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Symposium

ABUJA, NIGERIA
16th – 17th JULY, 2025
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Report

Leveraging Innovation to Advance UHC in Africa

16th -17th July 2025, Abuja, Nigeria

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Opening Ceremony

From Potential to Power: Africa's Journey to Universal Health

Africa stands at a decisive moment: Moving beyond policy into measurable action is vital to improve health outcomes, prevent disease, and reduce poverty through Universal Health Coverage (UHC). With 70% of its 1.4 billion people under 30, the continent is young but burdened with outdated health systems, many inherited from colonial times [1]. These systems are under-resourced, facing annual losses of around 20,000 physicians to migration, and struggling to meet complex, modern health needs.

UHC remains distant with only South Africa and Rwanda close to full implementation. Eleven nations spend less than USD 50 per person annually on health, only six meet the Abuja Declaration's 15% budget target, and out-of-pocket costs are the highest globally. [2] [3] Infrastructure gaps persist: 40% of medical facilities lack electricity, and many lack basic diagnostics. [4]

Despite this, Africa has consistently shown its ability to innovate. The Africa Health Marketplace has improved medicine availability in Kenya, enhanced maternal health outcomes in Ghana, and significantly reduced diagnostic delays in Rwanda. During COVID-19, the continent advanced mRNA vaccine technology transfer to South Africa, developed affordable rapid tests in Senegal, and implemented AI-powered outbreak forecasting in Nigeria.

The vision ahead is ambitious: by 2035, produce upto 60% of vaccines locally, cut drug approval timelines to 18 months, and establish regional pharmaceutical hubs. Priorities include universal digital health IDs, AI-powered primary care diagnostics, and training 100,000 climate health professionals by 2030.

Realising this will require united action from funders, policymakers, innovators, and advocates breaking down silos, dismantling bureaucracy, and prioritising results over recognition. This is Africa's chance to redefine its image from a continent burdened by health challenges to a global leader in innovation, equity, and resilience building the healthiest Africa in history, powered by the determination and creativity of its people.

Partnerships for Progress: How HFN is Shaping Nigeria's Healthcare Future

Public-Private Partnerships (PPPs) are increasingly driving sustainable pathways to UHC in Africa. This year marks the

10th anniversary of the Healthcare Federation of Nigeria (HFN), a coalition enabling the private sector to speak with one voice in the face of scarce resources and diminishing foreign aid. In Nigeria, with an estimated population of 250 million, these challenges are particularly acute. Over the past decade, HFN has evolved from being excluded from national decision-making processes to holding a recognised role in government engagement, with objectives aligned to advancing UHC through private sector activation.

Significant achievements demonstrate the impact of this approach. The Presidential Executive Order on Zero VAT for life-saving equipment and active pharmaceutical ingredients was implemented following strong advocacy, removing a key barrier to affordability. The Cancer Health Fund, developed in collaboration with Roche and Price Waterhouse Coopers (PwC) and with support from World Bank is now a statutory budget allocation, although the absence of formal private sector hospital involvement in its delivery remains an ongoing challenge.

The Primary Healthcare Public-Private Partnership in Delta State offers a model of innovation. Despite the misleading title "Access to Finance," the initiative achieved zero maternal mortality over five years, created jobs, and highlighted that government funding alone cannot deliver adequate primary healthcare. One remote facility fully equipped yet unused and located 2.5 hours away by boat was activated by a private sector partner, dramatically reducing mortality linked to unsafe traditional practices. This example underscores that effective healthcare systems depend not just on buildings, but on integrated processes, skilled personnel, and operational capacity.

Incentives to drive quality improvement are essential. Lagos State's approach, profiled by the World Economic Forum, links provider reimbursement to quality performance offering 50% higher tariffs for "Safe Care Level Five" facilities and 30% more for Levels Three and Four. This model encourages competition and raises standards of care.

