

ABCHealth



CEO Roundtable Outcome Report

Unlocking Digital Health Innovation: Strengthening Pathways from Pilot Initiatives to Sustainable System-Level Implementation Through Strategic Partnerships and Innovative Financing.



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.



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.

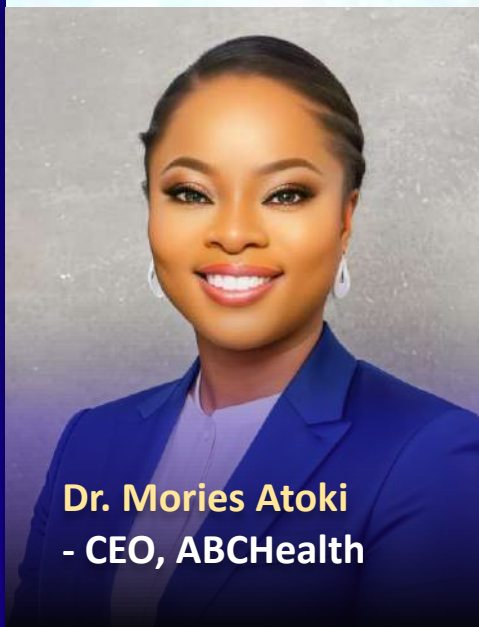
The Group has diversified into other sectors of the Nigerian economy including agriculture and is currently constructing the largest petroleum refinery, petrochemical plant and fertilizer complex in Africa.

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The CEO's Foreword



Dr. Mories Atoki
- CEO, ABCHealth

A digital health innovation may demonstrate strong clinical or operational results during a pilot and still fail to scale because it is dependent on donor funding, a particular technology vendor, externally funded technical staff, non-standard data structures, temporary infrastructure or project-specific workflows. Similarly, an innovation that operates effectively in one facility may encounter substantial barriers when introduced across multiple states, regions, health networks or national systems. This persistent gap between proof of concept and institutional adoption is what the health innovation community increasingly recognizes as “pilotitis.”

The ABCHealth CEO Roundtable was convened to examine this critical transition and identify practical pathways from pilot to scale. The discussions highlighted the importance of designing for scale from inception, with governments, regulators, health workers, communities and other stakeholders engaged early in the innovation process. Participants also emphasized the need for interoperable data systems, enabling policy and regulatory frameworks, workforce capacity, institutional ownership and implementation models that reflect local health-system realities.

This report captures the key insights and recommendations emerging from the Roundtable and serves as a call to collective action. We must move from pilot-driven innovation to system-driven transformation—ensuring that solutions are not only proven to work, but are designed to be adopted, financed, integrated and sustained at scale.

ABCHealth remains committed to convening the partnerships and advancing the ecosystem required to make this transition a reality across Africa.

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“From innovation to impact: Africa must turn proven digital health solutions into sustainable, system-wide change”.

The Roundtable at a Glance

A closed-door strategy dialogue convened on the sidelines of AHTSx Canada 2026, bringing African and Canadian health, technology, investment and policy leaders together to confront one question: what will it take to move digital health in Africa from scattered pilots to systems that last?



DATE

9th of June 2026



VENUE

Chestnut
Conference Centre,
University of
Toronto



ROUNDTABLE THEME

"Unlocking Digital
Health Innovation"



ROUNDTABLE REACH

200+ delegates and
155 speakers from
Africa, Canada and
beyond

Kigali momentum: the flagship AHTS Kigali convening has grown from 200 organisations and 11 sessions in 2022 to over 2,600 delegates, 65 countries and 262 speakers in 2025 — with the Toronto dialogue feeding directly into that trajectory.



Background

Africa is entering a critical phase in the evolution of digital health. Across the continent, advances in mobile connectivity, cloud computing, telemedicine, electronic health records, artificial intelligence, digital payments, remote diagnostics, health information systems, data analytics and other technology-enabled models are creating new opportunities to address longstanding constraints in healthcare access, quality, efficiency and continuity of care. Digital health is increasingly being applied across the health system—from community-level service delivery and clinical decision support to disease surveillance, supply-chain management, health workforce development, patient engagement and health financing.

The opportunity is particularly significant in Africa because digital technologies can help overcome some of the structural limitations associated with geographically dispersed populations, shortages of skilled health professionals, inadequate physical infrastructure and historically fragmented health information systems. Mobile and connected technologies, for example, can extend services beyond conventional facilities, support remote consultations and enable health workers to access clinical information in underserved locations. WHO notes that mobile-phone use across the African Region is already widespread, creating a significant platform for expanding eHealth and telehealth applications.



However, the emergence of promising digital health innovations has not yet translated consistently into sustainable, system-wide transformation. A recurring challenge across African health systems is the gap between **innovation and institutionalisation**: promising solutions are frequently demonstrated through time-bound pilots, but many struggle to progress into nationally or sub-nationally financed, interoperable and operational components of routine healthcare delivery.

This challenge is not primarily a shortage of innovation. Rather, it reflects weaknesses in the pathways through which innovation moves from proof of concept to proof of value, from proof of value to adoption, and from adoption to sustainable scale.

The World Health Organization's African Region has identified fragmentation of digital initiatives, limited interoperability, sustainability and financing constraints, workforce capacity gaps and inequities in access as persistent barriers to digital transformation. Similarly, the World Bank has emphasised that successful digital transformation requires countries to connect regulatory, governance, information and infrastructure components, while establishing sustainable financing, institutional capacity and trust around digital solutions.

The implication is clear: Africa's next digital health challenge is not simply to develop more technologies. It is to build the institutional, financial, regulatory and partnership architecture required to absorb, integrate, finance and sustain the technologies that demonstrate measurable value.

The proliferation of digital health pilots across Africa has generated a valuable body of experimentation and evidence. Governments, technology companies, start-ups, development partners, academic institutions, healthcare providers, investors and civil-society organisations have implemented solutions targeting specific problems such as maternal and child health, diagnostics, appointment management, disease surveillance, supply-chain visibility, telemedicine, electronic medical records, health insurance administration and clinical decision support.

A pilot is generally designed to demonstrate whether a solution can work within a defined population, geography, institution or programme. System-level implementation requires a fundamentally different set of conditions. A solution must be capable of operating within existing health-sector structures, budgets, policies, workflows, information systems, procurement arrangements, regulatory frameworks and workforce capacities.



