ABCHealth

Hospital Investment & Buyer Leadership Forum

WHX Lagos

Formerly Medic West Africa

Transforming Health Care Delivery Through Collaborative Innovation: Leveraging Partnerships, Investment, and Technology to Enhance Clinical Outcomes and Healthcare Efficiency

3RD JUNE 2026

Outcome Report

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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

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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

05 Foreword

06 Background

08 Session Objectives

09 Opening & Keynote Addresses

17 Foundations & Enablers

29 Implementation & Impact

40 Conclusion

41 Future Outlook

42 Acknowledgements

43 Contributors

44 References/Sources

Message from the CEO

In the WHO African Region, 152 million people are pushed into poverty because of health spending. This is a measure of the consequences of how healthcare systems are designed, financed, managed and delivered. Despite progress in health investment across the continent, out-of-pocket expenditure continues to place significant financial pressure on households, while health systems face persistent constraints in infrastructure, workforce capacity, financing, equipment, supply chains and service delivery.

The need to strengthen healthcare investment is both urgent and structural. Africa does not only require more resources for health; it requires better deployment of resources, stronger institutions, more effective partnerships and greater accountability for the outcomes generated by investment.

It was within this context that the African Business Coalition for Health (ABCHealth) convened the ABCHealth Hospital Investment & Buyer Leadership Forum at WHX Lagos. The Forum brought together healthcare leaders, hospital executives, investors, buyers, technology and service providers, policymakers and other stakeholders to examine how capital, partnerships and appropriate technologies can contribute to stronger healthcare institutions and improved delivery of care.

The first panel, “Foundations & Enablers,” examined the underlying conditions required to support effective hospital investment and sustainable improvements in healthcare delivery. The discussion recognised that investment cannot be considered independently of the systems within which healthcare organisations operate. Financing structures, governance, infrastructure, workforce capacity, procurement, regulation, institutional leadership and partnerships all influence whether an investment achieves its intended purpose.

This is particularly important in the African healthcare context, where the availability of financial resources alone does not necessarily determine the quality or effectiveness of healthcare delivery. The WHO African Region has recorded substantial growth in its health workforce, increasing from 1.6 million workers in 2013 to 5.1 million in 2022. Yet significant disparities in workforce availability, distribution, employment and retention remain. This illustrates a broader principle: healthcare capacity depends not only on what is available, but on whether the necessary systems exist to deploy and sustain that capacity effectively.

The second panel, “Implementation & Impact,” therefore moved the conversation from the conditions required for investment to the practical question of how investments translate into results. For hospitals, implementation is where strategy becomes operational reality. It is the point at which infrastructure is commissioned, equipment is integrated into clinical services, personnel are trained, systems are incorporated into workflows, procurement decisions begin to generate value, and patients ultimately experience the effects of investment.

The conversations generated through the ABCHealth Hospital Investment & Buyer Leadership Forum provide a valuable foundation for that continued work. At ABCHealth, we remain committed to advancing this agenda and to creating platforms that connect healthcare leadership, investment, enterprise and delivery in ways that contribute meaningfully to the development of resilient and sustainable health systems across Africa.

Dr. Mories Atoki
CEO, ABCHealth

Background

Statistically, regional healthcare delivery models are constrained by an estimated 85% to 99% import dependency on medical equipment, diagnostic reagents, and in vitro diagnostics (IVDs). This structural vulnerability exposes local clinical networks to extreme macroeconomic headwinds, including foreign exchange (FX) volatility, extended logistics lead times (often stretching from two to four weeks for critical spares), and localized supply chain disruptions. Furthermore, with out-of-pocket health expenditure exceeding 70% in multiple regional corridors, the imperative for private and public sector operators to optimize cost structures and maximize clinical output has never been more urgent

Concurrently, sub-Saharan Africa requires significant capital deployment to meet basic United Nations Sustainable Development Goal 3 (SDG 3) targets. Capital flight, medical tourism (costing Nigeria alone upwards of $1 billion annually), and human capital depletion via the migration of skilled clinical professionals ("brain drain") necessitate a paradigm shift. The historical reliance on isolated philanthropic interventions or constrained public balance sheets is yielding to a contemporary commercial reality: sustainable healthcare delivery requires scalable, institutionalized private capital, domestic localization of supply chains, and structured ecosystem integrations.

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To systematically address these structural asymmetries, the World Health Expo (WHX) Lagos (convened at the Landmark Centre, Lagos) established itself as the premier B2B transactional hub and policy convener for West African healthcare infrastructure. As an evolution from regional trade shows, WHX Lagos matches global equipment manufacturers, institutional investors, and clinical operators with domestic buyers and policymakers to accelerate market entry, trade localization, and technology transfer.

A high-level technical track of the expo is the Hospital Investment & Buyer Leadership Forum, delivered in strategic partnership with the African Business Coalition for Health (ABCHealth). ABCHealth—founded through a collaborative vision between the Aliko Dangote Foundation and GBCHealth—is uniquely positioned as an African-led private sector coalition mobilized to catalyze health investments and drive systemic outcomes across the continent.

The Forum brings together institutional capital providers (such as Afreximbank and international development finance institutions), regional hospital group CEOs (e.g., Evercare Group, Iwosan Healthcare Systems), digital health innovators, and state actors (including the Nigeria Centre for Disease Control and Prevention and regional Ministries of Health). By design, the Forum transitions discussions away from generic problem statements toward cross-sector framework agreements, implementation discipline, and the commercial de-risking of healthcare investments.

The central thesis of the forum was anchored on a comprehensive, multifaceted theme: 'Transforming Health Care Delivery Through Collaborative Innovation: Leveraging Partnerships, Investment, and Technology to Enhance Clinical Outcomes and Healthcare Efficiency.' The core objective of this framework is to establish an operational link between upstream capital/technology inputs and downstream clinical and operational outputs.

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Pillar 1: Collaborative Innovation & Partnerships
Strengthen healthcare delivery through strategic public-private and private-private partnerships that improve access, optimize resources, enhance service delivery, and drive sustainable innovation across the health ecosystem.

Pillar 2: Strategic Investment & Financial Innovation
Mobilize sustainable financing through blended finance, risk-sharing mechanisms, and innovative investment models that strengthen healthcare infrastructure, local manufacturing, and long-term sector resilience.

Pillar 3: Technology & Digital Transformation
Leverage digital health solutions, advanced diagnostics, interoperable health systems, and AI-driven tools to improve efficiency, expand access, enhance clinical decision-making, and strengthen healthcare outcomes.

Session Objectives

Enhancing Clinical Outcomes

To examine investment models and financing mechanisms that enable scalable and sustainable hospital infrastructure development in emerging health systems. The discussion focused on blended finance, public-private partnerships, impact investment structures, and innovative risk-sharing approaches that can mobilize capital while ensuring measurable improvements in service delivery and patient outcomes.

Strengthening Collaborative Ecosystems

To deepen cross-sector collaboration among healthcare providers, institutional buyers, investors, policymakers, and technology partners in order to advance integrated and efficient healthcare delivery systems. The objective emphasized alignment of stakeholder incentives, reduction of system fragmentation, and the development of coordinated healthcare networks that improve access, continuity, and quality of care.

Accelerating Digital Health Integration

To evaluate the role of digital health technologies in transforming clinical workflows and improving operational efficiency across healthcare institutions. Key areas included the deployment of electronic medical records (EMRs), interoperability frameworks, artificial intelligence-enabled diagnostics, telemedicine systems, and health data analytics to support evidence-based decision-making and optimized resource utilization.

Optimizing Procurement & Value Delivery

To explore buyer-led strategies that enhance procurement efficiency, strengthen supply chain systems, and promote value-based purchasing within healthcare ecosystems. The session highlighted the strategic role of institutional buyers in setting quality standards, influencing market behavior, and driving demand for cost-effective, high-quality healthcare products and services.

Welcome Address

> **Accelerating Africa's healthcare transformation requires private-sector co-architecture, blended financial engineering, operational sustainability, and technology-driven inclusive care models across all delivery channels.**

Dr. Mories Atoki -
CEO, ABCHealth

Setting the strategic direction for the Hospital Investment & Buyer Leadership Forum at the World Health Expo (WHX) Lagos 2026, the executive welcome address delivered by Dr. Mories Atoki, CEO of ABCHealth, established the structural vision for market-led healthcare reform across the continent. Framing the forum's agenda through the distinct lens of the African private sector, the discourse asserted that Africa's healthcare challenges must no longer be approached through isolated philanthropic gestures, uncoordinated grant cycles, or structural public deficits.

The African Private Sector as a Systemic Co-Architect of Health Infrastructure

The welcome address redefined the role of the private sector within the continental health architecture. Historically, private operators, spanning primary clinics, specialized diagnostic hubs, pharmaceutical manufacturers, and digital health platforms, have operated in fragmented silos, diluting their collective impact and limiting their ability to interface directly with macro-level public policy.

The address called for a unified private-sector coalition capable of engaging sovereign governments and international development partners on equal, structural terms. By coordinating capital resources and technical expertise, private health actors can:

- Co-design de-risked policy and regulatory frameworks that streamline regional market access;
- Direct private equity and institutional capital into high-need clinical pathways and underserved regional corridors;
- Eliminate duplicate infrastructure investments, transitioning the health economy toward shared diagnostic and therapeutic hubs.

Strategic Partnerships and Collaborative Finance Architectures

A primary focus of the opening address was the urgent requirement for innovative, collaborative financial mechanisms to bridge Africa's multi-billion-dollar health infrastructure deficit. Traditional balance-sheet financing, short-term commercial bank loans, and high-interest debt instruments are fundamentally ill-suited for health investments due to prolonged asset gestation periods, high capital expenditure (CapEx), foreign exchange volatility, and delayed revenue realization.

To resolve these financial constraints, the executive address advocated for collaborative financing frameworks backed by blended finance structures. By blending concessional capital from development finance institutions (DFIs) with private equity, local pension funds, and sovereign guarantees, the health sector can systematically lower its weighted average cost of capital. This financial engineering absorbs early-stage operational risks, extends loan maturity profiles, and insulates local clinical networks from macroeconomic shocks, enabling health operators to execute multi-year expansion projects without compromising operational liquidity.

Operational Sustainability and Environmental-Systemic Resilience

The address focused extensively on the dual imperative of operational and environmental sustainability. Capital deployment into health infrastructure must be designed to outlive initial grant cycles, donor project lifecycles, and political administrations. Every initial capital allocation plan must incorporate ongoing operational expenditure (OpEx), mandatory life-cycle preventive maintenance contracts with original equipment manufacturers (OEMs), continuous staff technical upskilling, and dedicated biomedical engineering support.

Simultaneously, sustainability requires building climate-resilient and environmentally adaptive health facilities. Given sub-Saharan Africa's frequent power grid disruptions and vulnerable supply routes, modern clinical centers must integrate off-grid renewable energy microgrids, localized water treatment infrastructure, and eco-friendly medical waste processing units. Ensuring operational self-sufficiency allows healthcare facilities to maintain uninterrupted clinical operations during both routine delivery and severe public health emergencies.