However, persistent lack of trust in healthcare quality continues to hinder UHC. Quality must remain the central focus of reforms, with standardised criteria and rigorous monitoring. Expanding partnerships and mobilising pro bono expertise will be critical to building a sustainable, inclusive, and high-performing healthcare system for Nigeria and beyond.

Innovation in West Africa's Private Health Sector

Innovation is positioned as a defining strength in addressing the continents healthcare challenges. Shifts in the global health agenda are impacting access to life-saving medicines, quality of care, and affordability, particularly for vulnerable populations. In response, The West Africa Private Healthcare Federation/ Federation Ouest Africaine du Secteur Privé de la Santé (FOAPS), a network for advocacy and policy engagement, fosters public-private dialogue and collaboration to advance equitable, accessible, and high-quality healthcare, showcasing solutions from its members. One example is a health technology payment

platform that not only accelerates patient access to care but also provides financing solutions to providers within its network. Using a unique code-based system, patients can access urgent or routine care in any participating facility, with direct payments made to providers across the sub-region, enabling care delivery regardless of location.

A second innovation targets the management of non-communicable diseases such as hypertension and diabetes. Through a personal point-of-care device paired with a mobile application, patients can monitor their health, track key metrics, and celebrate progress. The system integrates with registered medical centres for clinical oversight, empowering patients to take ownership of their care while ensuring quality support. Both innovations are seen as scalable solutions with the potential for broader adoption across West Africa.

Looking ahead, FOAPS has set primary healthcare as its strategic focus for the next two years, recognising it as the most effective pathway to achieving UHC. Priorities include supporting members to adopt digital tools, reducing the cost of care, improving patient access, strengthening healthcare infrastructure, and providing targeted training. The federation is also engaging with the African Union Development Agency-NEPAD on advancing local pharmaceutical manufacturing, specifically in relation to the 24 priority essential medicines identified for production in the region. National health insurance schemes in countries such as Ghana and Nigeria already support some level of local manufacturing, offering a foundation for scaling efforts.

The overarching goal is to foster innovation that improves services, reduces costs, and accelerates progress toward UHC. Achieving this will require sustained dialogue, strategic partnerships, and coordinated action among public and private stakeholders to deliver shared solutions for the region's healthcare needs.

Beyond Innovation: Sustaining Africa's Health Security

The WHO and Africa CDC recognize that achieving health security and UHC requires strong PPPs, innovative approaches, and effective coordination. Africa faces a "triple paradox": a young population, high climate vulnerability, and 25% of the global disease burden with only 3% of the global health workforce. [5] While the continent has pioneered solutions such as drone deliveries, AI-enabled surveillance, and genomic sequencing, many of these innovations have not been scaled or sustained.

Surveillance the "eyes and ears" of public health must be reinforced through timely, interoperable digital systems such as a digitized Integrated Disease Surveillance and Response (IDSR). Key priorities include community-level outbreak detection, epidemic intelligence from open sources, and robust laboratory capacity supported by affordable private sector solutions. Policy alignment, strategic investment, and transformative financing are essential, as most African countries, including Nigeria, fall short of the Abuja Declaration's 15% health funding target and rely heavily on out-of-pocket spending.

Building resilient health systems will require shifting from reactive to proactive approaches, embedding innovation at all levels, empowering community health workers, improving sanitation and hygiene, and ensuring equitable access to quality care. Nigeria's leadership in hosting the Africa CDC West Africa Regional Coordinating Centre and its Ebola response legacy are examples of how effective coordination and innovation can drive progress across the continent.

Nigeria's Commitment to Advancing Universal Health Coverage

Nigeria has reaffirmed its dedication to UHC recognizing it as a fundamental human right essential for healthy living, economic development, poverty reduction, and the attainment of the Sustainable Development Goals (SDGs). Health is considered the foundation for national progress, and mechanisms that guarantee equitable access to quality care for all are paramount.