A digital health innovation may demonstrate strong clinical or operational results during a pilot but still fail to scale because it is dependent on donor funding, a particular technology vendor, externally funded technical staff, non-standard data structures, temporary infrastructure or project-specific workflows. Similarly, an innovation that operates effectively in one facility may encounter substantial barriers when introduced across multiple states, regions, health networks or national systems.

Under a project-centred approach, success may be measured by the number of users reached, facilities onboarded or technologies deployed. Under a system-centred approach, success must increasingly be assessed through sustained improvements in health outcomes, service quality, efficiency, equity, patient experience, health-worker productivity, data utilisation, financial protection and institutional performance.

Why This Conversation, Why Now? Africa Is at a Digital Health Inflection Point

The infrastructure and capital that used to hold the sector back are finally moving — the question the Roundtable was convened to answer is whether the systems around them can keep up.

\$215M

Equity raised by African healthtech startups in 2025 — up 232% year-on-year, the first year above \$200M since 2021–22

84%

4G population coverage across Africa in 2024, up from 41% in 2019

960M

People still unconnected despite living in areas with mobile network coverage

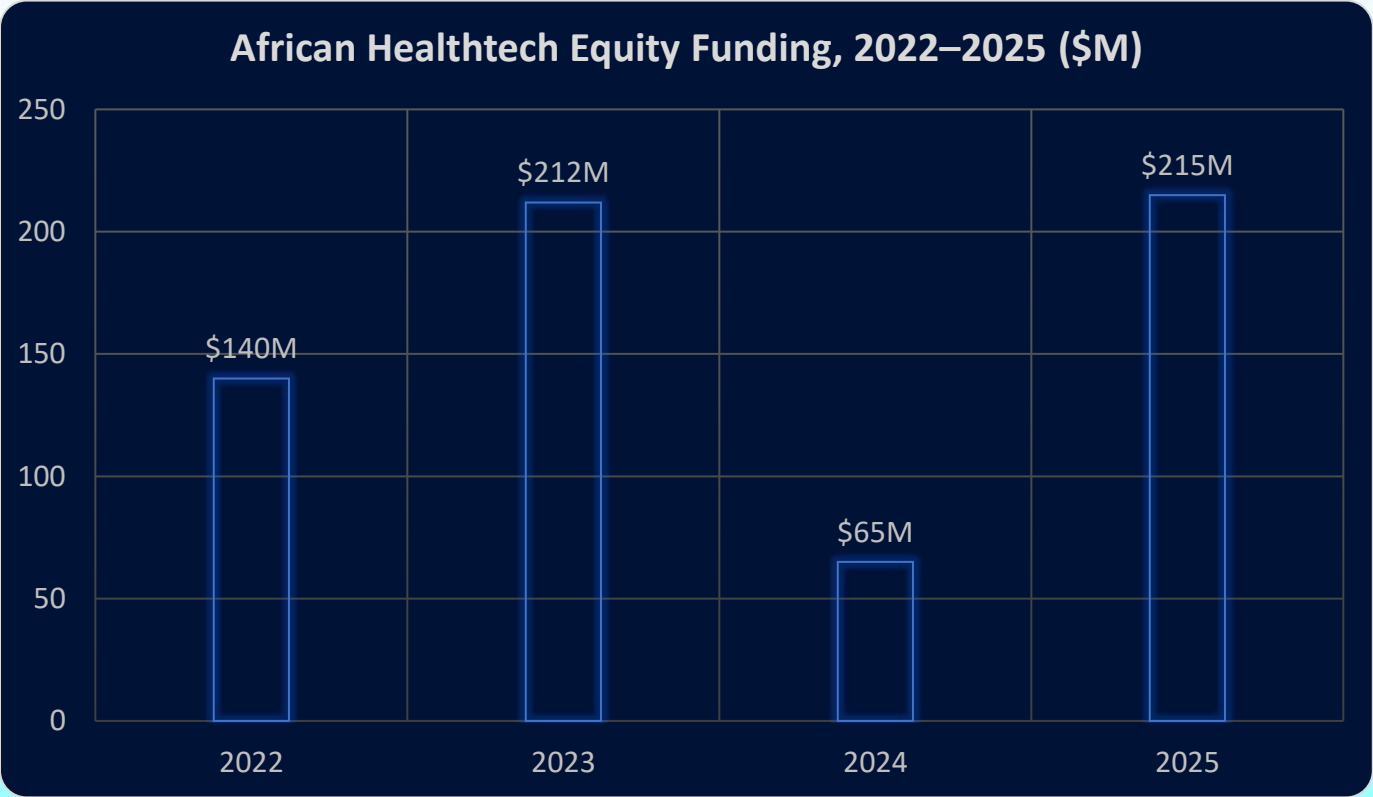
88%

Projected smartphone penetration across Africa, up from 51% today

Sources: Partech Africa 2025 Annual VC Report · AU–GSMA Digital Divide Partnership · GSMA Mobile Economy Africa 2025 · Smart Africa Digital Health Blueprint

Capital Is Returning — Unevenly and Selectively

After a sharp 2024 contraction, African healthtech equity funding rebounded strongly in 2025, though investors are now concentrating checks on fewer, later-stage, proven models.



Total funding incl. debt reached \$224M in 2025 — the strongest year since the 2021–22 peak