Keynote Addresses

> **Effective health systems require coordinated partnerships, data-driven decision-making, and technology-enabled surveillance to strengthen preparedness, response, and population health outcomes.**
>
> **Dr. Jide Idris** - Director-General, Nigeria Centre for Disease Control & Prevention

Macro-Systemic Interdependence and National Health Security

Lessons extracted from sub-national healthcare reforms in complex metropolitan corridors like Lagos State demonstrate that sustainable healthcare reform cannot occur through isolated, piecemeal interventions. Systemic advancement takes root exclusively when the core pillars of the health system are deliberately synchronized and moved forward as a singular unit. This structural interdependence requires the tight alignment of nine distinct regulatory and operational vectors:

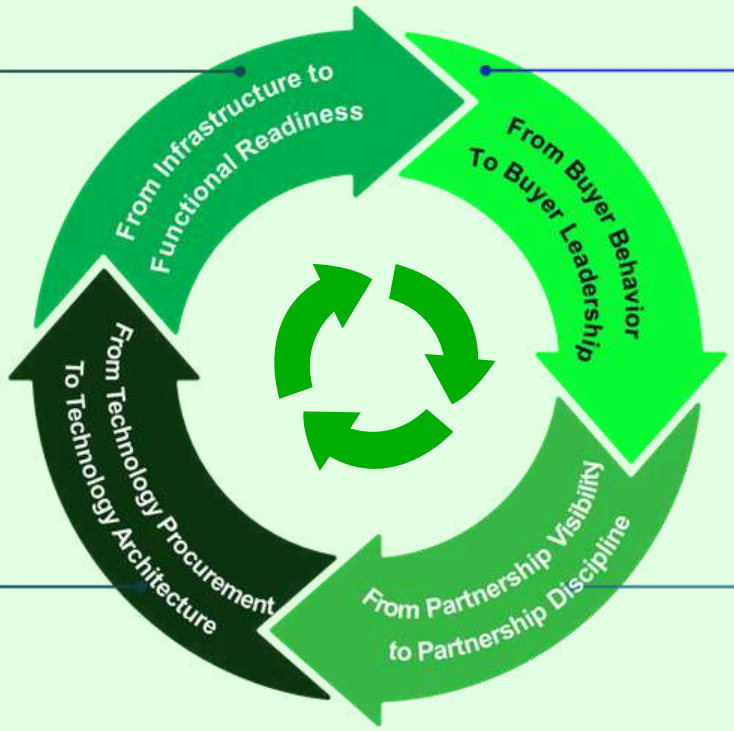
- Governance and Regulation: Establishing clear legal, accountability, and quality standards to protect public interests while lowering entry barriers for private sector participation.
- Financing and Commodities: Ensuring sustainable capital allocation and a reliable supply of medical commodities to prevent stock-outs.
- Workforce and Infrastructure: Equipping facilities with specialized personnel capable of optimizing advanced physical assets.
- Data and Accountability: Utilizing actionable, transparent metrics to guide clinical and corporate decision-making.
- Service Delivery: Executing predictable, safe, and high-quality clinical interventions at the point of care.

When these operational elements function in harmony, investments in physical structures, medical equipment, and digital platforms translate into superior clinical decisions, resilient institutions, and improved patient care. Furthermore, modern tertiary and secondary hospitals must be repositioned as foundational components of a country's national health security infrastructure. Robust clinical networks act as early-warning biological surveillance hubs; when hospitals are structurally sound, nations are fundamentally better equipped to detect epidemiological risks early, mount rapid responses to public health emergencies, protect vulnerable communities, sustain public trust, and preserve the macroeconomic productivity vital for national development.

The Four Systemic Transformations in Hospital Transformation

To convert Africa's hospital transformation agenda into executable operational realities, the sector must execute five fundamental shifts in strategy, procurement, and capitalization:

Prioritize healthcare investments that deliver measurable service improvements rather than simply expanding physical infrastructure. Every investment should be aligned with patient needs, workforce capacity, supply chains, maintenance, financing, and performance outcomes.



Transform procurement into a strategic function by focusing on lifecycle value, clinical priorities, interoperability, and collective purchasing power to reduce costs, improve quality, and shape products suited to African healthcare contexts.

Move beyond acquiring standalone digital solutions to building integrated, interoperable health systems that enable seamless data sharing, improve clinical decision-making, strengthen management, and support public health surveillance.

Build partnerships grounded in clear governance, accountability, shared ownership, and measurable impact. Successful collaborations should strengthen local systems, build institutional capacity, and deliver lasting improvements for patients and health systems.

Safeguarding the Clinical Workforce

At the center of any clinical infrastructure, technology, or investment strategy is the healthcare workforce. Advanced medical technologies and sophisticated facility layouts cannot replace competent, motivated, physically protected, and occupationally accountable health professionals. Investing in capital equipment without establishing local biomedical engineering capacity, or implementing cloud-based EHR networks without training health informatics specialists, will only expand the visible footprint of a health system while leaving its actual operating capacity fragile.

SUSTAINABLE HEALTH WORKFORCE MATRIX	
Technical Core • Physicians & Nurses • Pharmacists • Laboratory Scientists • IPC Personnel	Strategic Specialties • Health Informatics • Biomedical Engineering • Facility Management • Supply Chain Logistics

Therefore, workforce development budgets must be integrated directly into initial hospital capital deployment plans. Operational and clinical capabilities, such as health informatics, biomedical asset management, quality improvement methodologies, implementation science, emergency preparedness, infection prevention and control (IPC), antimicrobial stewardship, and clinical facility management are foundational requirements for a modern hospital to function safely and effectively.

> **Strategic partnerships and sustainable investment can expand access to quality care, strengthen service delivery, and accelerate technology-driven improvements in clinical outcomes.**

Dr. Hammed Adediran-
Country Director, Doctors Medical Aid Foundation

Africa's Healthcare Imperative: From Burden to Opportunity

Africa faces a stark healthcare imbalance: it bears approximately 25% of the global disease burden, yet accounts for just 3% of the world's health workforce and less than 1% of global health expenditure. Coupled with rapid population growth and rising healthcare costs, these pressures are exposing the limitations of legacy healthcare models and reinforcing the need to reposition healthcare as a strategic driver of economic growth, workforce productivity, and national development.

ridging the gap between healthcare needs and healthcare outcomes requires a fundamental redesign of how health systems are financed, managed, and delivered. As demographic pressures intensify and disease burdens evolve, sustainable transformation will depend on the strategic convergence of Technology, Investment, and Investment, and Partnerships (TIP). These three critical enablers capable of accelerating innovation, unlocking capital, and strengthening health system resilience at scale.

Technology is emerging as a foundational enabler of health system efficiency and reach. Digital tools are improving diagnostics, expanding access, and strengthening decision-making across multiple levels of care delivery.

- AI-enabled diagnostics and decision support
- Digital health records and data interoperability
- Improved supply chain visibility and efficiency

Sustainable transformation depends on unlocking and structuring capital in ways that support long-term system growth. This requires moving beyond traditional funding approaches toward blended, innovative financing models.

- Public-private and blended finance models
- Expansion of impact-driven investment mechanisms
- Strengthening domestic health financing capacity

Partnerships sit at the core of system-wide progress, serving as the enabling architecture that connects policy direction, financing capacity, and implementation capability across the health ecosystem.

- Multi-sector collaboration across health ecosystems
- Alignment of policy, capital, and technical expertise
- Shared accountability for measurable outcomes

While digital transformation serves as a powerful force multiplier, technology must never replace humanity; tools like AI, predictive analytics, and telemedicine are strictly designed to augment clinical capacity and reduce cognitive burden rather than replace human clinicians. A critical competitive shift is underway where healthcare providers who adeptly leverage technology will inevitably replace those who fail to adapt. To be sustainable, these innovations must remain intuitive and tailored to local operational realities, expanding access to specialist knowledge without adding system complexity.

Unlocking sustainable capital requires a shift in investor psychology to view hospitals not merely as real estate, but as sophisticated platforms for economic and social value creation. Because capital flows follow confidence, healthcare leaders must upgrade internal governance, financial transparency, and data systems to establish the accountability needed to attract impact investing and infrastructure funds. Moving away from donor dependency requires risk-sharing, diversified revenue streams, and blended finance models to secure both viable returns and better health outcomes.

The long-term objective, aligned with the DMAF Vision 2035 is the creation of fully connected, equitable, and resilient health systems across Africa. Realizing this vision requires immediate, synchronized action from all market participants to deploy the technology, unlock the investment, and cement the partnerships necessary to transform clinical outcomes and maximize macroeconomic efficiency.

Healthcare investment must prioritise measurable patient value, appropriate financing and technologies that address defined system needs rather than follow prevailing trends.

Dr. Amina Mohammed Baloni- Independent Director, Fidson Pharmaceuticals

The technical proceedings of the ABCHealth Hospital Investment & Buyer Leadership Forum establish an operational framework for the structural reconfiguration of African healthcare delivery. Moving past basic diagnostic descriptions of the continent's health challenges, the forum's structural design establishes actionable execution pathways meant to build resilient hospital networks, expand clinical access, and catalyze sustainable market growth across the continent's healthcare economy.

Clinical Technology Prioritization

Capital deployment must focus on evaluating which specific diagnostic, therapeutic, and operational technologies generate the highest return on investment (ROI) regarding hospital quality and efficiency. This requires modifying legacy procurement strategies to align equipment acquisition directly with verified clinical needs.

Collaborative Models for Innovation Integration

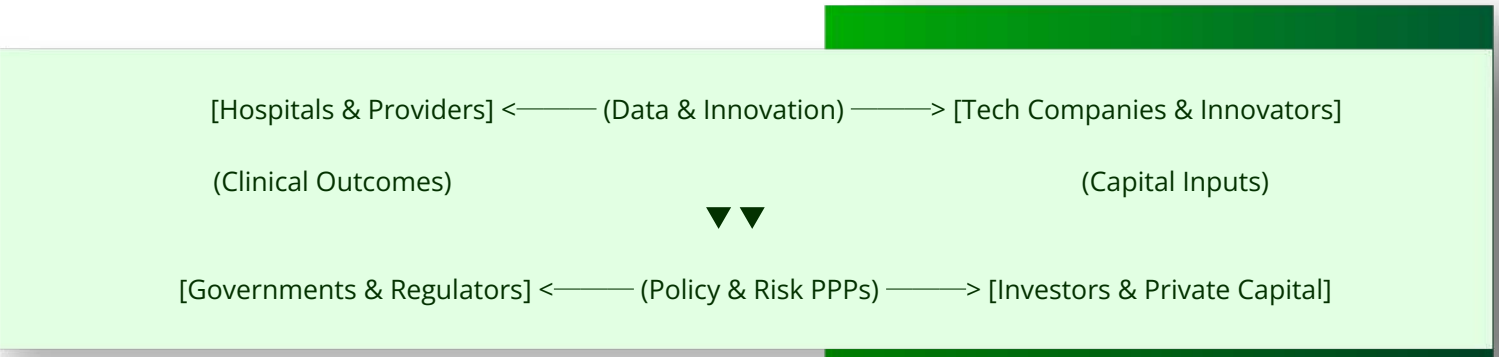
Establishing practical frameworks for hospitals to build alliances with technology companies, institutional investors, and peer medical institutions. These partnerships focus on the co-development, operational piloting, and commercial scaling of healthcare solutions customized for the distinct environmental and economic conditions of the West African context.

Financing Frameworks for Hospital Growth

Unlocking capital by leveraging blended finance architectures, comprehensive private and public health insurance reforms, and innovative reimbursement models. These financial mechanisms are designed to mobilize growth capital for hospital development while protecting the long-term economic sustainability of the operations.

The Intersectoral Co-Dependency of Healthcare Transformation

The future architecture of continental healthcare delivery relies on operational intersections and collaboration across explicit cross-sector lines, where governments, private sector actors, financiers, and technology providers align incentives, share data, and co-develop scalable, outcome-driven health systems.