UHC ensures that people can access the full range of essential health services from promotion and prevention to treatment, rehabilitation, and palliative care without financial hardship. While most African countries have adopted UHC as a national goal, progress has been slow. WHO data shows that Africa's service coverage index rose from 23 in 2000 to 44 in 2021-an average annual increase of just one point. [6] At this pace, Africa must accelerate progress nearly tenfold to achieve the 2030 target.

To achieve UHC, African countries must redesign health systems around people rather than diseases, commit to essential investments, strengthen cooperation at the highest political level, and embrace innovation as a cross-cutting enabler. Six priority action steps have been identified: lead, protect, legislate, advocate, invest, and collaborate.

Nigeria's progress toward UHC has accelerated in the past two years through reforms such as the National Health Insurance Act (2022), which makes health insurance mandatory for all citizens and legal residents, and the National Health Act (2014), which allocates 1% of consolidated revenue to a Basic Healthcare Provision Fund (BHCPF). All 36 states plus Abuja now have health insurance agencies, resulting in a 15% growth in coverage. A robust implementation of the BHCPF is underway, alongside an ambitious Primary Health Care (PHC) revitalization agenda targeting the upgrade of 17,000 PHCs by 2027.

The government aims for full national health insurance coverage by 2030, supported by adequate PHCs to ensure quality care without financial hardship. Key initiatives include the Presidential Initiative on Unlocking the Healthcare Value Chain, aimed at boosting local pharmaceutical and health product manufacturing. An executive order has removed tariffs, excise duties, and VAT on pharmaceutical inputs, reducing production costs by about 12%, with a focus on ensuring these savings benefit patients.

Despite this progress, Nigeria faces persistent challenges: underfunding, suboptimal insurance subscription, high out-of-pocket costs, infrastructure deficits, and health workforce migration. The country emphasizes four critical focus areas for achieving UHC:

1. **Sustainable Financing:** Increase domestic resource mobilization, explore innovative funding mechanisms, leverage partnerships, strengthen public-private collaboration, and treat health as an investment.
2. **Harnessing Innovation:** Embed digital health, telemedicine, AI, and data-driven decision-making into all levels of care to improve access, surveillance, and efficiency.
3. **Strengthening Local Pharmaceutical and Diagnostic Production:** Reduce reliance on imports by expanding local manufacturing capacity to meet international standards and ensure health security.
4. **Addressing Emerging Threats:** Build climate-resilient health systems, enhance emergency preparedness, and strengthen regional cooperation.

The journey to UHC demands visionary leadership, inclusive governance, bold investment, and a commitment to equity and quality. Nigeria stands ready to work with regional bodies, the private sector, investors, and global institutions to transform commitments into concrete partnerships and projects, ensuring that no African is left behind in accessing quality healthcare.

Breaking Silos, Building Resilience: Africa's Moment for Action

Africa's path to UHC and health security is clear: it will be defined by innovation, strategic partnerships, and unwavering political will. From pioneering technologies to community-driven solutions, the continent has shown it can lead in reimagining healthcare delivery. Nigeria's progress through policy reforms, private sector collaboration, and targeted investments demonstrates what is possible when ambition meets coordinated action. To sustain momentum, stakeholders must break silos, prioritize quality, and commit to inclusive, scalable solutions. With collective resolve, Africa can shift from potential to proof building the healthiest, most resilient generation in its history.

Opening Ceremony

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Session One

Innovative Financing for Health in Africa

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Executive Summary

Healthcare financing in Africa remains a critical challenge, despite its centrality to sustainable development and the continent's potential to harness a demographic dividend. While Africa has made notable progress in strengthening health systems and expanding access to care, underfunding, inequitable access, and structural inefficiencies continue to limit outcomes.