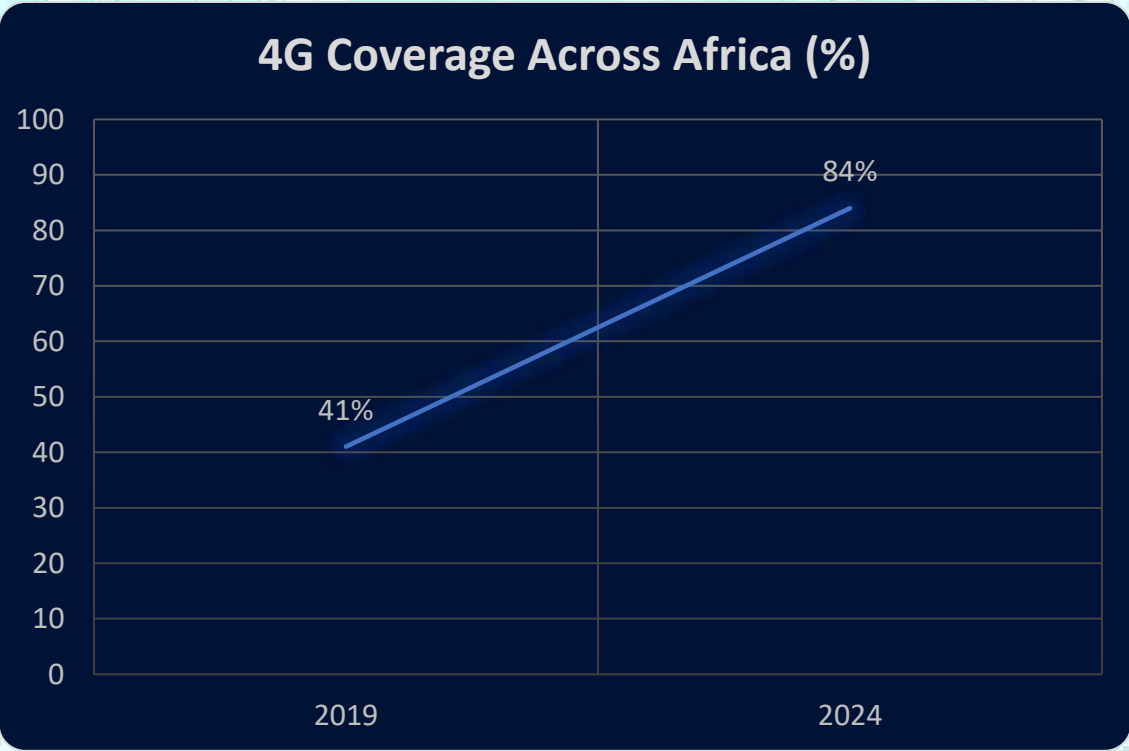
Only 7 investors closed 4+ Series A/B deals in 2025, led by IFC, Partech Africa, Proparco and BII



Healthtech remains a fraction of continental VC: ~\$150M of East Africa's \$865M in H1 2025, trailing fintech and cleantech

The Connectivity Base Is Finally Catching Up

Digital health cannot scale faster than the networks and devices it runs on. Continental infrastructure investment over the past five years has materially closed that gap.



Smartphone penetration

Projected to rise from 51% to 88% of the population — the Smart Africa Digital Health Blueprint calls this a "once-in-a-generation" reach opportunity.



The coverage gap

Only 38% of Africans were online in 2024 versus 68% globally; 960M people remain unconnected despite living within network coverage.



A single digital health market

In November 2025, the Smart Africa Board approved a continental Digital Health Blueprint to anchor a shared Africa Health Data Space.

Country & Continental Signals Cited in Discussion



Nigeria

Federal government committing NGN 500 billion over five years to an integrated national digital health system, alongside the National E-Health Bill 2026 advancing through the Senate to anchor it in law.



Rwanda

Cited repeatedly as a reference case for facility-level digital records adoption and drone-based medical logistics, illustrating what sustained government ownership of a digital health platform can look like.



Continental

The Smart Africa Board's approval of a continental Digital Health Blueprint (November 2025) was flagged as the clearest recent signal of political will for a shared, interoperable Africa Health Data Space.

The Pilot Trap: Why Innovation Hasn't Become Infrastructure

Roundtable participants converged on a shared diagnosis: Africa does not have a shortage of digital health innovation. It has a shortage of pathways that carry good pilots into national systems.



Fragmented, donor-funded pilots

Digital health programmes are frequently run as parallel, donor-funded pilots that duplicate rather than integrate with government systems.



Weak interoperability

A proliferation of disconnected platforms — despite the reach of shared tools like DHIS2 (40+ countries) and OpenMRS (80+ countries) — leaves patient data unable to follow the patient.



Inconsistent data governance

Health data protection and cross-border data-flow rules vary widely across the continent, creating uncertainty for regional platforms and investors alike.