Meaningful progress occurs precisely at the intersections of these sectors. Joint operations focus on accelerating technology adoption, expanding access to long-term capital, optimizing hospital workflows, and driving down unit cost structures. Most importantly, these upstream technical and financial inputs must translate into clear downstream deliverables: superior patient outcomes, higher patient safety margins, and equitable access to high-quality care for populations dependent on regional health systems.

Practical Pathways for Implementation

The forum shifts the metric of success away from the quality of academic debate toward implementation discipline. The cross-sector agreements initiated and the capital commitments catalyzed within the forum are structured to transition into field-level deployments to build resilient, innovative, and efficient hospital systems.

Africa's healthcare trajectory is shaped not just by its structural challenges, but by how effectively systems respond to them. By integrating technology, targeted financing, and coordinated multi-stakeholder partnerships, the region advances toward universal access to quality care.

Diagnostic and Therapeutic ROI Maximization

Clinical technology decisions should prioritize measurable healthcare outcomes and operational efficiency over trend-driven adoption. Hospital executives must rigorously assess clinical impact and workflow value, not just technological novelty.

Clinical Yield Alignment: Diagnostic and therapeutic tools must be selected based on their specific utility in reducing regional diagnostic delays. If a facility experiences high volumes of specific non-communicable or infectious conditions, the procurement strategy must prioritize equipment that shortens waiting times and diagnostic turnarounds for those targeted clinical tracks.

Operational Throughput Integration: True technology ROI is realized when a system optimizes existing staff workflows rather than complicating them. Operational technologies must reduce clinical friction, automate administrative redundancies, and integrate smoothly into the hospital's overarching care framework to lower the total unit cost of delivery per patient.

Structural Optimization of Hospital Infrastructure

Remediating the physical limitations of West African medical infrastructure requires an integrated, modular mindset. Hospital systems routinely fail when facility upgrades are treated as simple brick-and-mortar additions detached from clinical reality. This includes designing facilities that can seamlessly accommodate upgrades in clinical technology without requiring major structural overhauls. From power-grid stabilization for delicate diagnostic machinery to modular laboratory layouts that scale alongside patient volume, structural optimization ensures that capital investments do not become obsolete within a few years of commissioning.

Foundation & Enablers

Panel 1 of the Hospital Investment & Buyer Leadership Forum was convened to address the micro-critical dependencies that determine the failure or success of healthcare capital deployments in sub-Saharan Africa. Titled "Foundations & Enablers," this initial segment was technically designed to map the strategic base layer required to support the broader ecosystem transformation agenda. By convening regulatory architects, financial engineers, and institutional buyers, the panel's objective moved past evaluating isolated clinical interventions to dissecting the structural building blocks necessary to sustain macro-level healthcare systems.

The critical engineering premise of this panel is that advanced clinical technology, upgraded operating suites, and sophisticated pharmaceutical pipelines cannot operate in a vacuum. They require a highly structured, risk-mitigated environment to function effectively.

The discussion was structurally organized around three core technical pillars:

Enabling Environments: Defining the regulatory, policy, and legal frameworks needed to lower entry barriers, protect public interests, and provide institutional predictability for private sector operators.

Investment Readiness: Establishing the financial architecture, corporate governance models, and project structuring guidelines required to convert traditional facility deficits into bankable, de-risked assets capable of attracting domestic and international institutional capital.

Structural Partnerships: Designing long-term, multi-stakeholder allocation models (such as structured Public-Private Partnerships and B2B buying consortia) that integrate fragmented healthcare demands into scalable, sustainable operations.

Deconstructing the Core Enablers Layer

The panel analyzed the foundational parameters that dictate whether capital injections translate into operational readiness or degrade into fragmented, underutilized assets. Within the West African landscape, building this foundational layer requires a deliberate transition across several core operational dimensions:

FOUNDATIONAL CORE ENGINE

[REGULATORY PREDICTABILITY] - Harmonized health standards, streamlined licensing, clear policies
[INVESTMENT READINESS ARCHITECTURE] - Audited cash flows, defined reimbursement, bankable project pipelines
[STRUCTURAL ALLIANCES & POOLED PROCUREMENT] - Aggregated buyer demand, joint standardizations, shared infrastructure

Elevating Facilities to Investment Readiness

Capital follows confidence, and establishing this confidence requires an institutional overhaul of how healthcare projects are designed and structured. To achieve investment readiness, facilities must transition from vague, emotional appeals for funding toward institutional financial engineering models that clearly define:

- The Operational and Service Delivery Model: Clearly isolating the exact clinical problem being solved, the targeted patient demographic, and the specific care pathway that will drive asset utilization.
- Transparent Financial and Reimbursement Pathways: Shifting away from volatile, out-of-pocket payment dependencies toward predictable cash flows anchored on capitation models, corporate health insurance integrations, and structured public subsidies.
- Risk Mitigation Architectures: Implementing audited financial accounting standards, transparent corporate governance boards, and clear risk-sharing allocations between operators, technology providers, and financiers.

Structural Partnerships and Demand Aggregation

The panel established that the fragmentation of African buyer behavior undermines efficiency. When individual clinics and state hospitals purchase medical consumables, reagents, and heavy machinery via isolated, small-scale spot market transactions, they incur high unit costs, face severe foreign exchange exposure, and lack leverage with global original equipment manufacturers (OEMs). Foundational transformation requires moving toward Buyer Leadership, where hospitals and health networks pool demand, adopt uniform technological specifications, and execute long-term framework agreements. By aggregating procurement needs, these structural alliances allow buyers to reshape the market, driving down acquisition costs, securing multi-year OEM preventive maintenance agreements, and forcing international manufacturers to build medical solutions tailored specifically to the infrastructure realities of the African continent.

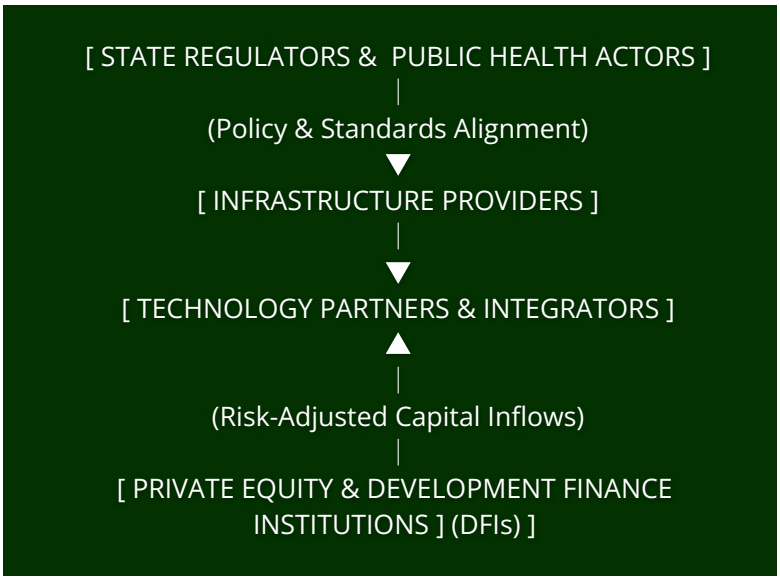
Thematic Axis	Foundational Enabler Component	Operational Mechanism	Expected Systemic Impact
Collaborative Innovation	Cross-sector regulatory platforms.	Aligning clinical need, finance, and technology vendors under a single policy framework.	Prevents digital fragmentation; ensures newly deployed applications are interoperable and context-appropriate.
Strategic Investment	Bankable Project Structuring.	Combining concessional development finance with commercial private equity (Blended Finance).	Secures long-term capital while insulating hospital networks from near-term macroeconomic shocks.
Technology Integration	Standardized Procurement Frameworks.	Mandating lifecycle maintenance and continuous technical training in initial acquisition contracts.	Eliminates asset downtime; prevents clinical equipment from being decommissioned prematurely due to a lack of spare parts or specialized personnel.

A critical requirement for converting high-level policy dialogue into point-of-care clinical reality is the deployment of an active, solution-oriented moderation framework. Within the context of the forum, the moderation track intentionally shifted discussions away from broad, academic problem statements. Instead, the focus was placed on formulating actionable, field-ready strategies centered on the three core pillars of the event: collaboration, digital integration, and multi-stakeholder partnerships.

The Intersectoral Coordination Matrix

African healthcare transformation frequently encounters structural barriers due to operational silos. Public regulators, private hospital groups, global health tech innovators, and institutional capital providers routinely operate along disconnected timelines. This separation generates mismatched procurement, duplicated infrastructure, and high capital waste.

> **Sustainable healthcare transformation requires coordinated action, strategic partnerships and stronger linkages among government, investors, providers, technology companies and innovators.**
>
> **Dr. Chibuzo Opara**
> CEO/Co-Founder, DrugStoc



To bridge these gaps, the moderation framework established a synchronized Intersectoral Coordination Matrix. This approach actively guides stakeholders to view healthcare delivery not as a series of isolated transactions, but as a deeply connected, continuous value chain.

By systematically driving panel engagements toward these intersections, the moderation layer highlighted how disconnected sub-systems can be unified. For example, a global technology vendor cannot scale an interactive diagnostic tool unless public regulators provide data standard clarity, private clinics commit to volume aggregation, and financial backers de-risk the initial software deployment. This collaborative model demonstrates that structured synchronization across distinct institutional lines is the primary driver of a resilient, self-sustaining healthcare market.

Supply Chain Visibility and the Frictions of Fragmentation

A key theme woven throughout the moderated discussions was the urgent need to address fragmentation within the

pharmaceutical and medical commodity networks. In sub-Saharan Africa, supply chain fragmentation introduces significant operational friction. This friction routinely forces healthcare facilities to pay highly inflated prices compared to global reference standards, exposes clinical networks to counterfeit or substandard medications, and causes frequent stock-outs of vital medical devices.

To eliminate these supply chain risks, the moderation track emphasized the adoption of cloud-based pharmatech distribution networks and tech-enabled procurement applications. Integrating procurement platforms directly with hospital information management systems allows the health ecosystem to achieve:

End-to-End Product Traceability: Eliminating counterfeit components by connecting verified manufacturers directly with certified point-of-care facilities

Data-Driven Demand Aggregation: Utilizing predictive analytics and real-time inventory tracking to prevent local stock-outs while optimizing the distribution of life-saving medications.

Frictionless Capital Deployment: Incorporating embedded financing tools at the procurement stage, allowing mid-tier hospitals and clinics to access flexible credit to acquire critical medical supplies without depleting short-term operating cash.

