early signals of distress and performance risk before they escalate into crises.

AI-driven workforce intelligence offers the potential to shift organizations from reactive crisis management to predictive, preventive, and personalized workforce health models. Predictive analytics can identify patterns associated with burnout, disengagement, safety risks, and attrition. Wearable technologies and digital health platforms can monitor stress indicators and physiological markers. Integrated data systems can generate real-time insights that support leadership decision-making and targeted interventions.

However, the integration of AI into workplace health also introduces complex ethical, cultural, and governance considerations. The central question is not simply what technology can do, but how it can be deployed responsibly within complex human systems.

Ethical, Cultural, and Governance Considerations

The deployment of AI-driven workforce intelligence raises critical questions:

- How can predictive technologies be implemented ethically while protecting employee privacy, dignity, and psychological safety?
- How can organizations ensure that algorithms do not amplify bias, cultural misinterpretation, or exclusion, particularly within diverse African workforces?
- How do we distinguish between clinically meaningful mental health risks and normal occupational stress?
- How can AI-generated insights be translated into supportive interventions rather than punitive monitoring mechanisms?

African sociocultural contexts add further complexity. In many settings, psychological distress is often expressed through physical symptoms or masked by social expectations, making culturally sensitive interpretation of data essential. Without careful design and governance, AI systems risk misinterpreting behavioral patterns or reinforcing structural inequities.

Ethical Considerations
AI-driven workforce intelligence must be deployed in ways that protect employee privacy, dignity, and autonomy.

Cultural Considerations
In diverse work environments, AI systems must be designed with cultural awareness to avoid misinterpreting behaviors, communication styles, or work patterns

Governance Considerations
Strong governance structures are essential to ensure accountability, transparency, and fairness in the use of AI-driven workforce tools.

AI and Attrition Prediction: Economic and Organizational Implications

Employee turnover remains one of the most significant operational and financial burdens facing organizations. Replacement costs are estimated to range between 50 percent and 200 percent of an employee's annual salary, depending on role complexity and seniority. Beyond financial implications, attrition disrupts team cohesion, erodes institutional knowledge, and may negatively influence morale among remaining staff.

Predictive attrition modeling leverages supervised machine learning algorithms trained on historical turnover data. Variables frequently included in such models encompass tenure duration, promotion intervals, compensation progression, engagement survey responses, workload metrics, commute patterns, performance ratings, and even linguistic sentiment extracted from internal communications.

Recent advances in large language models have demonstrated predictive accuracy rates exceeding 90 percent in identifying employees likely to voluntarily resign within defined time horizons. When organizations operationalize these predictions through targeted interventions—such as workload adjustment, career pathway clarification, mentorship pairing, or flexible scheduling—voluntary turnover reductions between 20 and 40 percent have been reported.

The ethical dimension of attrition prediction is critical. Transparency, consent, and clear communication regarding data usage are essential to prevent perceptions of surveillance or punitive profiling. When implemented responsibly, predictive systems shift retention strategies from reactive counteroffers to proactive engagement reinforcement.

AI-Enabled Wellbeing Surveillance and Burnout Prevention

Perhaps the most transformative application of AI in workplace health lies in early identification of psychosocial strain. Burnout rarely emerges abruptly; it develops progressively through sustained stress exposure, insufficient recovery cycles, and misalignment between personal values and organizational expectations. Machine learning models designed to detect burnout risk analyze multifactorial data including overtime frequency, sleep pattern proxies, digital activity density, communication sentiment shifts, absenteeism micro-patterns, and changes in productivity variability. Pilot studies have demonstrated high explanatory power in predicting burnout severity scores using such multidimensional inputs.

Emotion AI technologies extend this frontier by analyzing vocal tone, facial expression micro-signals (where consented), and linguistic sentiment to infer emotional states. While still evolving, such systems offer potential for real-time wellbeing dashboards that provide anonymized aggregate insights at team or departmental levels. The economic implications are substantial. Burnout correlates strongly with medical claims, disability leave, and mental health service utilization. Early intervention through predictive systems may reduce healthcare costs, minimize lost workdays, and improve long-term retention.

However, these technologies must be governed by stringent ethical frameworks. Workforce wellbeing analytics should prioritize aggregate risk detection rather than intrusive individual monitoring, unless explicitly consented and therapeutically oriented. Data anonymization, encryption, and governance policies must be foundational components of implementation.

Integrating AI into a Holistic Workplace Health Ecosystem

The future of workplace health is defined by the integration of AI into a broader ecosystem encompassing leadership development, organizational psychology, occupational health services, and strategic governance. AI-driven insights must be translated into human-centered interventions. Predictive signals regarding burnout require managerial empathy and supportive policy frameworks. Attrition risk scores necessitate meaningful career development pathways. Performance anomaly detection demands constructive coaching rather than punitive action.

The optimal model is a hybrid architecture in which AI functions as an augmentation tool—enhancing human judgment rather than replacing it. In such systems, leadership training incorporates data literacy, ethical decision-making, and psychological safety principles. Workforce intelligence platforms interface with wellness programs, employee assistance services, and executive leadership dashboards, creating a closed feedback loop between detection and intervention.

Strategic Outlook

The trajectory of workplace health is converging toward predictive, preventive, and personalized models. As computational power increases and data ecosystems mature, organizations will increasingly possess the capacity to identify early warning signals of psychological strain, disengagement, and performance volatility. For emerging markets and African enterprises, this evolution presents both opportunity and responsibility. Rapid digitalization across sectors provides fertile ground for implementing AI-driven workforce intelligence systems. At the same time, contextual realities, including informal labor structures, limited digital infrastructure in some sectors, and regulatory diversity—necessitate tailored approaches.