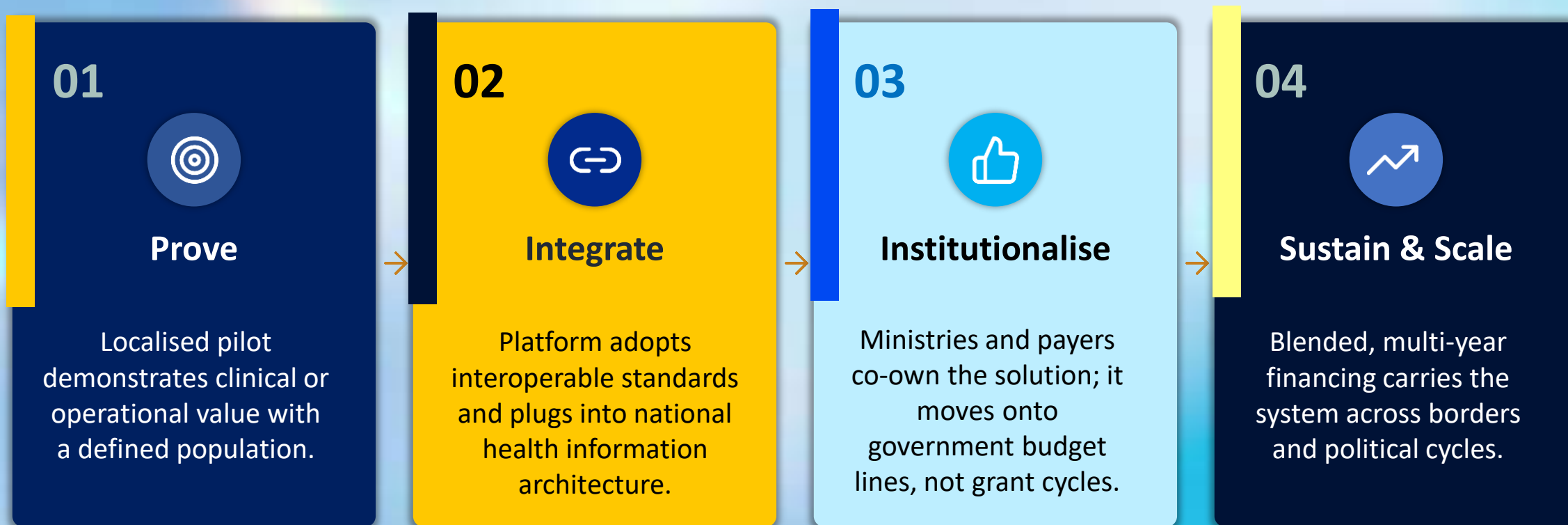


Financing that stops at proof-of-concept

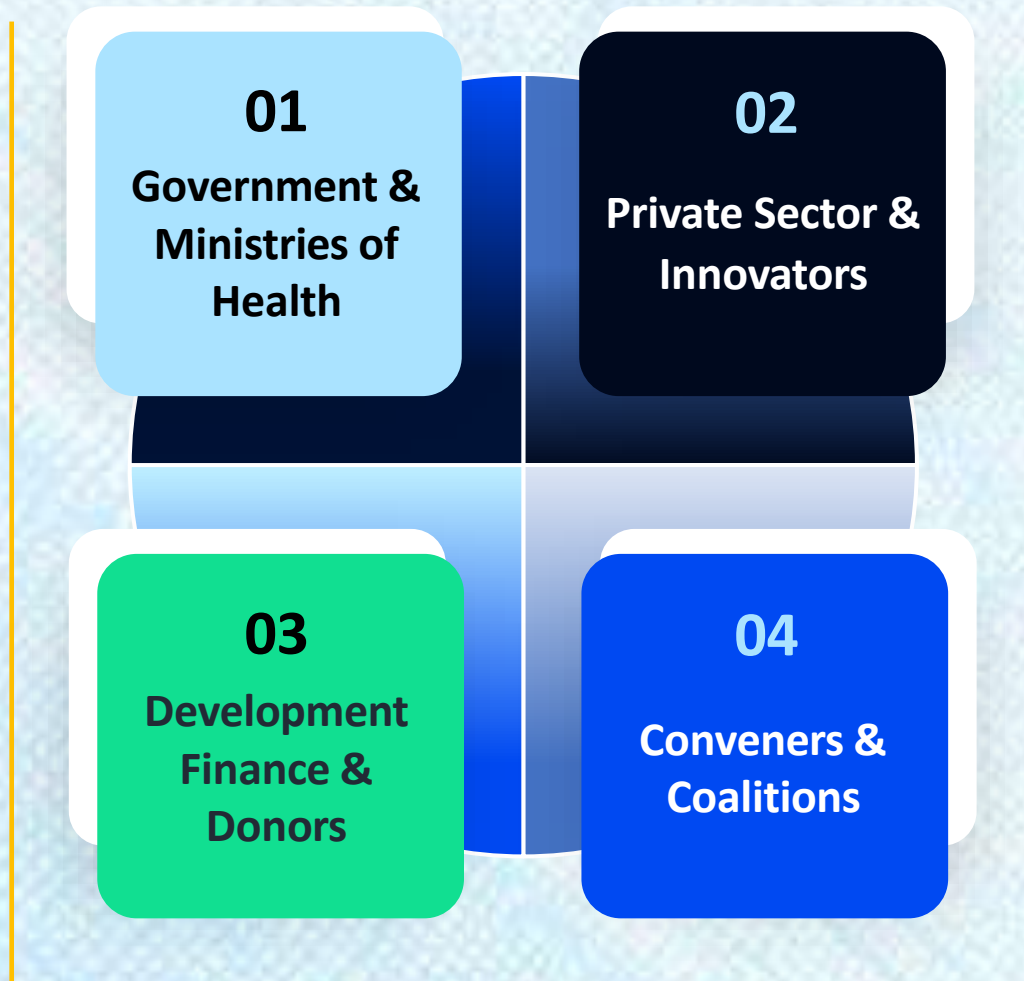
Grant and pilot funding rarely converts into the multi-year, government-anchored capital needed to operate a system at national scale.

From Pilot to System: Four Stages of the Pathway

The dialogue organised around a shared framework for what "scale" actually requires — moving deliberately through each stage rather than treating a successful pilot as scale itself.



No Single Actor Scales a Health System Alone



01: Own the policy mandate, standards and long-term budget line; convert pilots into national digital health strategy.

02: Bring product speed, technical capability and commercial discipline; build for interoperability from day one.

03: De-risk early-stage capital, fund interoperability infrastructure, and blend concessional funds with commercial capital.

04: Platforms like ABCHealth and AHTS align stakeholders, broker introductions and hold the pathway accountable over time.

Financing Mechanisms Discussed at the Roundtable



Blended finance

Concessional, first-loss capital from DFIs crowds in commercial investors for platforms with proven unit economics.



Results-based financing

Payments tied to verified health outcomes or facility digitisation milestones rather than activity or inputs.



Sovereign & national programmes

Government-anchored investment, such as Nigeria's NGN 500 billion, five-year national digital health system commitment.



Corporate & philanthropic co-investment

Anchor corporates and foundations underwrite interoperability infrastructure as a shared public good.



Insurance & risk-pooling vehicles

Digital tools embedded within national health insurance schemes to widen the revenue base beyond donor grants.



Policy-backed enabling capital

Legal frameworks, such as Nigeria's National E-Health Bill, that give financiers regulatory certainty to commit long-term capital.

Opening Address

A digital health innovation may demonstrate strong clinical or operational results during a pilot but still fail to scale because it is dependent on donor funding, a particular technology vendor, externally funded technical staff, non-standard data structures, temporary infrastructure or project-specific workflows.

Dr. Mories Atoki highlighted this “pilot-to-scale” gap as one of the most pressing challenges facing Africa’s digital health ecosystem. She noted that the continent has a growing pool of local talent developing solutions in artificial intelligence, remote diagnostics and data-driven healthcare, but that promising innovations frequently remain confined to individual facilities or small-scale programmes.

Dr. Atoki therefore called for stronger public-private and multi-sector partnerships to create the conditions for innovations to transition from successful pilots into sustainable health-system solutions. She emphasized the need for stakeholders to move beyond isolated projects and work collectively to develop financing and implementation frameworks capable of supporting digital health solutions at scale.