Moving from Ambitious Blueprints to Disciplined Execution

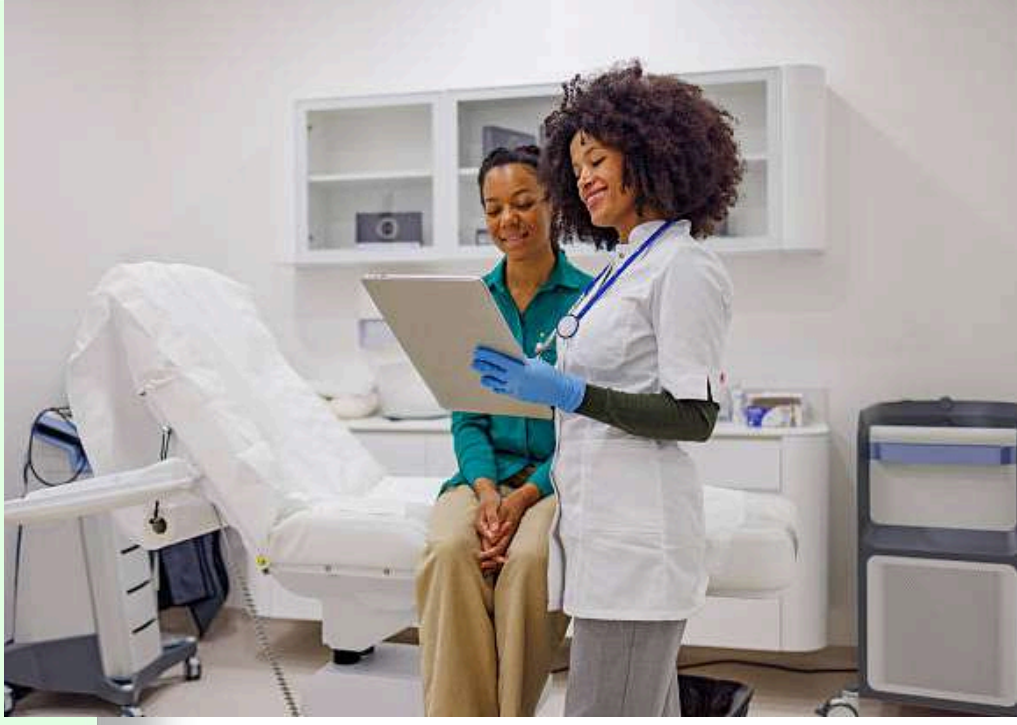
The ultimate focus of the was the enforcement of strict implementation discipline. While West Africa possesses numerous strategic health frameworks and ambitious technological designs, the ecosystem continues to experience high failure rates during field execution.

The forum established that transforming ambitious ideas into practical solutions requires a moving away from speculative pilots. Instead, stakeholders must establish binding framework agreements backed by clear operational key performance indicators (KPIs).

By requiring participants to outline their exact asset capabilities, financial parameters, and regulatory timelines, the moderation process successfully converted the forum into an action-oriented platform. This structured execution ensures that the collaborative alliances, technology transfers, and capital flows initiated at the event transition directly into measurable improvements in bedside clinical outcomes and long-term healthcare efficiency.

> **Healthcare investment requires patient capital, de-risking mechanisms and partnerships that align long-term financial returns with sustainable health-system development.**

Fola Laoye-
Co-Founder/CEO, Iwosan Healthcare Systems Limited



A critical dimension of establishing an operational base layer for African healthcare transformation involves a fundamental re-engineering of how capital is priced, structured, and evaluated within the regional market. Traditional investment models frequently falter because they treat healthcare assets with the same short-term financial expectations applied to highly commercialized, resource-extracting industries.

The Non-Linearity of Healthcare Returns vs. Traditional Asset Classes

Healthcare investments possess a unique operational and economic character that differentiates them from conventional high-yield sectors, such as oil and gas. While extractive industries can generate immediate, linear commodity cash flows post-commissioning, healthcare infrastructure development features prolonged gestation periods, high asset specificity, and multi-layered regulatory and human capital dependencies.

Consequently, financial returns within the healthcare economy cannot be effectively measured using the same short-horizon benchmarks applied to rapid-yield sectors. Healthcare infrastructure requires the deliberate deployment of patient capital, long-term, institutionally backed investment designed to absorb macroeconomic, operational, and volume risks while clinical delivery systems mature, stabilize, and ultimately achieve sustainable, high-tier patient outcomes.

Structural De-Risking Architectures and Innovative Financial Engineering

Attracting patient capital at scale into the West African landscape requires a systematic approach to de-risking the broader investment ecosystem. Private and public operators must look past general appeals for funding and instead design strategic infrastructure frameworks and innovative financing mechanisms that build institutional confidence for domestic and international investors.

The most effective, repeatable approach to achieving this structural de-risking is the execution of formalized Public-Private Partnerships (PPPs). Structured PPP frameworks serve as a vital operational bridge, allowing sovereign governments and private institutional investors to jointly address and remediate critical healthcare infrastructure gaps that neither sector could effectively resolve in isolation.

Sovereign Collaboration as a Anchor for Policy Certainty

Empirical examples within the regional ecosystem—such as the Lagos Medipark Project, demonstrate that direct government participation acts as a critical anchor for institutional capital. Sovereign involvement in large-scale clinical developments provides the macro-stability, land-use guarantees, and long-term policy certainty that institutional financiers require before committing significant capital to illiquid health assets.

PUBLIC-PRIVATE PARTNERSHIP DE-RISKING ENGINE

[SOVEREIGN STATE ACTOR]
— Long-Term Policy Certainty
— Regulatory & Land Stability (e.g., Lagos Medipark Project)

[PRIVATE INSTITUTIONAL OPERATOR]
— Technical & Clinical Competency
— Execution Discipline & Operational Efficiency

[DE-RISKED INVESTMENT TARGET]
Bankable, Risk-Absorbed Asset Capable of Attracting Patient Capital

Translating Clinical Care into the Language of Finance

A persistent barrier to scaling African healthcare networks is the communication gap between clinical operators and institutional financiers. To unlock deep pools of global and domestic capital, healthcare opportunities must be framed and articulated explicitly in the language of finance.

THE DUAL-VALUE EQUIVALENCY MATRIX

CLINICAL VALUE PROPOSITION	FINANCIAL TRANSLATION
Reductions in patient mortality	Risk mitigation profile
Improved safety profiles	Long-term asset value
Broader social and community impact	Predictable IRR dynamics

Investment prospectuses must transition away from purely philanthropic or social-impact narratives. While the social utility of health interventions is undeniable, project developers must present robust financial models that detail:

- Clear internal rate of return (IRR) dynamics adjusted for long asset lifecycles;
- Predictable, hedged revenue streams that mitigate foreign exchange volatility;
- Granular operational data that demonstrates long-term economic value and cash-flow sustainability.

While high costs of capital remain a challenging reality in emerging markets, health systems can overcome these pressures by adopting tailored financing models. By blending concessional finance with institutional equity, healthcare networks can attract patient investors who are fully committed to strengthening regional clinical systems, optimizing operational efficiencies, and delivering durable economic and social returns over time.

> **Clear governance, mapped processes, defined responsibilities and interoperable data systems are essential foundations for investment, accountability and coordinated healthcare delivery.**

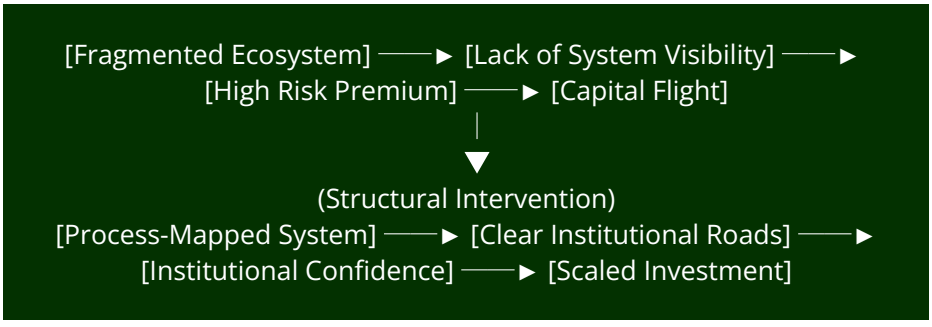
Dr. Sade Adebanjo-
Principal Consultant/
Lead Advisory, Healthcare
Fusion Ltd.

While global and domestic financiers are increasingly interested in assessing the true scale and commercial potential of regional healthcare markets, investment velocity is routinely throttled by fragmented delivery systems, ambiguous governance arrangements, and a lack of visibility into operational and clinical processes.

Defragmentation Through Governance and System Map Clarification

To resolve these structural challenges, health systems must establish comprehensive organizational roadmaps that explicitly define the roles, responsibilities, and operational boundaries of both public and private sector stakeholders. Private sector operators frequently struggle to navigate healthcare ecosystems because of a systemic deficit in clear process mapping outlining key institutions, core decision-makers, and institutional implementation pathways.

Building on established regulatory blueprints for digital health integration and comprehensive system strengthening, modern health networks must mandate a structured governance framework. This approach requires state and private actors to align on centralized operational guidelines:



Healthcare Value Chain Mapping and Advanced Asset Pooling

Unlocking sustainable capital requires a highly granular understanding of the end-to-end healthcare value chain. Hospital administrators and project developers must transition away from isolated asset management and instead champion operational efficiency through structured resource optimization strategies, specifically equipment pooling and shared infrastructure models.

CENTRALIZED INFRASTRUCTURE HUB

- [Hospital Facility A] Shared Imaging/CT
- [Diagnostic Lab B] Shared Reagent Pools
- [Ambulatory Care C] Pooled Biomedical Spares

In environments constrained by high import dependencies and capital costs, duplicating heavy diagnostic or therapeutic machinery across multiple proximate facilities introduces severe operational inefficiencies. By implementing shared infrastructure frameworks, neighboring clinical networks can:

Aggregate patient volumes to maximize the throughput and utilization rates of high-CapEx assets (such as MRI scanners, linear accelerators, and automated laboratory lines).

Establish joint equipment pooling consortia to distribute lifecycle maintenance, calibration, and biomedical engineering overhead costs across multiple operating budgets.

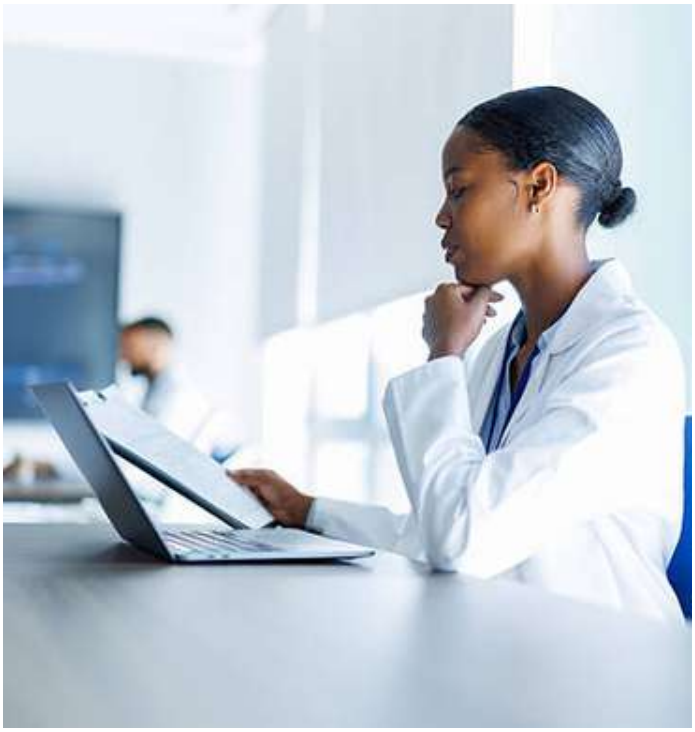
Lower the total unit cost of complex diagnostic and therapeutic interventions, making high-tier medical services accessible to a broader patient demographic while maintaining commercial viability.

Interoperable Data Exchange as an Investment Catalyst

The final critical enabler of this structural foundation is the establishment of seamless, automated mechanisms for data exchange between public and private sector digital platforms. Effective, bidirectional information flow is not merely a clinical convenience; it is a foundational business necessity.