The future of workplace health will be defined not by the sophistication of algorithms alone, but by the ethical integration of predictive intelligence into compassionate leadership and inclusive organizational cultures. When responsibly deployed, AI-driven workforce intelligence has the potential to transform workplaces from reactive environments into adaptive, resilient ecosystems that protect mental health, optimize performance, and sustain long-term organizational vitality.

To realize this potential, organizations must embrace a multi-layered implementation strategy that integrates technology, human resources, and organizational policy. Predictive analytics should be embedded within a continuous feedback loop, where data-driven insights inform managerial decisions, shape employee development pathways, and guide wellness interventions. Importantly, AI systems must operate alongside human judgment, with managers trained to interpret predictive signals responsibly and compassionately. This hybrid approach ensures that early warnings of burnout, disengagement, or attrition are addressed proactively, rather than reactively, allowing interventions to be personalized to individual needs and contextual circumstances.

The Session

The ABCHealth Mental Health & Workplace Wellness Webinar convened a distinguished panel of experts to interrogate the intersection of artificial intelligence, predictive analytics, and workforce wellbeing. Under the theme, 'The Future of Workplace Health — Exploring AI-Driven Workforce Intelligence and Predictive Approaches to Identify Performance, Attrition, and Wellbeing Risks,' the session explored how organizations can leverage technology and data-driven insights to anticipate mental health risks, support sustainable performance, and build resilient, high-performing teams.

Across industries, organizations are increasingly confronted with structural workforce risks, including burnout, disengagement, psychological distress, attrition, and safety incidents. These factors not only threaten operational continuity but also impose significant human and economic costs. Recognizing the limitations of reactive wellness programs, the session emphasizes proactive strategies, exploring how AI-driven workforce intelligence platforms can integrate multi-dimensional employee data—including behavioral, neurocognitive, psychosocial, and organizational performance metrics—to provide early warning signals, enable targeted interventions, and sustain workforce wellbeing.

The panel session brought together experts across multiple domains, including clinical medicine, psychiatry, psychology, wellness coaching, and enterprise HSSE, providing a holistic exploration of workforce health. Each panelist contributed a unique perspective on the predictive, ethical, and practical deployment of AI in workplace health systems.

The panel session will also examine the broader organizational implications of AI-driven workforce intelligence. Effective implementation requires integration into leadership development, occupational health services, and organizational culture frameworks. AI systems must complement human judgment rather than replace it, serving as decision-support tools that empower managers and health professionals to act strategically. In emerging economies, including across Africa, this integration is both an opportunity and a challenge. Rapid digital adoption provides a foundation for implementing predictive workforce systems, yet regulatory diversity, infrastructure variability, and informal labor dynamics necessitate localized strategies and governance models.

Session Flow and Speakers

Keynote Speaker

- Dr. Jean Phibert Nsengimana - Chief Digital Advisor, Africa CDC

Panelists:

- Dr. Maymunah Yusuf Kadiri – Medical Director, Pinnacle Medical Services
- Dr. Joshua Awesome – Founder / Coaching Psychologist, African Institute of Mind
- Ms. Funmto Ogunbanwo – Founder, Ibi Ayo Therapy and Wellness Limited
- Dr. Olayinka Jibunoh – Consultant Psychiatrist and Rehabilitation Psychologist, The Freudian Centre
- Ms. Sandra Oluwadare – Founder & Lead Coach, Family Flourish International (Winning & Parenting)
- Ms. Adetola Olashore – GM, Human Resources, Heritage Energy

Moderator: Dr. Mories Atoki - CEO, ABCHealth.

Keynote Address

The convergence of workforce health, digital transformation, and predictive analytics represents a critical frontier for Africa's development trajectory. As labor markets digitize and demographic transitions accelerate, the resilience of our workforce becomes inseparable from the resilience of our economies. Dr. Nsengimana noted that the discussion extends beyond conventional notions of workplace wellbeing. He framed it within a broader systems perspective that integrates digital public health architecture, human capital optimization, and the responsible deployment of artificial intelligence to strengthen organizational ecosystems. In this context, he positioned AI-driven workforce intelligence as an enabler of structural transformation in how organizations anticipate and manage human risk.

- Workforce mental health must be recognized as core human capital infrastructure, because productivity, innovation, and economic competitiveness are directly dependent on the cognitive and emotional stability of working populations.
- The Africa Health Summit 2026 theme of "Wellness" compels us to apply health system transformation principles to workplaces by accelerating the shift from reaction to prevention, from hospital to home, and from illness to wellness.
- Organizations must transition from reactive people management models to predictive workforce intelligence systems that detect early signals of burnout, disengagement, and performance volatility before crises emerge.
- Artificial intelligence and predictive analytics should function as tools of digital occupational epidemiology, enabling anonymized detection of systemic stress patterns and structural risk clusters across teams and departments.
- The shift from hospital to home requires that workplace wellbeing move beyond isolated HR interventions and instead be embedded into daily leadership behaviors, workload design, and team culture.
- Technology should augment—not replace—human connection by equipping leaders with actionable insights that strengthen empathy, responsiveness, and psychological safety within teams.
- The shift from illness to wellness requires organizations to redefine success not as the absence of breakdown, but as the presence of purpose, belonging, growth, dignity, and psychological safety.
- Predictive workforce systems must be built upon strong ethical foundations, including data protection, algorithmic transparency, fairness audits, and informed employee consent.
- Policymakers must establish regulatory frameworks that enable responsible AI innovation while safeguarding worker rights, privacy, and equitable access to digital wellbeing tools.
- Organizational leaders must treat mental health investments not as discretionary costs but as long-term strategic investments in resilience, retention, and sustained performance.