The health financing landscape is defined by several persistent challenges:

- **Persistent Financing Gaps:** Africa relies on a mix of donor funding, public budgets, and private contributions, particularly out-of-pocket (OOP) payments. Yet, health systems face a widening funding gap, with global estimates indicating USD 274–371 billion needed annually through 2030 to achieve UHC.
- **Limited Public Investment:** Despite the Abuja Declaration's 15% budget allocation target, only three countries—Rwanda, Botswana, and Cabo Verde—have met it. More than 30 countries still allocate less than 10%.
- **High OOP Expenditure:** In many countries, households bear 30–40% of health costs, exposing families to catastrophic spending and worsening inequities.
- **Overreliance on Donor Funding:** In some countries, up to 90% of health financing comes from external partners, raising sustainability risks amid shifting global priorities.
- **Systemic Inefficiencies:** Weak public financial management, low insurance coverage, and delayed budget disbursements undermine resource utilization.
- **Shifting Health Needs:** The dual burden of persistent infectious diseases and rising non-communicable diseases (NCDs) places unprecedented pressure on systems originally designed for acute care.

Despite these challenges, the continent has a unique opportunity to transform its health financing architecture through systemic approaches encompassing:

- **Increased domestic public** spending, achieved through improved tax-to-Gross Domestic Product (GDP) ratios and targeted "sin taxes".

- **Transition to strategic purchasing** through health insurance entities and the implementation of "social compacts" to define and finance basic health service packages for vulnerable populations.
- **Leveraging private sector partnerships** and fostering innovation through private capital.
- **Prioritizing primary healthcare** as the system's backbone to address the majority of health issues and ensure end-to-end patient care.
- **Improving the quality and availability of health data** for accountability, transparency, and demonstrating return on investment.
- **Develop human capital** by expanding and upskilling the health workforce, strengthening digital and team-based care models, and implementing policies to curb brain drain.
- **Foster regional & continental collaboration** by pooling resources, harmonizing strategies through the AU and Africa CDC, and positioning Africa as a hub for clinical trials and innovation.
- **Diversify financing sources** and exploring innovative tools such as health bonds, diaspora remittances, blended finance, and Corporate Social Responsibility (CSR) funding to supplement government budgets.
- **Breaking down silos** between health, finance, and economic ministries to ensure a converged approach to health investment and outcomes.

While Africa's health financing challenges are significant, they are not insurmountable. With greater domestic resource mobilization, stronger accountability, and private sector innovation, the continent can build resilient and equitable systems that unlock its demographic dividend and make health a driver of sustainable development.

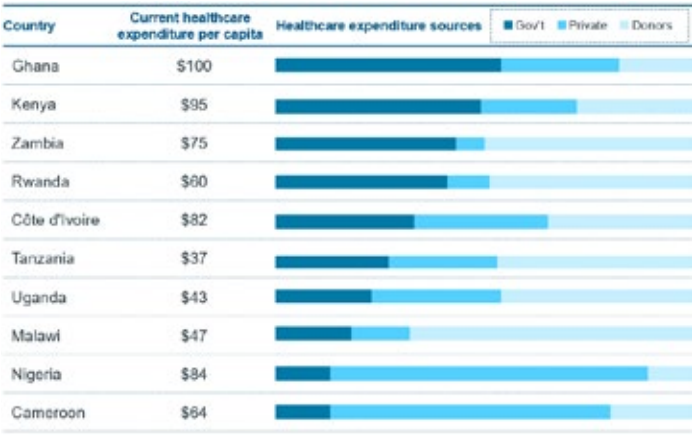
Background

Healthcare financing in Africa is a critical area because all development efforts depend on substantial financial investment. The continent continues to face significant challenges in funding its health sector. At the same time, it has a favourable demographic structure that could yield a potential "demographic dividend." This refers to the accelerated economic growth that arises when a large working-age population is healthy, productive, and backed by investments in education and healthcare.Realizing this dividend is not automatic; it requires deliberate and sustained policy action, particularly in health.