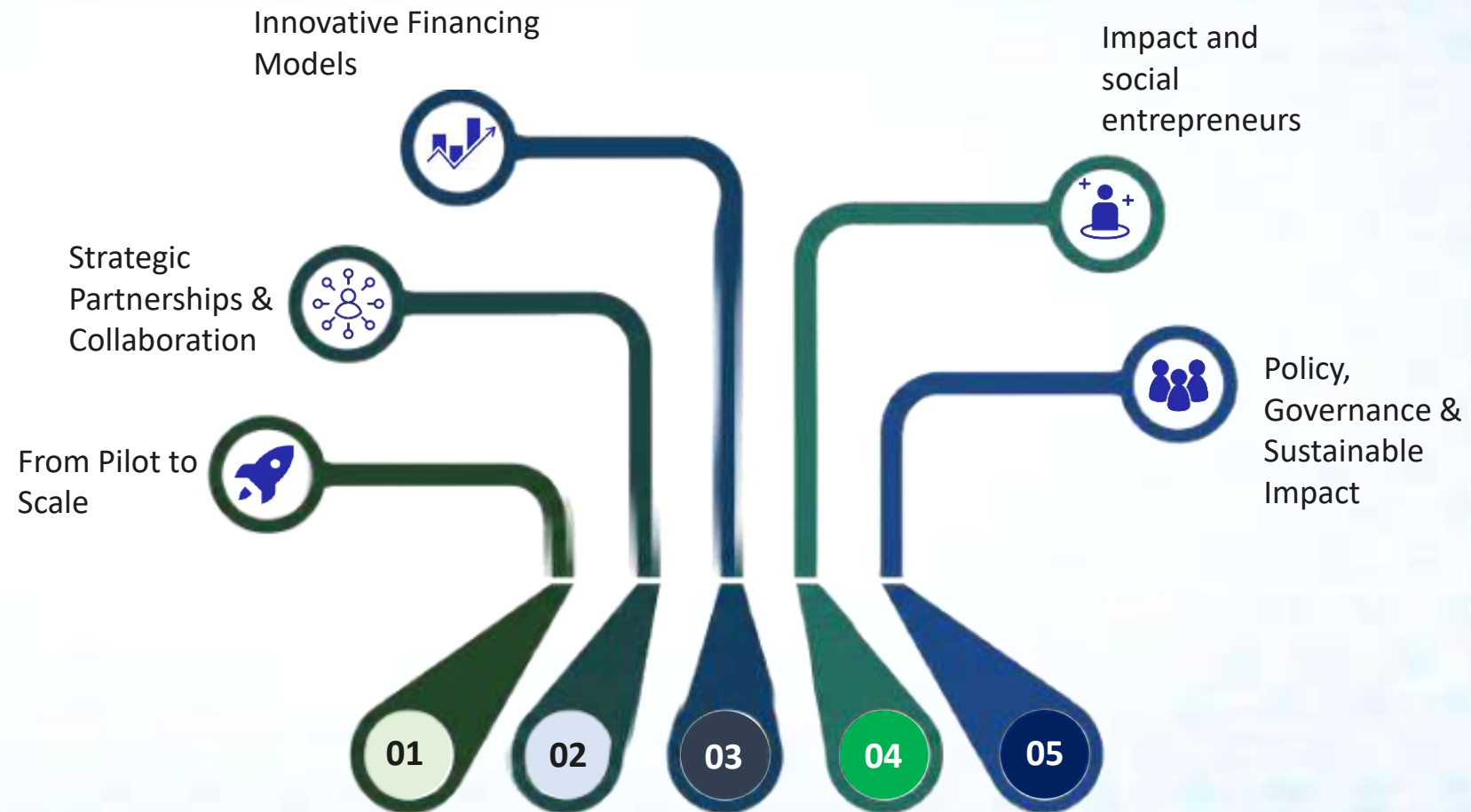


**Dr. Mories Atoki -
CEO, ABCHealth**

“Africa’s digital health challenge is no longer simply about creating innovative solutions, but about building the enabling systems, partnerships and sustainable financing required to take solutions that work from pilot to lasting system-level impact.”



Session Thematic Areas



Insights from the Chair



“Sustainable digital health transformation requires equitable partnerships, local ownership, regulatory alignment and enabling frameworks that allow African and international stakeholders to innovate and scale together.”

Mr. Abdul Mumin Oshodi set the strategic tone for the roundtable by emphasizing the importance of authentic, balanced partnerships between African health systems and international stakeholders.

He stressed that global partners should work with African institutions based on local realities and existing capacities, rather than imposing externally developed models.

He highlighted regulatory misalignment, governance complexities and administrative barriers as significant constraints to cross-border health innovation and technology transfer. In his view, physical distance is less of a barrier than the absence of aligned policies, legal frameworks and systems that enable collaboration.

Mr. Oshodi therefore called for stronger foundations for cross-border innovation, including improved regulatory cooperation, digital trade protocols and partnerships that allow healthcare technologies, expertise and clinical knowledge to move more effectively across African and international markets.

Mr. AbdulMumin Oshodi-
Founder, KITAM
Science,Inc.

Co-Chairs' Insights

The Co-Chairs provided complementary perspectives on the structural conditions required to move digital health innovations beyond pilot projects and toward sustainable system-level implementation. The Co-chairs were:

- ❖ **Farris Smith** – CEO, Vimy Pharmaceuticals Inc.
- ❖ **Chibby Dangana** – Founder, Data Factory Global
- ❖ **Dr. John Adesioye** – CEO, Utopian Consulting
- ❖ **Dr. John Preece** – Sector Development Officer, Life Sciences, City of Toronto Office

Collectively, the Co-Chairs emphasized the importance of connecting digital health innovation to real-world health-system needs and broader ecosystem capabilities.



- ❖ **Farris Smith** emphasized technology convergence, stressing the integration of technology, real-time data, infrastructure, supply chains and affordable medicines to achieve sustainable health system transformation.
- ❖ **Chibby Dangana** highlighted data strategy, governance and measurement as essential for sustainable digital health, noting that these must be embedded from the outset to ensure initiatives progress beyond the pilot stage.
- ❖ **Dr. John Adesioye** addressed the gap between technical innovation and clinical implementation, stressing the need for developers to design and test solutions around real-world healthcare workflows.
- ❖ **Dr. John Preece** emphasized international partnerships, trade and knowledge exchange, highlighting Toronto's life sciences ecosystem and its role in connecting North American and African health innovators and institutions.

Co-Chairs' Insights (Cont'd)



Mr. AbdulMumin Oshodi
Founder, KITAM Science

The proliferation of digital health pilots across Africa has generated a valuable body of experimentation and evidence.