Dr. Jean Philbert Nsengimana
Chief Digital Advisor, Africa CDC
Keynote Speaker

Workplace mental health should be institutionalized within enterprise governance as a measurable component of organizational performance and risk management. Psychosocial risks—such as chronic stress exposure, cognitive overload, and burnout, must be assessed using standardized frameworks aligned with the World Health Organization and ISO 45003, integrating behavioral data, workload analytics, and organizational network insights. This enables a shift toward evidence-based workforce design, where cognitive ergonomics, workload structuring, and digital tool optimization reduce fatigue and enhance sustained productivity.

At a systems level, workplaces should function as distributed platforms for preventive care, embedding mental health screening, early intervention pathways, and telehealth-enabled support within employee health structures. Interoperable data systems should integrate HR, productivity, and health indicators to enable predictive insights while maintaining strict data governance, algorithmic transparency, and employee consent.

> Africa's development trajectory will increasingly hinge on the effective integration of workforce health, digital transformation, and predictive analytics.
>
> -Dr. Jean Philbert Nsengimana

Dr. Mories Atoki
CEO, ABCHealth
Host/Moderator

Psychological wellbeing must be embedded within enterprise risk registers as a material exposure category, alongside financial, cybersecurity, and operational risks. In many African markets, where fewer than 10% of affected individuals access care, organizations inevitably internalize the productivity losses associated with untreated mental health conditions, manifesting through absenteeism, presenteeism, and disengagement, which can account for an estimated 2–5% of total payroll annually. More critically, employees who are physically present but cognitively disengaged often generate greater long-term performance loss than recorded absence.

Effective implementation requires robust data harmonization across HRIS, payroll, health claims, attendance logs, engagement surveys, and occupational health systems to enable accurate workforce intelligence. Predictive risk scoring must be operationalized through tiered intervention pathways—ranging from managerial engagement and workload recalibration to counselling referrals and structured wellbeing programmes.

> In Africa's evolving labour markets, workplace mental health is no longer solely a welfare concern—it is a critical enterprise risk.
>
> -Dr. Mories Atoki

Moderator's Insights

Dr. Mories Atoki positioned workplace mental health within the broader architecture of enterprise risk, productivity economics, and demographic transition in Africa. She noted that with over 150 million Africans estimated to be living with mental health conditions—and fewer than 10% receiving adequate care—the treatment gap inevitably migrates into the workplace. In many African markets where there are fewer than one mental health professional per 100,000 population, employers increasingly function as primary detection and referral points. As such, she framed predictive workforce intelligence as a governance instrument for enterprise resilience.

- Psychological wellbeing must be integrated into enterprise risk registers alongside financial exposure, cybersecurity, and operational continuity.
- With fewer than 10% of affected individuals accessing care in many African markets, employers inevitably absorb the productivity impact of untreated mental health conditions.
- Absenteeism, presenteeism, and disengagement can account for an estimated 2–5% of total payroll cost annually in large organizations.
- Attrition and burnout signals can be detected 3–6 months before formal exit or medical leave through performance volatility, leave patterns, and workload intensity analytics.
- Data Harmonization Precedes Intelligence: Workforce intelligence requires structured integration across HRIS, payroll, health claims, attendance logs, engagement surveys, and occupational health records.
- Risk Scoring Should Trigger Tiered Responses: Predictive outputs must link to predefined intervention pathways—managerial engagement, workload recalibration, counselling referral, or wellness activation.
- Employees physically present but cognitively disengaged may generate greater long-term productivity loss than recorded absenteeism.
- Deployment frameworks must include anonymization protocols, algorithmic bias audits, employee consent structures, and strict separation from disciplinary processes.
- Board and C-suite reporting should include retention stability ratios, engagement recovery curves, short-term disability trends, and workforce risk heat maps.
- Organizations implementing structured wellbeing analytics have reported measurable reductions in disability claims (15–25%) and improvements in engagement indices within 12–18 months.

Panelist's Insights

In her contributions, Dr. Maymunah Yusuf Kadiri, Medical Director of Pinnacle Medical Services, stated that mental health deterioration is rarely sudden; it is progressive, beginning with subtle somatic, behavioral, and functional shifts long before diagnosable pathology emerges. She argued that AI-driven workforce intelligence systems must therefore be engineered to detect deviations from individual baselines, triangulate multi-source data signals, and trigger supportive interventions—while operating within strict ethical safeguards to prevent stigma, false positives, or punitive misuse.