Healthcare Financing Sources and Funding Gaps

Healthcare in Africa has traditionally been financed through three main avenues: donor funding, public funding, and private funding, largely through OOP expenditure and private health insurance. The balance of these sources varies by country. For example, Ghana and Kenya rely more on government funding, Uganda and Malawi depend heavily on donors, while Nigeria and Cameroon draw significantly from private OOP spending. Despite this mix, there is a persistent and widening resource gap [1].

Figure 1: Sources of Healthcare Financing in Africa [1]



Meeting the health system targets outlined in SDG 3 requires substantial investment. Global estimates indicate an annual funding gap of USD 274 to 371 billion through 2030 to strengthen health systems and achieve UHC [2]. In Africa, fiscal challenges such as limited domestic revenue and constrained national budgets have slowed progress. Domestic funding for health remains very low. In 2001, African Union (AU) member states agreed through the Abuja Declaration to allocate at least 15% of their national budgets to health. [3] More than 20 years later, only Rwanda, Botswana, and Cabo Verde have met this target. Meanwhile, over 30 AU countries still spend less than 10%, with some allocating only 5–7% of their budgets to health. [3]

This underfunding has reinforced dependence on OOP payments, which account for a significant portion of total health expenditure in many countries. At the same time, Africa's rapidly growing population, rising levels of urbanization, and the shifting disease burden from

infectious diseases to NCDs have increased the urgency for more sustainable and equitable healthcare financing mechanisms.

Current State of Healthcare in Africa

Over the past decade, Africa has made notable progress in strengthening its health systems. Key reforms and investments have expanded access to primary care, scaled up immunization programs, and prioritized maternal and child health. Governments, development partners, and private investors have also increased commitments toward achieving UHC. However, progress remains uneven, and the continent is still far from where it should be.

The health landscape in Africa is undergoing major transitions:

- **Demographic transition:** A youthful population creating increasing demand for healthcare.
- **Epidemiological transition:** Rising prevalence of NCDs alongside persistent infectious diseases.
- **Economic transition:** An expanding middle class and growing urbanization, shifting demand toward quality and specialized health services.

Policy frameworks such as the AU's Agenda 2063, SDGs, and national health financing strategies provide a roadmap for investments and reforms. Despite progress, Africa's health outcomes remain significantly below global and regional benchmarks. Key challenges highlight the depth of the gap:

- **Low Immunization Coverage:** Many countries, including Nigeria (60%), report childhood immunization coverage below 80%, leaving large populations of children unprotected [4].
- **Slow Progress in Mortality Rates:** Infant mortality declined from over 200 per thousand live births in the 1960s to 45 today, but Asia already stands at 25. Africa may not reach Asia's current level until 2050, which is too slow to fully benefit from the demographic dividend [5].
- **Inequitable Access:** Under-five mortality disproportionately affects the poor and vulnerable. Even the wealthiest households in African countries do not yet meet SDG targets for under-five mortality.
- **Worsening Maternal Mortality:** Maternal mortality remains alarmingly high. Nigeria reports 1,000 deaths per 100,000 live births, with some regions experiencing worsening outcomes [6].
- **Low Human Capital Index:** Children in West and Central Africa achieve only 38% of their productivity potential compared to Asia's 48% and rising. Across the continent, the average remains just 42% [7].

Challenges in Healthcare Financing

Africa continues to face significant challenges in financing its healthcare systems, resulting in poor health outcomes and widening inequities. While insufficient spending on healthcare is the most cited reason, the problem is multi-dimensional, spanning revenue generation, budget prioritization, overreliance on external funding, and systemic inefficiencies. The key challenges are outlined below:

1. **Insufficient Government Investment**
   Despite political commitments such as the Abuja Declaration, most African countries have not met the target of allocating 15% of their budgets to health. Public spending on healthcare remains extremely low. Nigeria, for instance, spends only 0.5% of its national economy on health, one of the lowest globally. Per capita health expenditure is also far below recommended levels, at just USD 13 per person in Nigeria compared to the estimated USD 270– 300 needed for a basic healthcare package [8].