- Governments, technology companies, start-ups



Farris Smith
CEO, Vimy Pharmaceuticals

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CEO, Utopian Consulting

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Chibby Dangana
CEO, Data Factory Global

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- Governments, technology companies, start-ups



Ota Akhigbe -
Director, Strategic
Partnerships, eHealth
Africa

Moderator's Insights

Ota Akhigbe's synthesis emphasized that Africa does not lack digital health innovation; the critical gap is moving successful pilots into sustainable, system-level implementation. She highlighted that scaling is not simply a technology challenge but requires coordinated attention to implementation capacity, workforce readiness, policy and regulatory alignment, sustainable financing, and institutional ownership.

She underscored the importance of co-designing solutions with governments, health workers, communities and other stakeholders from inception, ensuring that innovations align with existing health-system priorities, workflows and infrastructure. She also stressed that long-term financing must be considered before a pilot begins, rather than relying on short-term grants and seeking funding only after success has been demonstrated.



"Africa's digital health ecosystem does not lack innovation; it lacks the connected systems, partnerships, implementation capacity and sustainable financing required to move proven solutions from pilots into lasting health-system adoption."

A key insight was the need to move from fragmented, stand-alone projects to connected digital health systems. This requires stronger partnerships across government, private sector, investors, development partners, regulators and communities, with shared responsibility for implementation and sustainability.

From Innovation to System-Level Implementation



One of the strongest themes was the need to fundamentally rethink how digital health pilots are conceived and implemented. The roundtable highlighted that technical feasibility does not automatically translate into clinical usefulness, institutional adoption, financial sustainability, or national scalability.

- ❖ **Atef Fawaz, Director, eHealth Africa**, emphasized that digital health solutions must be tested within real clinical workflows to ensure they address practical healthcare needs and avoid costly redesigns after deployment.
- ❖ Similarly, **Mr. Edward Oladele, Principal, Cutting Edge Public Health Solutions** stressed that developers need to understand the broader ecosystem in which a technology will operate, including national health strategies, administrative structures, cultural realities and health-worker practices, from the proof-of-concept stage.

This requires innovators to ask from the beginning:

- Who will own the solution after the pilot?
- Who will pay for it?
- How will it fit within existing health systems?
- What regulatory approvals will be required?
- How will health workers be trained?
- How will data be governed?
- How will the solution integrate with existing digital infrastructure?
- What happens if the pilot succeeds?
- What mechanisms will allow it to transition into routine government or market operations?

Co-Design with Governments, Health Workers and End-Users

A major contribution to the discussion was the need for mandatory and meaningful co-design. Participants repeatedly argued that digital health solutions should not be designed in isolation and subsequently presented to governments or healthcare providers. Instead, governments, policymakers, clinicians, frontline workers, communities and patients should participate from the earliest stages of development.

- ❖ **Dr. Miriam Kanu** emphasized that digital health tools often fail not because the underlying technology is inadequate, but because end-users and policymakers were not integrated into the design architecture from the outset. She highlighted the use of WHO Digital Adaptation Kits to translate established clinical protocols into interoperable software.
- ❖ The experience shared by **Dr. Abdullah Saleh, CED (ICChange)** illustrated the consequences of failing to achieve this alignment. An electronic medical record deployment in informal urban settlement clinics failed because donor priorities focused heavily on disease-specific surveillance, while frontline clinicians required comprehensive tools for managing patients' everyday clinical needs.



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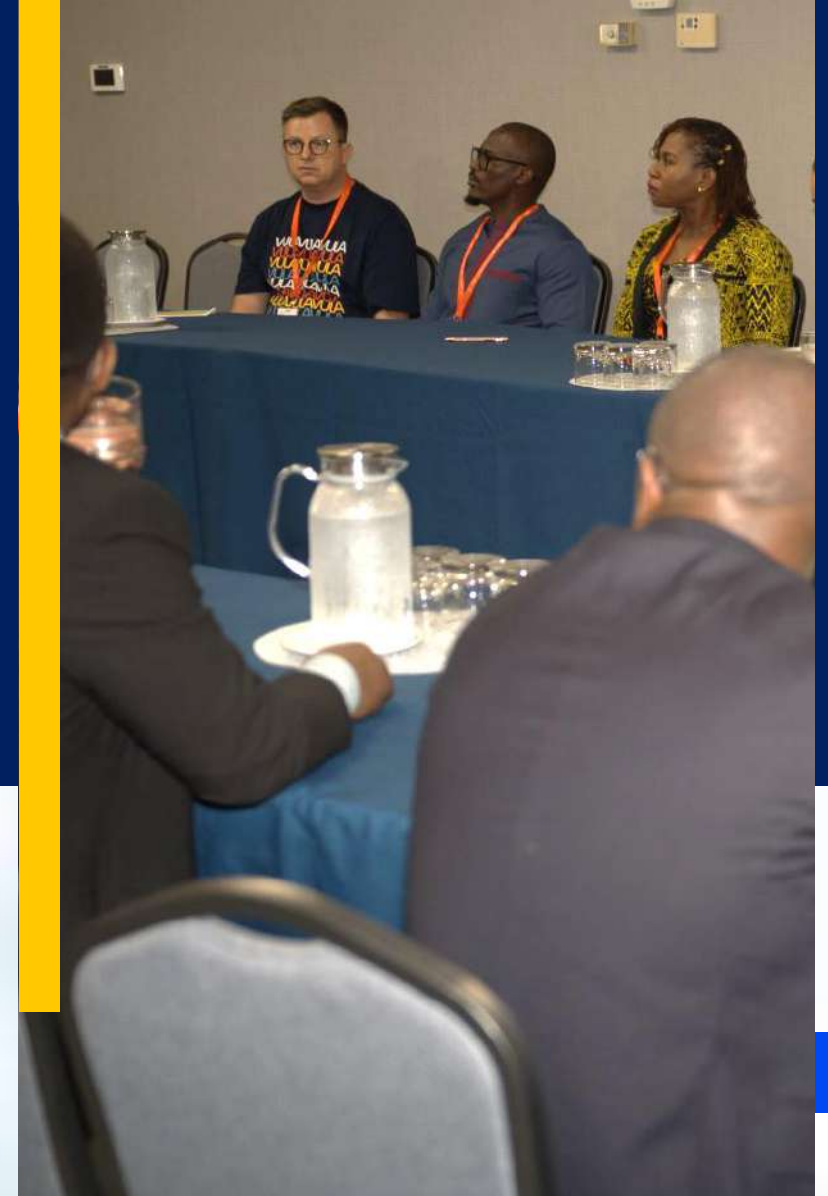
“Digital health solutions are more likely to achieve sustainable scale when governments, health workers and end-users are engaged from the outset, ensuring that innovations are aligned with policy priorities, clinical workflows and real-world needs”.