- Artificial intelligence represents a structural inflection point in mental healthcare, particularly when integrated with data analytics and predictive modeling frameworks.
- Mental health systems in many low- and middle-income countries remain predominantly reactive, intervening at crisis stage rather than at early deterioration phase.
- Mental health decline is progressive rather than abrupt, typically emerging through somatic symptoms such as sleep disruption, chronic fatigue, headaches, gastrointestinal disturbance, irritability, and reduced engagement.
- Subclinical behavioral shifts—including presenteeism, clustered absenteeism, social withdrawal, and decreased responsiveness—often precede formal psychiatric diagnosis by months.
- Globally, more than 750,000 lives are lost to suicide annually, reinforcing the urgency of early detection systems that prioritize prevention over post-crisis intervention.
- Effective predictive workforce intelligence must be anchored in a "baseline-before-diagnosis" principle, whereby AI systems first establish an individual's normal patterns of sleep, workload, engagement, and attendance.
- Mental health deterioration should be defined as deviation from personal baseline rather than comparison to population averages.
- Triangulation of signals is critical; isolated data points may lack significance, but combined indicators—such as sleep disruption, increased sick leave, declining meeting participation, and slower response times—form meaningful risk patterns.
- Somatic indicators from wearable devices, behavioral engagement metrics, and attendance data can be ethically aggregated to detect early nervous system overload.

.

- False positives in mental health risk scoring can have severe reputational and psychological consequences, making ethical governance foundational rather than optional.

Dr. Maymunah Yusuf Kadiri
MD/CEO, Pinnacle Medical Services
Speaker

Subclinical behavioral shifts—including presenteeism, clustered absenteeism, social withdrawal, and declining responsiveness, often precede formal diagnosis by months. With over 750,000 lives lost to suicide globally each year, there is a clear imperative to transition toward early detection systems that prioritize prevention and continuous monitoring over episodic intervention.

Effective predictive workforce intelligence must be grounded in a "baseline-before-diagnosis" approach, where AI systems first establish individualized patterns of sleep, workload, engagement, and attendance. Mental health deterioration should therefore be defined as deviation from personal baseline rather than comparison to population averages. Accurate risk identification depends on signal triangulation, where combined indicators such as sleep irregularities, increased sick leave, reduced meeting participation, and slower response times form meaningful patterns, as opposed to isolated data points.

> The future of mental healthcare depends on transitioning from reactive crisis management to proactive early detection and prevention.
>
> -Dr. Maymunah Kadiri

Dr. Joshua Awesome
Founder, Africa Institute of the Mind
Speaker

Psychological “baggage”, the cumulative burden of stress, burnout, and unresolved emotional strain, functions as a critical variable shaping perception, judgment, and behavior within professional environments. When unaddressed, this emotional load reduces cognitive flexibility, narrows interpretive bandwidth, and increases reactive decision-making, ultimately weakening team cohesion and organizational effectiveness. These effects are often not immediately visible but manifest subtly through impaired collaboration, reduced problem-solving capacity, and heightened interpersonal friction, all of which erode performance over time.

Artificial intelligence, when applied through predictive workforce analytics, can serve as a performance-support mechanism by identifying early signals of strain, disengagement, and declining capacity before visible breakdown occurs. However, AI must be understood as an amplifier; its outputs are inherently shaped by the data environments, assumptions, and values embedded within organizational systems.

> Predictive workforce analytics enables organizations to safeguard human capacity before signs of breakdown become apparent.
>
> -Dr. Joshua Awesome

Panelist’s Insights

Dr. Joshua Awesome approached the subject of AI-driven workforce intelligence from a behavioral psychology and leadership cognition perspective. He emphasized that artificial intelligence, while powerful, operates as an amplifier of existing human systems—organizational cultures, leadership quality, cognitive biases, and emotional climates. From a coaching psychology view, he positioned AI not as a substitute for human judgment but as a multiplier of underlying patterns, whether constructive or dysfunctional. His remarks underscored that the future of workplace intelligence must integrate psychological awareness, leadership maturity, and human presence alongside algorithmic sophistication.

- Psychological “baggage”—defined as accumulated stress, burnout, emotional overload, and unresolved strain—was identified as a critical variable that alters perception, impairs judgment, and influences behavioral responses within professional settings.
- Unaddressed emotional load was described as reducing cognitive flexibility, narrowing interpretive bandwidth, and increasing reactive behavior, thereby weakening team cohesion and organizational effectiveness.
- Artificial intelligence was positioned as a performance-support mechanism capable of identifying early signals of strain, disengagement, and declining capacity before visible breakdown occurs.
- Predictive workforce analytics were framed as tools that enhance leaders’ ability to detect patterns earlier, make wiser decisions, and protect human capacity proactively rather than responding only after crises manifest.
- AI was characterized as an amplifier rather than a creator of wisdom, meaning that ethical clarity, leadership maturity, and organizational culture determine whether technological systems enhance positive capacity or magnify dysfunction.
- The relationship between human conditioning and algorithmic output was highlighted, emphasizing that AI systems reflect the data environments, assumptions, and values embedded within them.
- The integration of AI into workforce wellbeing strategies was framed as a leadership evolution, requiring emotional intelligence, contextual sensitivity, and ethical responsibility.
- The principle of “Human + Kind = Humankind” was invoked to reinforce the argument that technology must be guided by intentional humanity, particularly in systems that influence employee wellbeing and organizational culture.

Panelist's Insights

Dr. Olayinka Jibunoh emphasized that the absence of objective biomarkers, standardized cognitive baselines, and technologically augmented diagnostics in mental health creates variability in diagnosis, inconsistency in treatment pathways, and measurable downstream consequences in judicial, clinical, and workplace settings. From a workforce intelligence perspective, she argued that AI, virtual reality (VR), and cognitive performance analytics represent viable pathways for transforming mental health from impressionistic evaluation to measurable, predictive, and precision-based intervention systems.