THE UNIFIED DATA VALUE PROPULSION	
Stage	**Description**
Public Sector Public Health Data	Foundational population-level datasets from
Interoperable APIs	Connectivity layer enabling secure data exchange
Private Hospital EHRs	Clinical and operational data from healthcare
Transparency & Accountability Layer	Integrated analytics and governance framework ensuring visibility and trust
Bankable Business Cases for Investors	Data-driven investment opportunities with clear value and returns

Integrating disparate health data silos through interoperable APIs allows the health ecosystem to aggregate longitudinal clinical metrics and operational performance data. This continuous data visibility provides the empirical baseline needed to construct compelling, risk-adjusted business cases for external institutional investors. Within this structured framework, technology ceases to be an uncoordinated procurement item and becomes a core enabler of system-wide transparency, corporate accountability, and tightly coordinated healthcare delivery that simultaneously enhances patient clinical outcomes and systemic financial performance.



Interoperable health information requires harmonised standards, unique patient identifiers and coordinated execution to enable seamless data exchange across healthcare institutions.

Kenneth Okolie-
CEO, Synlab Nigeria

A primary operational barrier to maximizing clinical efficiency and patient safety within the West African healthcare delivery framework is the acute fragmentation of diagnostic and therapeutic data ecosystems. Under current operational models, healthcare providers systematically function within isolated digital silos. This institutional disconnection creates fractured patient diagnostic histories, introduces structural clinical blind spots, and generates multi-layered operational inefficiencies that directly degrade patient care workflows.

Data Semantic Harmonization and Unique Patient Identity Architectures

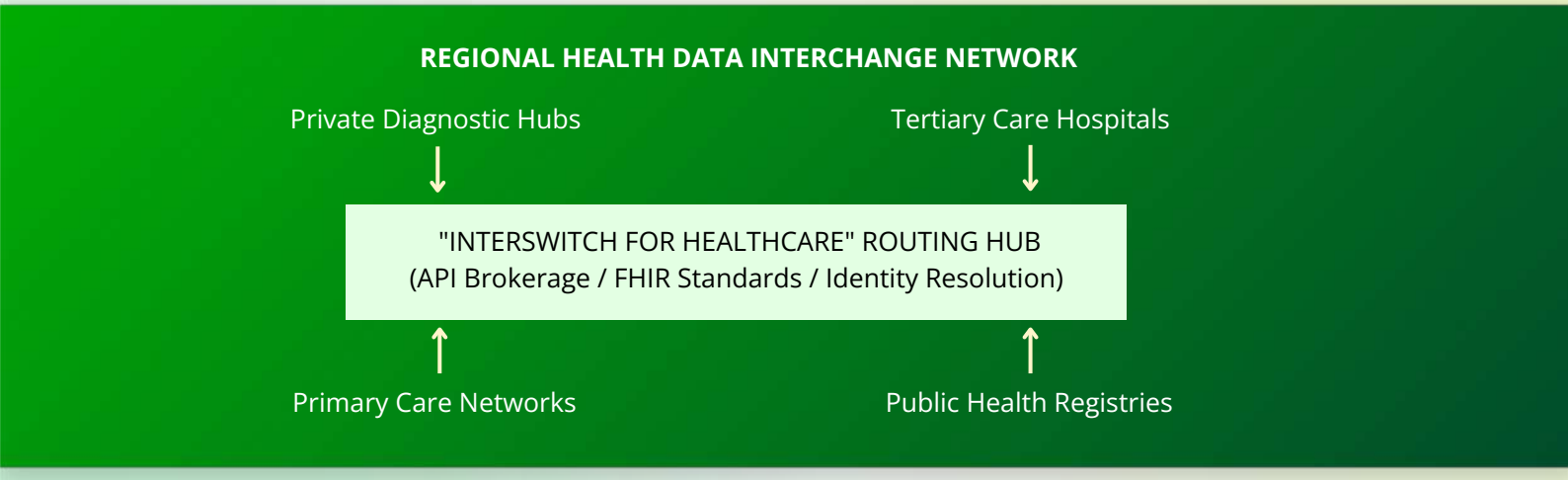
Resolving this data isolation requires the immediate establishment of harmonized regulatory frameworks and data semantic standards. Health information must maintain uniform clinical meaning, structure, and structural value regardless of the platform on which it is generated or the point of care at which it is accessed. The vital part of this data harmonization strategy is the implementation of a standardized Unique Patient Identifier (UPI) architecture capable of tracking patients across various healthcare facilities and specialized clinical networks.

Operational data demonstrates that patients routinely present completely different identities, spellings, or demographic details at different health facilities. These identity variations generate profound medical data inconsistencies, severely undermine the continuity of longitudinal care, and degrade the overall statistical reliability of regional public health data. To mitigate this structural vulnerability, the health sector must advocate for a standardized healthcare identification framework closely mapped to nationwide identity architectures, such as

Nigeria's National Identity Number (NIN) system. Implementing an integrated identification engine provides a foundational security layer that enables seamless data exchange, precise patient tracking, and verified clinical history aggregation.

The "Interswitch for Healthcare": Building the Regional Electronic Health Interchange

Beyond identity verification, the ecosystem requires a robust transaction and transit engine to move clinical data securely across competitive institutional lines. The establishment of an "Interswitch for Healthcare" serves as a specialized, highly secure, and fully interoperable data clearinghouse designed to facilitate real-time clinical and financial data routing between disparate healthcare entities.



Mirroring the structural architecture of advanced financial switching networks, this health interchange must be built upon open-source API standards (such as FHIR—Fast Healthcare Interoperability Resources). The network must support real-time transmission of laboratory diagnostics, medical imaging files, medication charts, and billing records between primary clinics, diagnostic laboratories, and tertiary centers.

Implementing this architectural framework requires strategic, cross-functional collaboration among regulatory authorities, clinical providers, and specialized technology vendors. Moving forward, the strategic focus must shift away from abstract discussions toward disciplined engineering execution, ensuring these interoperability blueprints transition directly into scalable, point-of-care clinical realities.

A critical challenge in expanding healthcare efficiency and access across West Africa is the historical localization and fragmentation of diagnostic capabilities. To transition regional healthcare systems into high-output, cost-effective networks, diagnostic and pathology operations must be re-engineered around the principles of scale economies, advanced communication technology, and cross-border collaborative ecosystems.

Scale Economics and the Procurement Leverage Matrix

Operating diagnostic frameworks in structural isolation limits clinical performance by driving up the per-test cost of reagents, consumables, and instrument maintenance. Minimizing these inefficiencies requires a deliberate transition toward centralized, high-volume laboratory networks capable of unlocking significant economies of scale.

By aggregating testing volumes across multi-site networks, healthcare organizations can dramatically shift their procurement dynamics. This volume centralization creates substantial market leverage, allowing operators to:

- Negotiate highly favorable commercial terms and bulk-pricing contracts with global original equipment manufacturers (OEMs);
- Deploy advanced, high-throughput diagnostic infrastructure that would be financially unviable for single, isolated facilities;
- Standardize testing protocols across broader geographic populations, ensuring uniform clinical accuracy and safety thresholds.

> **Scale, telepathology, collaborative networks and alternative financing models can expand diagnostic capacity while reducing turnaround times and upfront infrastructure costs.**
>
> **Dr. Olayemi Dawodu**-
> CEO, Cerba Lancet Laboratories Nigeria

The Digitalization of Diagnostics: Telepathology and Borderless Networks

Beyond physical scale, the systemic transformation of diagnostic medicine relies heavily on eliminating geographical boundaries for clinical expertise. The execution of a borderless pathology model allows laboratory networks across diverse locations to communicate seamlessly, share rare diagnostic insights, and optimize specialist doctor workflows without being limited by physical proximity.

Central to this model is the operational integration of telepathology and advanced laboratory information management systems (LIMS). By converting traditional tissue slides and complex hematological profiles into high-resolution digital assets, local clinical teams can securely route data through cloud-based interchange networks. This infrastructure enables onsite clinicians to obtain immediate second opinions and expert peer reviews from highly specialized pathologists across international networks.

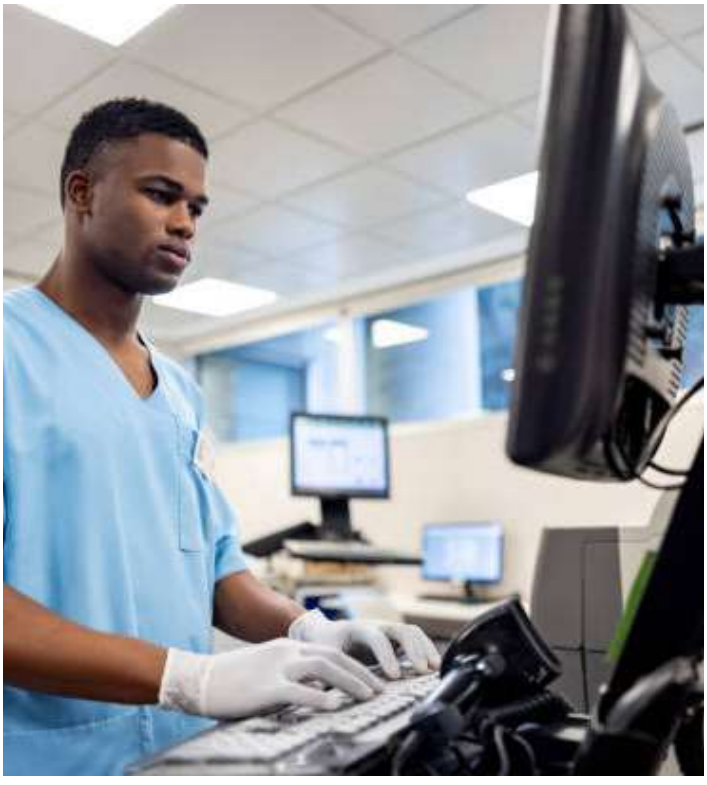
Consequently, this digital routing eliminates the severe logistical delays, cold-chain risks, and high costs traditionally associated with shipping physical samples across borders. The immediate operational result is a drastic reduction in diagnostic turnaround times, allowing frontline clinicians to make rapid, evidence-based therapeutic decisions.

Shift from CapEx to OpEx: Equipment Rental and Partnership Models

Acquiring advanced diagnostic hardware represents a massive capital expenditure (CapEx) barrier for many African healthcare providers. To bypass this constraint, the industry must champion innovative infrastructure financing models that shift the burden from upfront asset purchase to structured, service-led rental and partnership arrangements.

Under these innovative financing structures—such as reagent placement agreements and managed equipment services—healthcare facilities can deploy high-tier laboratory equipment with minimal initial capital. The vendor provides, installs, and maintains the machinery, while the hospital offsets the cost over time through guaranteed minimum testing volumes or ongoing operational expenditure (OpEx) structures. This financial engineering helps providers overcome acute resource constraints, transfer technical obsolescence risks back to the manufacturer, and immediately expand patient access to quality diagnostic services. To support this infrastructure growth over extended horizons, the health economy must tap into sustainable, long-term funding mechanisms. Aligning project pipelines with pension-backed investments and other structured patient capital systems ensures a steady flow of non-volatile domestic currency, allowing diagnostic networks to scale securely alongside regional healthcare demand.

Procurement Model	Investment Structure	Key Operational Outcome
Legacy Model	Upfront Capital Allocation (High CapEx)	Asset Obsolescence and Maintenance Risk
Optimized Model	Reagent Placement / Rental (Low OpEx)	Continuous Technology Upgrades and OEM-Managed Maintenance



Implementation & Impact

The second panel of the ABCHealth Hospital Investment & Buyer Leadership Forum at WHX Lagos examined the practical translation of partnerships, investment decisions, and technology-enabled solutions into measurable improvements in healthcare delivery. Building on the strategic considerations discussed in the preceding session, the panel focused on the critical stage at which healthcare priorities, investments, and institutional commitments must be converted into operational programmes, strengthened service delivery systems, and demonstrable clinical and economic outcomes.