Government Alignment and National Health-System Architecture

- ❖ **Mr. Harrison Muiru**, drawing on experience across 12 African countries, emphasized that governments need to be involved from the beginning to establish regulatory frameworks, digital policies and data standards.
- ❖ **Dr. Richard Gakuba** similarly argued that many digital health tools remain trapped in pilot environments because they address isolated problems without connecting to the country's broader health information architecture. He advocated for a national-level vision within which individual innovations can become interoperable components of a funded health transformation agenda.

This suggests that scaling should occur through a “system-to-solution” approach, rather than simply a “solution-to-system” approach.

Under the former, innovators begin by understanding the national architecture, policy priorities, financing mechanisms and health-system requirements and then position their technology within that ecosystem.



Regulatory Alignment and Policy Readiness

Regulatory fragmentation emerged as another significant obstacle. The roundtable highlighted situations where innovative technologies had demonstrated clinical value but encountered regulatory or bureaucratic barriers when attempting to move into broader implementation.

- ❖ **Dr. E. R. A. James** described difficulties obtaining regulatory clearances for advanced surgical technologies despite having secured ethics approval and demonstrated clinical demand.
- ❖ **Ambassador Geoffrey Kaituko** highlighted another dimension: governments face legal and public-trust risks when adopting emerging technologies, particularly around data protection. He argued that innovation frequently moves faster than existing legislation and called for developers and legislators to work together proactively on flexible legal frameworks.

Participants therefore advocated for regulatory co-creation rather than regulatory compliance after development. Privacy, cybersecurity, data protection and regulatory requirements should be embedded during product design rather than addressed when a pilot is already operational.



Data Governance, Interoperability and Digital Infrastructure

Data emerged as one of the foundational requirements for system-level digital health transformation.

- ❖ **Ms. Chibby Dangana, Founder/CEO, Data Factory Global**, emphasized that data measurement, analytics and governance are frequently treated as secondary components of digital health projects. She argued that technology, people, tools, standard operating procedures and measurement systems must be integrated from day one.

The roundtable identified several interconnected priorities:

- interoperable data architectures
- privacy-by-design
- common data standards
- reliable data governance
- impact measurement
- granular data tracking
- national unique patient identifiers
- mechanisms for cross-institutional data exchange.

- ❖ **Dr. Abdullah Saleh** specifically identified the absence of standardized national unique patient identifiers as a major constraint on connected digital health systems.
- ❖ **Mr. Abbey Suras** added that the problem is not merely technical. Government departments can operate as separate data silos, sometimes requiring formal agreements or payments to share data internally.

The implication is that interoperability requires institutional and governance reform alongside technical standards.

Workforce Capacity and Change Management

The roundtable made clear that digital transformation ultimately depends on people.

- ❖ **Dr. John Adesioye, CEO, Utopian Consulting**, emphasized the importance of training health workers to understand how digital technologies can solve practical problems within their daily workflows. He also called for stronger connections between software engineers, clinicians and finance professionals.
- ❖ **Dr. Iyore James, CMO, RoboMed Global**, provided a practical example through an academy model that trains surgeons, operating-room nurses and biomedical engineers alongside the deployment of advanced surgical technologies. The approach was intended to ensure local ownership, maintenance capacity and long-term sustainability while reducing dependence on external expertise.
- ❖ **Mr. Somaruka** emphasized that change management is often substantially underfunded. He proposed that innovators clearly articulate the “What's In It For Me” (WIIFM) for administrators, clinicians and patients.



Therefore, scale requires investment not only in software and infrastructure but also in:
training → adoption → workflow integration → behaviour change → institutional ownership.

Designing Simpler, More Appropriate Solutions

Participants cautioned against excessive technological complexity.

- ❖ **Ms. Jennifer Henderson, Project Director, Viamo**, reinforced this principle through Viamo's experience, emphasizing that technologies must be simple for end-users, health workers, governments and partners to understand and operate. She advocated “re-imagining instead of re-inventing”, including the adaptation of existing technologies and infrastructure. The broader lesson was that innovation should be measured by usefulness and adoption, not technological sophistication.



Innovative and Sustainable Financing

The roundtable concluded that short-term pilot grants are insufficient to sustain digital health platforms after proof of concept. **Ms. Ota Akhigbe's (Director, Strategic Partnerships, eHealth Africa)** synthesis reinforced that financing must be considered **before pilots are launched**, rather than after they have already demonstrated success.

Mr. Joel Aderinto, Country Lead / Chief Operating Officer, Talamus Health advocated for outcome-based financing, whereby payments are linked to verified improvements in health outcomes rather than simply deployment activities. He also warned that failure to plan for recurring costs such as software licensing and server maintenance can leave private providers carrying unsustainable liabilities after grant funding ends.

The financing discussion therefore pointed toward a diversified ecosystem incorporating:

- government procurement;
- reimbursement;
- outcome-based financing;
- commercial revenue;
- consumer-backed models;
- impact investment;
- philanthropic risk capital;
- data-enabled commercial models;

blended financing.

Strategic Partnerships and Cross-Sector Collaboration

The roundtable strongly rejected the idea that any single stakeholder can independently solve Africa's digital health challenges.

- ❖ **Mr. Farris Smith, CEO, Vimy Pharmaceuticals**, described technology convergence involving private companies, governments, NGOs, infrastructure and supply chains as a pathway toward more transformative health outcomes.
- ❖ **Mr. AbdulMumin Oshodi, Founder, KITAM Science Inc.**, emphasized that international partnerships must be balanced and locally grounded, with African institutions and innovators treated as equal partners rather than passive recipients of external technologies. He also highlighted regulatory and administrative alignment as critical to cross-border collaboration.
- ❖ **Mr. Drew Smith, Director General, Pan-African Affairs** highlighted Canada's capacity to support trade, development, policy dialogue and technical assistance through its African networks, while emphasizing that development assistance may not necessarily finance individual pilots but can contribute to resolving broader regulatory and governance constraints.



“Sustainable digital health scale requires partnerships that unite government, private sector, investors, development partners, technology innovators and communities around shared health outcomes, leveraging complementary capabilities to move solutions from pilots to lasting system-wide impact.”