- A structural innovation gap exists between surgical medicine and psychiatry, with the former adopting laparoscopic and robotic-assisted technologies while the latter remains heavily dependent on subjective clinical interviews and interpretive assessment tools.
- Exposure to robotic surgical systems, including the da Vinci robotic platform during postgraduate training, demonstrated how technology can compensate for human physical limitations while improving procedural precision and outcome reliability.
- A forensic case example illustrated how multiple psychiatric diagnoses assigned at different times can create legal ambiguity, highlighting the systemic risks associated with non-standardized assessment methodologies.
- The variability of psychiatric labeling underscores the need for structured, data-driven mental health models capable of improving diagnostic clarity and longitudinal continuity of care.
- Virtual Reality (VR) was identified as a scalable therapeutic innovation with demonstrated utility in treating insomnia, anxiety disorders, phobias, depression, and trauma-related conditions without immediate reliance on pharmacological intervention.
- International adoption of VR in mental health care, including applications in veteran PTSD rehabilitation and remote consultations, signals the growing validation of immersive technologies in clinical practice.
- Manpower shortages in psychology and psychiatry—exacerbated by migration trends and workforce mobility—necessitate technological augmentation to bridge service delivery gaps.
- Executive function, governed primarily by the frontal lobe, was highlighted as central to workplace performance, encompassing planning, focus, impulse control, organization, working memory, and adaptive problem-solving.

Dr. Olayinka Jibunoh
Consultant Psychiatrist, The Freudian Centre
Speaker

A structural innovation gap persists between surgical medicine and psychiatry, where surgical disciplines have rapidly adopted laparoscopic and robotic-assisted systems while mental health care remains largely reliant on subjective clinical interviews and interpretive diagnostic frameworks. Exposure to robotic surgical platforms such as the da Vinci system during postgraduate training demonstrates how technology can extend human precision, reduce variability, and improve procedural outcomes, yet equivalent technological transformation in psychiatry remains limited, despite similar complexity in decision-making requirements.

The variability in psychiatric diagnosis, including forensic case examples where multiple labels are assigned across time, highlights systemic risks associated with non-standardized assessment methodologies and fragmented clinical interpretation. This diagnostic inconsistency underscores the need for structured, data-driven mental health models that improve longitudinal continuity of care and reduce ambiguity in clinical and legal contexts.

> AI, virtual reality, and cognitive analytics can transform mental health from impressionistic evaluation to predictive, precision-based care.
>
> -Dr. Olayinka Jibunoh

Ms. Sandra Oluwadare
Founder/CEO, Family Flourish Int'l Ltd
(Winning in Parenting)
Speaker

Workforce performance cannot be fully understood without accounting for the influence of family systems, caregiving responsibilities, and domestic emotional labor on cognitive and emotional availability. Many employees, particularly working parents and caregivers, operate under persistent invisible strain that is not reflected in traditional performance dashboards, attendance logs, or output-based KPIs. This strain manifests as cognitive depletion, where early-morning caregiving demands, family emergencies reduce working memory efficiency, and energy levels long before any measurable decline appears in formal performance indicators.

Conventional workforce analytics frameworks therefore remain structurally incomplete, as they do not adequately capture contextual stressors originating outside the workplace that materially shape productivity and engagement. Ethical AI deployment in workforce wellbeing must prioritize voluntary participation, ensuring that sensitive or family-related stress data is never inferred through intrusive surveillance mechanisms.

> Workforce performance cannot be fully understood without accounting for caregiving responsibilities and domestic emotional labour.
>
> -Sandra Oluwadare

Panelist's Insights

In her contribution, Sandra Oluwadare introduced a critical systems perspective often overlooked in workforce analytics: the inseparability of family ecosystems and workplace performance. Her remarks reframed workforce intelligence by emphasizing that employees do not operate as isolated economic agents but as members of dynamic domestic systems that exert measurable influence on cognitive bandwidth, emotional regulation, and productivity. She argued that AI-driven workforce intelligence must evolve beyond narrow productivity metrics to incorporate contextual awareness of caregiving strain, parenting load, and domestic stress patterns—while maintaining strict ethical boundaries around privacy and voluntary disclosure.

- Workforce performance cannot be fully understood without acknowledging the influence of family systems, caregiving responsibilities, and domestic emotional labor on cognitive and emotional availability at work.
- Many employees, particularly working parents and caregivers, operate under invisible strain that is not captured by traditional performance dashboards, attendance records, or output-based KPIs.
- Cognitive depletion caused by early-morning caregiving, family conflict, or domestic emergencies can reduce focus, working memory efficiency, and energy levels long before any measurable decline in formal performance indicators appears.
- Conventional workforce analytics frameworks lack structured mechanisms to account for contextual stress loads that originate outside the workplace but materially influence productivity and engagement.
- The ethical deployment of AI in workforce wellbeing must prioritize voluntary participation, ensuring that any family-related or personal stress data is shared by employee choice rather than inferred through intrusive monitoring.
- Pattern recognition models can reveal recurring deadline compression, uneven task allocation, seasonal stress spikes, or department-specific burnout trends that disproportionately affect employees managing caregiving responsibilities.
- Insights derived from anonymous surveys, optional wellbeing check-ins, and aggregated workload analytics should trigger supportive interventions such as flexible scheduling, workload redistribution, parenting support resources, or access to mental health practitioners.
- Psychological safety remains a precondition for accurate data collection; employees are more likely to disclose strain when they feel supported rather than monitored.