From an implementation perspective, the panel recognised that investment in healthcare infrastructure, equipment, digital systems, clinical technologies, and service delivery models does not automatically translate into improved patient outcomes. The value of an investment is ultimately determined by how effectively it is integrated into existing health facilities and workflows, adopted by healthcare professionals, maintained over its operational life, and linked to clearly defined clinical and service-delivery objectives. Implementation therefore requires more than the acquisition of new technologies or mobilisation of financial resources; it requires appropriate planning, institutional ownership, workforce readiness, governance, financing structures, monitoring mechanisms, and continuous assessment of performance.

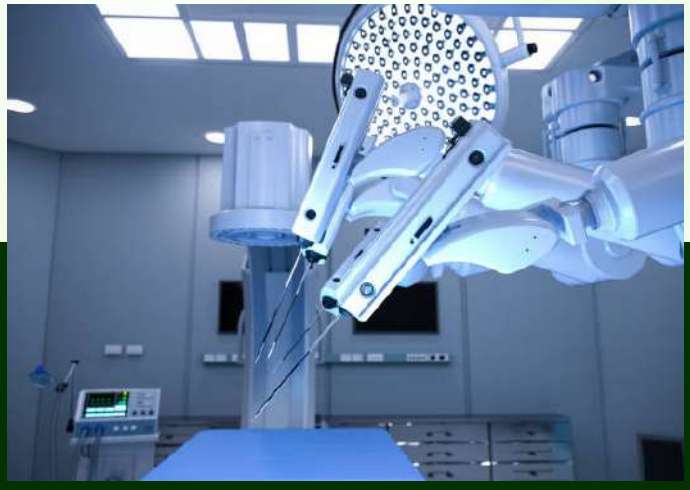
Healthcare buyers and institutional leaders increasingly need to assess potential investments not only on the basis of acquisition cost, but also in terms of total cost of ownership, operational requirements, maintenance, interoperability, workforce implications, patient safety, scalability, sustainability, and the ability of a solution to respond to a clearly identified clinical or operational need. For investors and solution providers, this creates an important requirement to understand the realities of healthcare facilities and develop offerings that are clinically relevant, financially viable, operationally practical, and capable of integration within existing systems.

The panel also considered the role of partnerships in overcoming implementation barriers. Healthcare transformation frequently requires capabilities that no single institution or stakeholder can provide independently. Hospitals may require technology expertise, capital, specialised clinical knowledge, infrastructure support, data capabilities, procurement expertise, or technical maintenance arrangements. Similarly, technology and healthcare solution providers require access to clinical environments, decision-makers, patient populations, institutional data, and appropriate implementation partners to demonstrate and scale their solutions.

The panel therefore served as a practical bridge between strategy and execution, emphasising that meaningful transformation in healthcare depends on disciplined implementation, strong partnerships, informed purchasing decisions, appropriate technology adoption, and rigorous measurement of impact. For hospitals and healthcare investors, the underlying priority is clear: investments should ultimately strengthen the capacity of health facilities to deliver safer, more efficient, accessible, sustainable, and clinically effective care.

Collaborative innovation, strategic investment, and technology integration can strengthen clinical outcomes, optimise care delivery, and improve healthcare system efficiency.

Dr. Ifunanya Ilodibe -
CEO, EHA Clinics



The Translation Framework: From Conceptual Design to Bedside Care

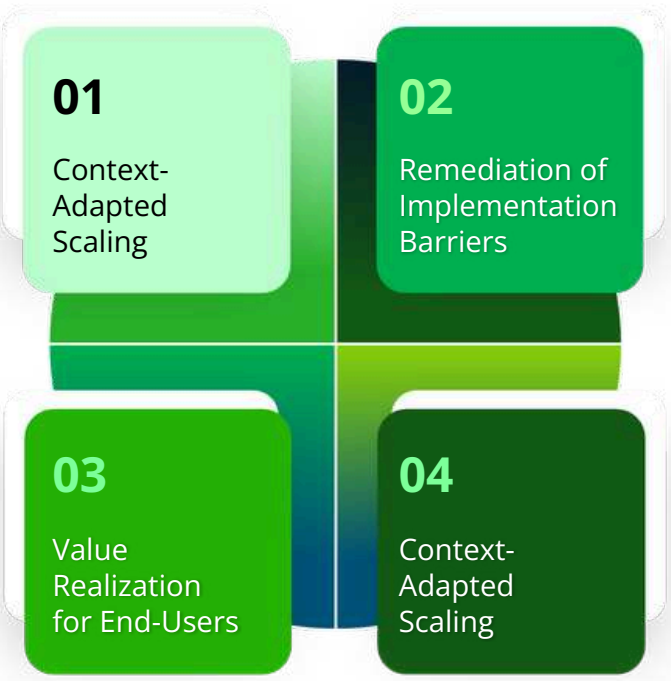
The second phase of the technical proceedings led by Dr. Ifunanya Ilodibe, a pivot within the forum's overarching architecture, transitioning from foundational and structural enablers to the empirical dynamics of execution. Configured under the thematic track "Implementation and Impact," this segment was specifically designed to evaluate the operational translation of healthcare innovation, strategic investments, and multi-stakeholder partnerships into practical, point-of-care solutions.

The core objective focused on moving past conceptual frameworks to implement sustainable models capable of expanding clinical access, elevating safety standards, and optimizing health outcomes within the sub-Saharan healthcare market.

The panel's moderation strategy systematically targeted the historical execution gap that frequently prevents sophisticated healthcare designs from achieving sustainable scale in Africa. While the regional health ecosystem features a wealth of pilot programs and theoretical models, stabilizing the health system requires moving beyond abstract concepts toward a disciplined, execution-oriented methodology.

[CONCEPTUAL STRATEGY]
|
Theoretical Blueprints | Uncoordinated Capital | Fragmented Innovations
|
▼
IMPLEMENTATION INTERVENTION
|
▼
[TRANSLATION ENGINE & DE-RISKED PATHWAYS]
• Context-adapted scaling
• Operational validation
• System-wide integration
|
▼
[MEASURABLE BEDSIDE IMPACT]
• Lower unit costs
• Faster diagnostic turnaround
• Sustainable quality improvements
• Better patient outcomes

The moderation organized this translation process around four core delivery parameters, ensuring that newly introduced interventions directly interface with the everyday realities of patients, clinicians, and regional healthcare institutions:



01
Evaluating how innovations can be scaled across diverse, resource-constrained environments without suffering from functional degradation or cost escalations.

02
Systematically identifying and neutralizing the infrastructure, supply chain, and regulatory friction points that routinely slow down the rollout of new clinical solutions.

03
Ensuring that technology adoptions and capital upgrades deliver immediate utility to frontline health workers rather than introducing redundant administrative steps.

04
Embedding new projects directly into existing public and private delivery frameworks to avoid the creation of parallel, fragile operational arrangements.

De-risking Digital Transformation and Software Integration

Digital health adoptions, including cloud-based Electronic Health Records (EHRs), automated billing, and Telemedicine platforms, must be evaluated strictly by their ability to optimize clinical workflows. The moderation track highlighted that technology must function as an enabler of institutional transparency and clinical efficiency, rather than a stand-alone procurement achievement.

Panelists were challenged to demonstrate how their digital platforms minimize administrative data entry for already stretched nursing and medical teams, protect patient confidentiality across network endpoints, and deliver real-time data to help hospital managers optimize asset utilization and predict inventory shifts.

Infrastructure Development and Strategic Human Capital Pairing

The discussion emphasized that physical infrastructure investments, such as building advanced critical care units, outfitting automated surgical suites, or deploying specialized laboratories, must be strictly paired with synchronized human capital development. Expanding a facility's physical capacity without training biomedical engineers to maintain the machinery, health informatics specialists to manage the data streams, and clinical teams to execute standardized protocols introduces severe operational vulnerability.

Systemic Alignment with the Conference Theme

Thematic Vector	Track Component	Core Operational Mechanism
Collaborative Innovation	Field Implementation Dynamics	Evidence-driven field validation
Leveraging Partnerships	Accountable Multi-Sector Alliances	Shared governance and risk-sharing
Leveraging Technology	Workflow-Integrated Architecture	Interoperable digital ecosystems
Clinical & Cost Efficiency	Empirical Performance Monitoring	Continuous performance measurement

By emphasizing these practical execution strategies, the moderation track successfully established a framework for measuring healthcare impact. True health system transformation occurs when capital investments, technology architectures, and operational partnerships are evaluated by the value they deliver at the patient's bedside.

Mr. Brian Deaver -
CEO, African Medical Centre of Excellence

Centres of Excellence require integrated investment in infrastructure, technology, specialist expertise and partnerships to deliver advanced care and strengthen local clinical capacity.

A foundational challenge in optimizing sub-Saharan African healthcare delivery models is the historical underdevelopment of high-tier, specialized clinical infrastructure. This deficit creates a fragmented health ecosystem unable to handle complex pathologies, such as advanced oncology, cardiology, and hematology. Consequently, this gap drives extensive outbound medical tourism, draining over a billion dollars in capital annually and causing severe human capital flight. Remediating this structural vulnerability requires establishing world-class Centres of Excellence. These specialized healthcare institutions serve as localized hubs designed to improve access to advanced medical services across the continent.

Structural Requirements for Building Centres of Excellence

Establishing internationally competitive medical institutions within Africa is an asset-heavy, highly technical operation. It requires moving past basic primary care additions to execute a synchronized deployment across three core institutional pillars:

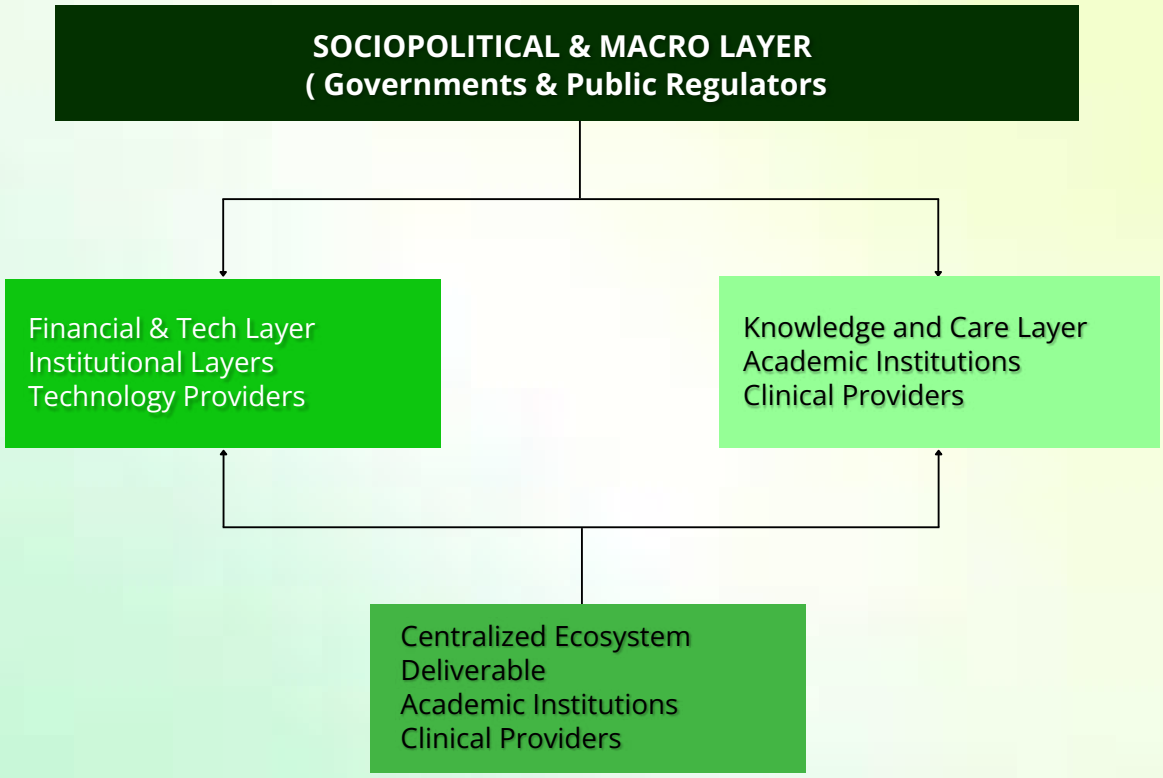
Substantial Infrastructure Investments: Building specialized medical centers requires complex facility designs, including modular surgical suites, stabilized power microgrids for delicate diagnostics, and specialized clinical wings that meet international safety standards.