Political Economy and Institutional Continuity

One of the most important—and less frequently discussed—issues was political continuity. **The Policy Innovation Centre** shared a case in which a digital gender-based violence reporting platform had seemingly addressed many traditional sustainability requirements, including private funding, legal integration and several years of backend infrastructure financing. Yet a political transition caused the new administration to change priorities, effectively stalling the initiative.

- ❖ Representative **Hon. Hula Moanye Hiltzley, Minnesota State Representative, House District 38A**
Organization: Minnesota House of Representatives / State of Minnesota
similarly noted that changes in political leadership can disrupt funding and institutional champions, particularly where programmes depend heavily on individual political sponsors.

Digital health programmes should therefore be embedded in:

- national strategies;
- legislation where appropriate;
- budgetary frameworks;
- institutional mandates;
- technical standards;
- procurement systems; and
- multiple stakeholder constituencies.

Key Cross-Cutting Barriers Identified

Taken collectively, the roundtable contributions identified eight major structural barriers to scaling digital health across Africa:



Barrier	Core Issue
Pilotitis	Successful pilots fail to transition into institutional systems
Regulatory fragmentation	Policies and approval pathways lag technological development
Data fragmentation	Poor interoperability, siloed systems and weak data governance
Workforce constraints	Insufficient training, change management and technical capacity
Unsustainable financing	Heavy dependence on short-term grants
Weak market economics	Solutions are sometimes too expensive or commercially unviable
Political/institutional instability	Leadership changes can disrupt programmes and funding
Poor local alignment	Technologies may not reflect clinical, cultural or socioeconomic realities

Emerging Framework for Moving from Pilot to Scale

Begin with a clearly defined clinical, operational or population-health need.

Engage government, regulators, clinicians, health workers, communities and end-users from the outset.

Align with national digital architecture, data standards and established clinical protocols.

Integrate privacy, data protection, cybersecurity and regulatory requirements into product development.

Budget for training, implementation support and change management.



Embed the intervention into national systems, policies, budgets, workflows and long-term partnerships.

Identify procurement, reimbursement, government budget lines, commercial revenue or investment before the pilot concludes.

Determine who pays, what they pay, and whether the model remains viable beyond grant funding.

Generate evidence on health outcomes, adoption, costs, workflow impact and system compatibility.

Use an appropriately scoped MVP to establish clinical and operational utility.

Strategic Implications for African Digital Health Ecosystems

The roundtable's contributions collectively point to a significant shift in how digital health innovation should be approached in Africa.

The central challenge is no longer simply **“How do we develop more innovative digital health solutions?”**

The more important question is:

“How do we create the institutional, financial, regulatory, human and market conditions that allow proven innovations to become permanent components of health systems?”

This requires a transition from a pilot-centric innovation model to a system-level implementation model. Under the pilot-centric model, stakeholders primarily focus on developing, testing and demonstrating a solution.

Under the system-level model, stakeholders must simultaneously consider technology, policy, financing, procurement, workforce, infrastructure, data, regulation, community demand and institutional ownership.



Conclusion

The strongest conclusion from the ABCHealth CEO Roundtable was that Africa does not lack digital health innovation. It has significant entrepreneurial talent, technological capabilities, locally developed solutions and growing experience across AI, telemedicine, remote diagnostics, digital records, health information systems and other technologies. The major challenge is converting these innovations into sustainable, affordable and institutionally embedded health-system capabilities.

The transition from pilot to scale therefore requires a fundamental change in practice. Innovators must design for scale from the beginning. Governments must participate before, not after—technology development. Regulators must become partners in innovation. Investors and donors must move beyond short-term project financing. Health workers and communities must become co-creators rather than passive users. Data systems must be interoperable and governed responsibly. And financing must be structured around the long-term value generated by solutions rather than the short-term activities performed during a pilot.

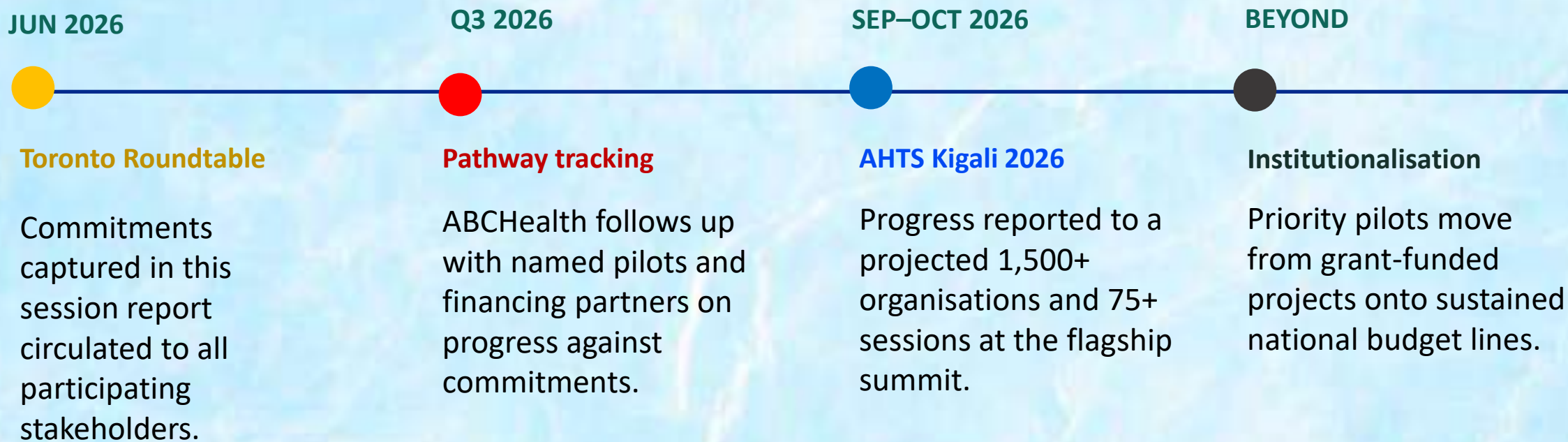


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“Moving from pilot to scale requires a collective shift from short-term projects to long-term system ownership—where innovation, policy, financing, data, and communities are aligned for sustainable impact.”

The Road Ahead: From Toronto to Kigali

The Toronto Roundtable was framed explicitly as a staging point, not an endpoint — feeding directly into the flagship AHTS Kigali 2026 convening later this year.



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