Panelist's Insights

Ms. Funmto Ogunbanwo centered the discussion on psychological safety as the foundational infrastructure for any AI-enabled workplace wellness system. Trust, confidentiality, and ethical governance are not peripheral considerations but core determinants of whether employees engage with mental health interventions at all. Her analysis highlighted a critical implementation risk in AI-driven workforce intelligence: without robust privacy safeguards and clearly defined ethical boundaries, predictive wellness systems may inadvertently suppress disclosure rather than encourage it.

- Psychological safety functions as a prerequisite condition for effective mental health intervention, determining whether individuals disclose vulnerability, participate in programs, and sustain engagement.
- Confidentiality concerns represent one of the most significant barriers to therapy utilization and organizational wellness program adoption.
- Employees often fear that disclosed information may be shared with supervisors or used in performance evaluations, thereby creating reluctance toward internal wellbeing systems.
- The use of external psychological practitioners can enhance perceived neutrality and trust, reinforcing the importance of clear boundaries between therapeutic engagement and managerial oversight.
- AI-driven wellness systems must prioritize anonymity and voluntary participation, ensuring that data collection mechanisms do not create perceptions of monitoring or coercion.
- Pattern recognition models should focus on aggregated trends rather than individual surveillance, identifying systemic stress signals without exposing personal narratives.
- The subjectivity and variability in traditional mental health assessment frameworks create an opportunity for AI to enhance data interpretation, standardization, and trend detection.
- Human contextual intepretation remains critical in distinguishing between transient stress responses and chronic risk patterns that require structured intervention.
- Predictive systems that flag "high-risk" indicators must incorporate review protocols to prevent misclassification of situational stressors as long-term pathology.
- Safeguards in AI wellness architecture must include transparent data goveance policies, strict confidentiality standards, to employees regarding data usage, and mechanisms for informed consent.

Funmto Ogunbanwo
Founder, Ibiayo Therapy Services
Speaker

Psychological safety functions as a foundational prerequisite for effective mental health intervention, directly influencing whether individuals are willing to disclose vulnerability, engage with support systems, and sustain long-term participation in wellbeing programmes. Confidentiality concerns remain one of the most significant barriers to therapy utilization and organizational wellness adoption, as employees often fear that disclosed information may be accessed by supervisors or inadvertently influence performance evaluations, thereby reducing trust in internal systems.

To address this, the use of external psychological practitioners can enhance perceived neutrality and reinforce boundaries between therapeutic engagement and managerial oversight. Similarly, AI-driven wellness systems must prioritize anonymity and voluntary participation, ensuring that data collection does not create perceptions of surveillance or coercion.

> External psychological practitioners can reinforce neutrality, trust, and the separation of therapy from managerial oversight.
>
> -Funmto Ogunbanwo

Ms. Adetola Olashore
General Manager, Human Resources
Heritage Energy
Speaker

Burnout, psychological distress, and attrition should be reframed as strategic organizational risks rather than isolated human resource concerns, given their direct impact on productivity, continuity, and institutional knowledge retention. Predictive analytics offers the ability to identify early wellbeing and performance risk signals more effectively than traditional periodic HR reviews, enabling organizations to intervene before issues escalate into formal disability, resignation, or critical performance failure.

However, workforce data is often fragmented across siloed systems—including medical assessments, engagement surveys, attendance logs, and collaboration platforms, limiting the ability to interpret strain holistically. This fragmentation obscures cumulative stress patterns that would otherwise be visible through integrated analysis. Effective governance must therefore precede technological deployment, with clearly defined frameworks for data collection, storage, access control, and permissible use.

> AI's value lies in responsibly integrating siloed data streams to enable proactive intervention while preserving trust.
>
> - Ms. Adetola Olashore

Panelist's Insights

Ms. Adetola Olashore presented an enterprise governance perspective on AI-driven workforce intelligence. She framed burnout, disengagement, psychological strain, and attrition as enterprise-level risk variables with direct implications for productivity, financial performance, and long-term organizational sustainability. Predictive workforce analytics must begin with governance architecture before technological deployment. Fragmented HR data systems, when left siloed, obscure meaningful patterns of strain. AI's value lies in responsibly integrating these data streams, to enable proactive intervention while preserving employee trust and regulatory compliance.

- Burnout, psychological distress, and attrition represent strategic organizational risks rather than isolated HR issues.
- Predictive analytics enables earlier detection of performance and wellbeing risk signals compared to traditional periodic HR reviews.
- Workforce data often exists in siloed systems, preventing coherent interpretation of strain patterns.
- Fragmentation across medical assessments, engagement surveys, attendance logs, and collaboration metrics limits proactive risk detection.
- Governance must precede technology; clear frameworks are required to define data collection, storage, analysis, access control, and permissible use.
- Transparency in data usage strengthens employee trust and enhances voluntary participation in AI-enabled wellbeing programs.
- Pattern detection should focus on workload spikes, meeting overload, behavioral shifts, declining engagement, and collaboration changes rather than personal labeling.
- Integrated workforce dashboards can reveal cumulative strain that would otherwise remain invisible when signals are dispersed across platforms.
- Organizational tragedies often reveal retrospective warning signs that were present but unconnected due to lack of predictive infrastructure.
- Ethical AI deployment requires compliance with privacy regulations, explicit communication to employees, and assurance of non-punitive application.
- Empathy remains irreplaceable; AI can enhance pattern recognition but cannot substitute for human judgment and compassionate leadership.