Deployment of Cutting-Edge Technologies: Outfitting facilities with advanced diagnostic and therapeutic machinery, such as high-energy linear accelerators for oncology, digital pathology networks, and interoperable enterprise software to minimize data friction.

Strong Operational Systems: Implementing strict corporate governance, audited financial workflows, and standardized care pathways to ensure long-term clinical and commercial viability.

Beyond Traditional Stakeholders: Unlocking Ecosystem Partnerships

Achieving sustainable impact and maintaining high asset utilization within these specialized hubs requires a paradigm shift in partnership design. The operational scale of a Centre of Excellence cannot be supported by traditional healthcare actors operating in isolation. Instead, health systems must cultivate an integrated ecosystem where governments, institutional investors, academic entities, technology providers, and healthcare organizations work in continuous coordination:



This multi-sector approach is critical for strengthening regional clinical capacity, upgrading baseline technical competencies, and improving patient outcomes. By anchoring these distinct stakeholders to a shared infrastructure hub, the ecosystem aggregates fragmented patient demand. This makes advanced treatments economically viable and expands local access to specialized services that historically forced patients to travel abroad.

Empirical Success Metrics and Capital Retention

The operational validation of specialized medical networks must shift away from input-driven metrics, such as the amount of capital raised or the physical size of a facility, toward explicit, data-verified performance outcomes. The success of a Centre of Excellence must be measured through three clear vectors:

Tangible Clinical Outcomes: Empirically tracking reductions in patient mortality rates, shorter post-operative hospital stays, and lower clinical error margins using international medical benchmarks.

Improved Patient Experiences: Assessing care quality through structured patient feedback loops that measure access speed, treatment dignity, and the continuity of follow-up care.

Local Healthcare Capability Development: Functioning as a clinical training ground to continuously upgrade the local workforce, transferring advanced medical skills to the broader regional health network.

The operational scaling of clinical interventions in emerging healthcare markets requires a structural departure from legacy, capital-intensive healthcare delivery and financing frameworks. Within resource-constrained systems, the current capital-deployment models frequently fail to resolve systemic access barriers due to an over-reliance on traditional, high-margin, low-volume financial designs.

To bridge the widening clinical delivery gap, the financial leadership of Evercare Group presented a rigorous framework during the forum's second session, focusing on the fundamental re-engineering of how care is provided, capitalized, and accessed across emerging economies.

Deconstructing the Affordability Fallacy: Price Discounting vs. Systemic Optimization

A persistent challenge in emerging healthcare markets is the conflation of consumer affordability with the price discounting of medical services. In a technical clinical environment, attempting to lower the barriers to entry by arbitrarily discounting services introduces severe operational vulnerabilities. Arbitrary price-cutting directly threatens clinical standards, compromises patient safety margins, and undermines the long-term financial viability of the healthcare provider.

> **Healthcare affordability requires sustainable delivery models that expand access without compromising quality, clinical outcomes or financial viability across the healthcare ecosystem.**
>
> **Olaide Olusoji-Oke** - CFO, Evercare Hospital Lekki.

[Arbitrary Price Discounting] ——► Depleted OpEx ——► Substandard Inputs ——► Compromised Patient Safety

[Systemic Cost Optimization] ——► Scale & Tech ——► Lower Marginal Cost ——► High-Quality, Affordable Care

Instead of price discounting, affordability must be defined as the capacity to build sustainable, highly optimized operating systems. These systems allow broad patient populations to access high-tier clinical care without degrading safety protocols or institutional solvency. Designing models capable of delivering both quality and value at scale requires a shift toward:

Clinical Standardization: Enforcing evidence-based clinical pathways to reduce diagnostic variance and minimize costly medical redundancies.

Scale Economics: Aggregating patient throughput to lower the marginal cost per clinical interaction, allowing high-tier facilities to distribute heavy fixed overheads over a larger patient base.

Operational Waste Elimination: Leveraging lean operations to optimize inventory turns, reduce patient lengths of stay, and maximize the utilization rates of high-capital medical equipment.

The Multi-Sectoral Integration Matrix

A thesis of this financial perspective is that sustainable healthcare transformation cannot be achieved within clinical silos. The physical limitations and capital constraints of modern hospitals cannot be resolved solely by healthcare providers.

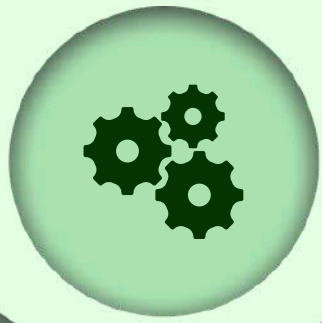
Addressing persistent healthcare delivery challenges requires building a broad, integrated ecosystem. In this system, non-traditional private-sector actors actively coordinate to expand patient access and de-risk health infrastructure:

Financial Institutions as Capital Facilitators

Commercial banks and private financial institutions must develop specialized, risk-adjusted retail credit products and flexible working capital lines customized for the healthcare sector. By introducing structured micro-health insurance plans and patient-financing options, the financial sector can help transition patients away from catastrophic, out-of-pocket, cash-and-carry payment models toward predictable, pre-paid health architectures.

Telecommunications Operators as Access Enablers

Telecommunications companies are critical for scaling digital medicine across peri-urban and rural areas. By providing high-bandwidth mobile networks, local telcos supply the physical communication layer required to support telemedicine, digital triaging, and remote patient monitoring. Furthermore, integrating mobile-money payment systems (such as USSD and wallet APIs) directly into hospital billing systems simplifies financial collection, reduces administrative leakage, and lowers patient transaction friction.



Technology Providers as Integration Engines

Global and domestic technology vendors must move beyond selling standalone, uncoordinated software packages. Instead, the focus must shift to deploying interoperable Software-as-a-Service (SaaS) applications, unified cloud-based electronic records, and automated inventory systems. These digital integrations improve institutional data transparency and provide the operational visibility needed to build bankable business cases for international investors.

Effective healthcare technology need not be sophisticated; accessible platforms such as USSD can strengthen primary-care engagement and expand service access.

The Paradox of Sophistication vs. Ubiquity in Health Innovation

Dr. Ibukun Oni -
CEO, Eight Medical

In resource-constrained environments, the technical efficacy of a digital health intervention is determined not by its software complexity, but by its operational reach and user adoption. Advanced applications requiring high-end smartphones, continuous broadband connectivity, and high digital literacy inadvertently create digital health divides, excluding the very populations that exhibit the highest burden of disease.

To achieve systemic impact, digital health architectures must balance technological sophistication with user accessibility. Optimizing low-threshold technologies, such as Unstructured Supplementary Service Data (USSD), interactive voice response (IVR) systems, and basic SMS routing—provides a resilient digital framework. These accessible entry points allow health networks to extend their clinical perimeter directly to primary health centers (PHCs) and vulnerable individuals who lack advanced mobile hardware or reliable internet coverage.

Deconstructing USSD Infrastructure as a Primary Care Gateway

The widespread adoption of USSD technology across sub-Saharan financial sectors (e.g., mobile banking and micro-transfers) offers a proven operational model for healthcare delivery. USSD operates over the Global System for Mobile Communications (GSM) signaling channel, making it completely independent of mobile data subscriptions, internet connectivity, or smartphone operating systems.

Deploying zero-rated USSD shortcodes creates a secure, real-time channel that transforms any basic feature phone into a two-way clinical communication terminal. Within the primary care ecosystem, this unstructured data layer supports critical health functions:

Maternal and Ante-Natal Monitoring: Automated, automated check-ins and clinical reminders for pregnant women in remote communities, tracking high-risk symptoms and coordinating timely clinic visits.

Primary Care Triaging and Scheduling: Enabling patients to self-report acute symptoms, receive automated triage advice, and book appointments at local primary health centers, reducing overcrowding in emergency departments.

Financial Inclusion and Micro-Coverage: Integrating USSD interfaces directly with mobile money wallets and community-based health insurance schemes, simplifying premium collection and point-of-care verification for low-income populations.

Practical Execution Pathways for Last-Mile Health Integration

To transition low-threshold digital interfaces from localized pilot programs into national infrastructure, health leaders, digital architects, and policy regulators must execute a coordinated strategy:

Telco-Health Interoperability Alliances: Formulating commercial framework agreements with telecommunications operators to zero-rate USSD health sessions and standardize shortcodes across all mobile networks.

Back-End API Integration: Building robust API middleware that translates basic USSD inputs into standardized HL7/FHIR data formats, allowing unstructured inputs to sync seamlessly with centralized electronic health records and national identity databases.

Protocol-Driven Clinical Workflows: Developing simple, decision-tree clinical protocols that translate complex medical guidelines into plain-language, step-by-step menu prompts suitable for basic phone screens.

> **Scaling digital health requires resolving policy, infrastructure and connectivity barriers while deploying sustainable models that extend healthcare access to underserved populations.**

Dr. Funmi Adewara -
CEO, Mobihealth International

A critical operational deficit in sub-Saharan Africa's healthcare ecosystem is the persistent gap between digital health innovation and large-scale deployment. While numerous digital platforms, diagnostic applications, and health tech pilots show promise during initial demonstrations, the majority fail to transition into widespread implementation. Promising innovations routinely falter at the scaling phase due to unresolved structural friction points, leaving peri-urban and rural populations without access to specialized medical care.

Addressing these persistent bottlenecks requires a strategic shift away from temporary pilot projects toward scalable, systemic implementation. Achieving sustainable health equity requires identifying, confronting, and systematically removing the operational, technical, and regulatory barriers that limit the reach of digital healthcare networks.

Deconstructing Structural Obstacles to Digital Health Scaling

Extending digital health solutions across diverse, low-resource environments is hindered by three core structural challenges:

Policy and Regulatory Limitations: Digital health ventures frequently encounter outdated regulatory frameworks that fail to account for virtual care models, cross-border medical licensing, remote prescription protocols, or data privacy across decentralized networks.