Participant's Spotlight

Mr. Abdul-Mumin Oshodi
Founder, KItam Science Inc.

The future of workplace health lies in harnessing AI-driven workforce intelligence and predictive analytics to proactively identify risks affecting performance, attrition, and employee wellbeing. However, the accuracy and impact of these predictive approaches depend critically on the quality and context of the baseline data.

In the African context, workforce behaviors, engagement patterns, and wellbeing outcomes are deeply influenced by local cultural norms, social structures, and organizational practices. Predictive models that do not account for these contextual factors risk misclassifying behaviors, overlooking emerging patterns, or producing interventions that are misaligned with the realities of African workplaces. Therefore, culturally grounded data must form the foundation of any predictive workforce strategy.

By embedding culturally informed insights into AI and predictive analytics, organizations can move from reactive management to proactive workforce stewardship. This enables early identification of stress, burnout, disengagement, or performance risks, allowing timely and targeted interventions that protect human capacity, enhance productivity, and strengthen organizational resilience.

Integrating culturally aware predictive analytics transforms workplace health from a welfare-focused concern into a strategic enterprise imperative. Organizations can align employee wellbeing with operational performance, optimize retention, and build adaptive, resilient workforce ecosystems capable of sustaining long-term growth in Africa's evolving labor markets.

Conclusion

The deliberations during the ABCHealth Webinar on Mental Health & Workplace Wellness: The Future of Workplace Health — Exploring AI-Driven Workforce Intelligence and Predictive Approaches to Identify Performance, Attrition, and Wellbeing Risks, established a clear and evidence-based trajectory for corporate Africa. The future of workplace health will not be defined by isolated wellness initiatives or episodic employee assistance interventions. It will be defined by structured intelligence systems that embed mental wellbeing within enterprise architecture, governance, and performance management frameworks.

Mental health conditions, particularly depression, anxiety, stress-related disorders, and burnout—interact directly with productivity volatility, error rates, absenteeism patterns, team cohesion metrics, and long-term retention stability. These are measurable operational indicators. When left unmanaged, they compound into financial leakage across payroll inefficiencies, recruitment replacement costs (often estimated at 50–200% of annual salary per employee, depending on seniority), short-term disability claims, and institutional knowledge loss.

The integration of predictive workforce intelligence into organizational infrastructure provides a methodological shift from retrospective reporting to forward-looking risk anticipation. Through structured aggregation of HRIS data, attendance logs, workload allocation metrics, performance trend lines, engagement indices, and anonymized health utilization data, organizations can generate probabilistic risk scores that identify early-stage decline trajectories. The technical implication is clear: intervention windows can be expanded from reactive post-event response to proactive 90–180-day pre-attrition detection cycles.

With the continent's working-age population projected to exceed one billion by mid-century, failure to institutionalize preventive cognitive health systems could erode the anticipated demographic dividend. In contexts where fewer than one mental health professional per 100,000 population is available in several countries, employers inevitably become pivotal nodes within national mental health ecosystems. Structured workplace detection, referral pathways, and digital screening models may therefore serve as auxiliary public health infrastructure.

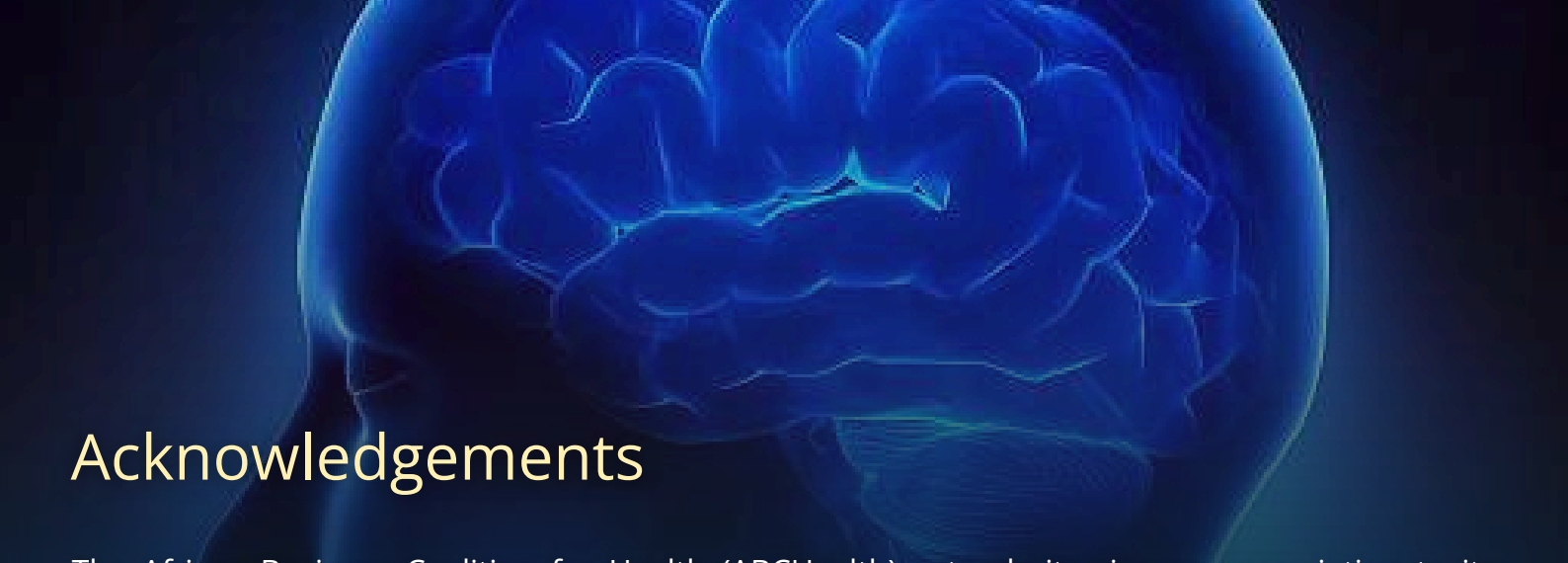
Another significant takeaway is the financial reclassification of wellbeing investment. Rather than being positioned as discretionary corporate social responsibility expenditure, structured mental health analytics should be categorized under enterprise risk mitigation and productivity optimization. Empirical observations from organizations that have implemented integrated wellbeing dashboards indicate reductions in short-term disability claims ranging from 15–25%, improvements in engagement scores within 12–18 months, and measurable stabilization in voluntary attrition rates. These metrics demonstrate that workforce health intelligence contributes directly to operational resilience and shareholder value protection.

Technically, the pathway forward requires a layered implementation model:

- Data harmonization and interoperability standards across enterprise systems
- Development of validated risk-scoring algorithms contextualized to African workforce dynamics
- Executive-level wellbeing dashboards integrated into quarterly performance reviews
- Tiered intervention matrices linked to predictive thresholds
- Continuous monitoring, recalibration, and impact evaluation using predefined KPIs

Contributors

Dr. Jean Phibert Nsengimana - Chief Digital Advisor, Africa CDC
Dr. Maymunah Yusuf Kadiri – Medical Director, Pinnacle Medical Services
Dr. Joshua Awesome – Founder / Coaching Psychologist, African Institute of Mind
Ms. Funmto Ogunbanwo – Founder, Ibi Ayo Therapy and Wellness Limited
Dr. Olayinka Jibunoh – Consultant Psychiatrist and Rehabilitation Psychologist, The Freudian Centre
Ms. Sandra Oluwadare – Founder & Lead Coach, Family Flourish International (Winning & Parenting)
Ms. Adetola Olashore – GM, Human Resources, Heritage Energy
Dr. Mories Atoki – CEO, ABCHealth



Acknowledgements

The African Business Coalition for Health (ABCHealth) extends its sincere appreciation to its distinguished leadership—Aliko Dangote, President of Dangote Industries Limited and Co-Founder of ABCHealth; Aigboje Aig-Imoukhuede, Chairman of Access Corporation and Co-Founder of ABCHealth; Ms. Zouera Youssoufou, Managing Director/CEO of Aliko Dangote Foundation and Board Member of ABCHealth; and Mories Atoki, CEO of ABCHealth—whose collective vision, stewardship, and unwavering commitment continue to position 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 resilient health systems, catalyzing innovation, and strengthening the role of the private sector as a co-architect of sustainable healthcare solutions across the continent.

We gratefully acknowledge the keynote speaker, panelists, and contributors who enriched the ABCHealth Webinar on Mental Health & Workplace Wellness, themed "The Future of Workplace Health — Exploring AI-Driven Workforce Intelligence and Predictive Approaches to Identify Performance, Attrition, and Wellbeing Risks." Their diverse expertise, from mental health practice, organizational leadership, technology, and workforce development, provided critical insights into how organizations can leverage data-driven tools and human-centered leadership approaches to strengthen employee wellbeing. The depth of the discussions underscored the importance of integrating predictive analytics, ethical AI, and workplace culture reforms to proactively address burnout, stress, and workforce disengagement while fostering environments where employees can thrive.

We further recognize ABCHealth's partners, member organizations, and technical collaborators whose sustained engagement reinforces the Coalition's role as a convener and catalyst for cross-sector collaboration. Their commitment to evidence-driven dialogue, innovation, and practical solutions continues to demonstrate that strengthening workplace mental health requires collective leadership, responsible use of technology, and a shared commitment to building healthier, more resilient organizations.

ABCHealth remains committed to advancing thought leadership and partnerships that support the future of workplace health in Africa—where innovation, empathy, and responsible technology converge to promote both productivity and human wellbeing.

References & Sources

World Health Organization. (2022). Mental health at work: Policy brief. World Health Organization & International Labour Organization. https://www.who.int/publications/i/item/9789240053052

International Labour Organization. (2022). Mental health at work: Policy brief. International Labour Organization.

Deloitte. (2023). Workplace burnout and wellbeing survey. Deloitte Insights.

Gallup. (2023). State of the global workplace report. Gallup Press. https://www.gallup.com/workplace

American Psychological Association. (2023). Work in America survey: Worker well-being. American Psychological Association. https://www.apa.org

The Lancet Psychiatry. (2020). Mental health and the COVID-19 pandemic: Global implications. The Lancet Psychiatry, 7(12), 1003–1004. https://doi.org/10.1016/S2215-0366(20)30434-7

World Economic Forum. (2022). The global health and healthcare strategic outlook. World Economic Forum.

Organisation for Economic Co-operation and Development. (2021). Fitter minds, fitter jobs: From awareness to change in integrated mental health, skills and work policies. OECD Publishing. https://doi.org/10.1787/a0815d0f-en

https://www.mckinsey.com/capabilities/quantumblack/our-insights/seizing-the-agentic-ai-advantage

CONTACT

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

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

www.abchealth.com