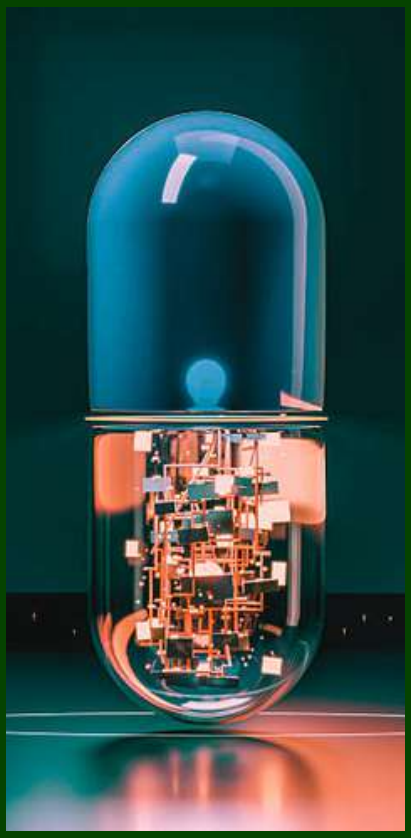
Inadequate Digital Infrastructure: Many health facilities lack the baseline enterprise software, server redundancy, and cloud infrastructure required to host interoperable electronic health records (EHRs) or support high-throughput clinical data exchanges.

Connectivity Deficits in Underserved Communities: Terrestrial broadband networks and cellular towers rarely offer reliable, high-bandwidth coverage in remote, hard-to-reach areas.

Hybrid Telemedicine Hubs and Satellite-Enabled Architecture

Given that a major segment of the West African population resides in rural and underserved areas, digital health architectures must bypass traditional, facility-bound care models. True decentralized clinical delivery requires establishing hybrid, technology-enabled healthcare extension networks.

SYSTEM LAYER	KEY COMPONENTS / FUNCTIONS
1. OFF-GRID COMMUNITY HUB	Solar Microgrid & Battery Storage – Provides reliable, independent power supply
	Satellite Terminal (Starlink / LEO Satellite Layer) – Enables high-speed, low-latency connectivity
	Integrated Diagnostic & Vital Sign Monitors – Captures and transmits patient health data
↓	**Real-Time, Low-Latency Data Link**
2. CLOUD ROUTING ENGINE	Automated Triaging – Supports prioritisation and routing of patient cases
	EHR Data Translation – Converts and routes clinical data for seamless interoperability
↓	**Secure Digital Clinical Data Transmission**
3. TERTIARY MEDICAL CENTERS	Local & International Specialist Virtual Consultations – Connects patients and frontline providers with specialist expertise
	Clinical Decision Support & Specialist Review – Enables remote assessment, diagnosis, and treatment guidance



Catalyzing Public-Private Synergy and Patient Capital

Accelerating the rollout of decentralized digital health platforms requires stronger collaboration between private-sector innovators and government institutions. Public sector actors must move beyond basic oversight to serve as active co-creators of enabling environments. Governments can achieve this by establishing clear regulatory sandboxes, streamlining digital health solution licensing, and integrating proven telemedicine networks into national public health frameworks.

Furthermore, funding healthcare innovation requires a move away from short-term venture capital expectations toward patient capital models. Building resilient, tech-enabled healthcare infrastructure across emerging markets is an extended process. Long-term investment structures—such as blended finance, sovereign development funding, and patient equity—provide the risk absorption and financial stability necessary to scale digital health solutions, resolve structural roadblocks, and deliver universal, high-quality care across the continent.

Conclusion

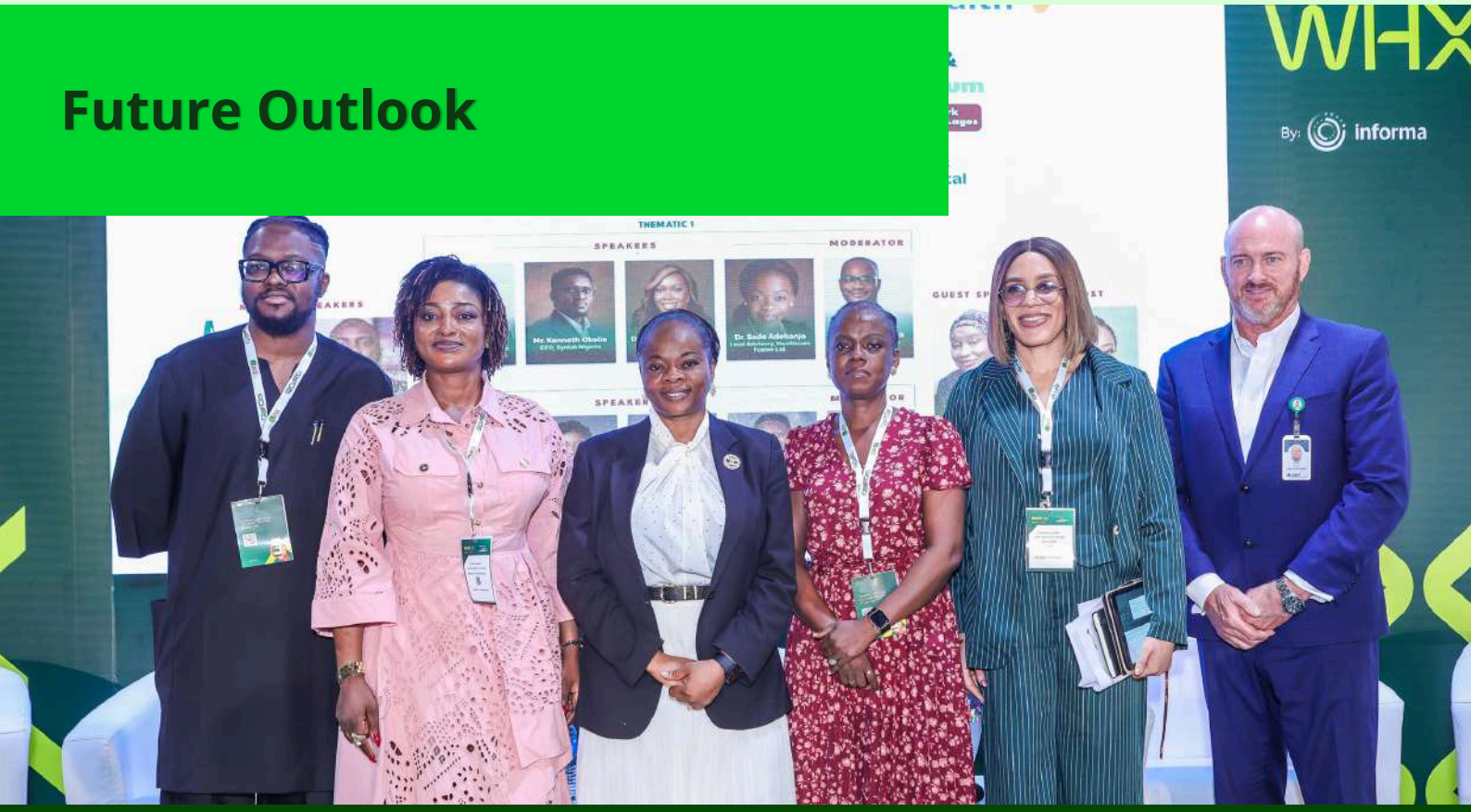
Governance, Regulatory Stability, and Policy Harmonization: Sustainable health reform requires synchronizing the core pillars of the health system—governance, financing, workforce, infrastructure, commodities, and data. State actors must move from unpredictable market participants to disciplined regulators, establishing transparent licensing pathways, protecting private capital within structured Public-Private Partnerships (PPPs), and embedding hospital networks directly into national health security frameworks.

Financial Re-Engineering and the Patient Capital Mandate: Healthcare assets cannot be evaluated using short-term, high-yield commercial benchmarks. Developing resilient healthcare infrastructure requires patient capital—long-term investment paired with blended finance structures, pension-backed funds, and risk-mitigation models like the Lagos Medipark Project. Affordability must be achieved not through dangerous price-discounting, but by driving operational efficiencies, optimizing asset utilization, and leveraging cross-sector partnerships with telecommunications, and financial institutions.

Buyer Leadership and Supply Chain Resilience: Transitioning from fragmented purchasing to collective Buyer Leadership allows health networks to aggregate demand, standardize equipment specifications, and negotiate favorable, FX-hedged, long-term framework agreements with global manufacturers. In parallel, adopting tech-enabled supply chain networks ensures end-to-end product traceability, mitigates stock-out risks, and drives down unit costs for essential diagnostic and pharmaceutical commodities.

Interoperable Architecture, Data Exchange, and Diagnostic Scale: Digital transformation must overcome fragmentation by enforcing interoperable standards, such as Fast Healthcare Interoperability Resources (FHIR) and Unique Patient Identifiers (UPI) linked to national identity databases. Concurrently, expanding diagnostic access relies on scale economics, borderless pathology networks via digital telepathology, and switching from capital-intensive equipment purchases to managed equipment service and rental models.

Future Outlook



Over the next three to five years, the West African healthcare economy will undergo a profound structural shift, evolving from a fragmented, reactive operational environment into a cohesive, highly integrated, and investable market. As the regional landscape matures, the historic reliance on short-term, speculative capital will steadily give way to structured patient capital models. Blended finance architectures, sovereign development funding, and pension-backed investment pools will increasingly anchor high-tier hospital networks and specialized Centres of Excellence. By building internationally competitive clinical facilities directly within the continent, regional healthcare systems will systematically reduce outbound medical tourism, preserve domestic capital, and retain vital medical expertise that was previously lost to foreign markets.

Persistently volatile foreign exchange dynamics will further accelerate the drive toward supply chain localization and market aggregation. Healthcare networks will embrace true Buyer Leadership, pooling their purchasing power to negotiate favorable, FX-hedged, multi-year framework agreements with global manufacturers. In parallel, regional operators will move away from capital-intensive hardware purchases in favor of managed equipment services (MES) and rental arrangements, while expanding local manufacturing for essential pharmaceuticals, diagnostic reagents, and medical consumables. Ultimately, West Africa's healthcare ecosystem is moving decisively toward a self-sustaining future—where institutional alignment, technology architecture, and strategic financing converge to deliver long-term commercial viability alongside superior bedside clinical care.

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We express our profound gratitude to our esteemed keynote speakers, distinguished panellists and key thought leaders. Their technical contributions, empirical perspectives, and actionable recommendations on capital de-risking, data interoperability, supply chain optimization, and inclusive digital health architectures enriched the substance of this report.

Finally, we acknowledge the active participation of our global and regional audience, hospital executives, institutional investors, technology innovators, development finance partners, clinicians, and policymakers. Their engagement, rigorous contributions, and shared commitment serve as the catalyst for translating the forum's outcomes into enduring, field-level healthcare transformations across the continent.

Contributors

- Dr. Jide Idris: Director-General, Nigeria Centre for Disease Control and Prevention (NCDC)
- Dr. Amina Mohammed-Baloni: Independent Director, Fidson Pharmaceuticals; Former Commissioner for Health, Kaduna State / Public Health Leader
- Ms. Fola Laoye: Co-Founder & CEO, Iwosan Healthcare Systems Ltd
- Dr. Sade Ayo-Adebanjo: Principal Consultant & Lead Advisory, HealthCare Fusion Ltd
- Mr. Kenneth Okolie: CEO, Synlab Nigeria
- Dr. Olayemi Dawodu: CEO, Cerba Lancet Laboratories Nigeria
- Dr. Brian Deaver: CEO, African Medical Center of Excellence (AMCE)
- Ms. Olaide Olusoji-Oke: Chief Financial Officer, Evercare Group
- Dr. Ibukun Oni: CEO, Eight Medical
- Dr. Funmi Adewara: CEO, Mobihealth International
- Dr. Chibuzo Opara: CEO, DrugStoc
- Dr. Ifunanya Ilodibe: CEO, EHA Clinics
- Dr. Mories Atoki - CEO, ABCHealth (Convener)

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Additional source: Proceedings, presentations and expert contributions from the ABCHealth Hospital Investment & Buyer Leadership Forum, WHX Lagos, 3 June 2026.

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