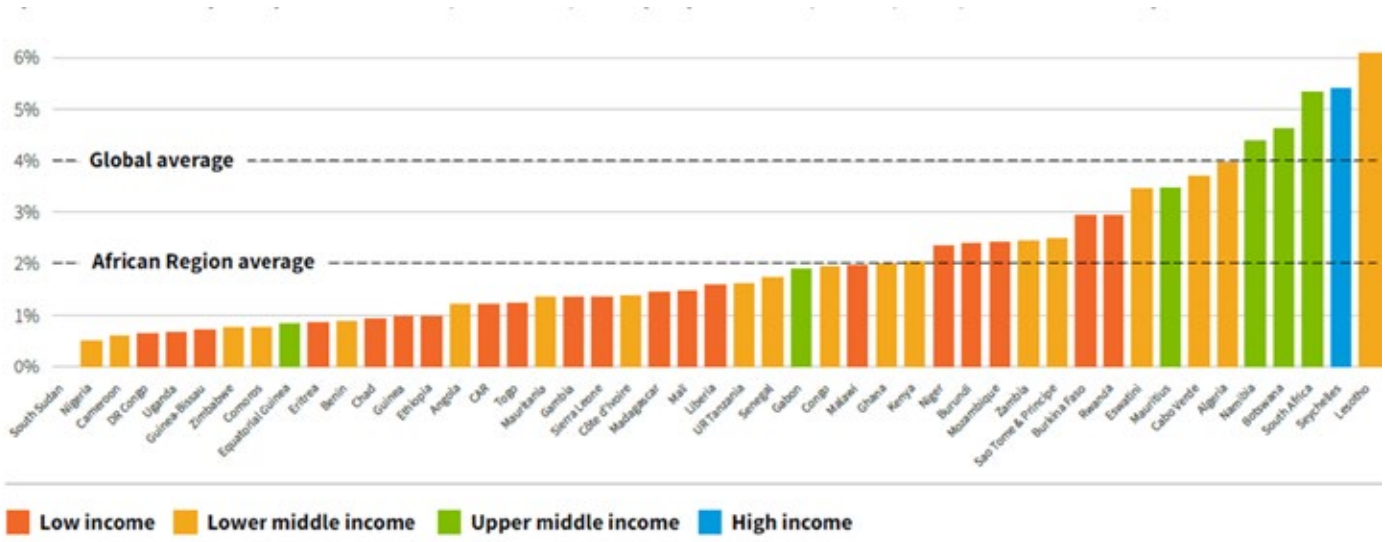
2. **Revenue Mobilization and Budget Prioritization**

   Low public spending is partly driven by limited national revenue, with countries like Nigeria recording a tax-to-GDP ratio of only 8%, well below the African average of 16% [9]. Even within available budgets, healthcare is often not prioritized, with allocations falling short of needs and in some cases remaining unreleased due to budgetary inefficiencies. Large debt obligations further compound the issue, as substantial portions of revenue are diverted to debt servicing, sometimes up to 60%, leaving little fiscal space for health and education [10].

3. **High Out-of-Pocket Expenditure**

   The shortfall in government investment translates into high OOP spending by households, which in many African countries makes up more than 30 to 40 % of total health expenditure [1]. This exposes vulnerable populations to catastrophic healthcare

Figure 2: Share of Domestic General Government Health Expenditure as a Percentage of Gross Domestic Product, By Country in 2020 [8]



costs, forcing families into poverty and making access to care heavily dependent on ability to pay.

4. **Overreliance on Donor Funding**

Development Assistance for Health (DAH) has played a pivotal role in supporting Africa's health systems, with Nigeria alone benefiting from nearly USD 20 billion [11]. However, heavy dependence on external funding poses sustainability risks. Countries such as the Central African Republic rely on DAH for up to 90% of their health financing. Donor fatigue, shifting global priorities, and economic uncertainties threaten the continuity of critical programs, underscoring the need for stronger domestic financing mechanisms.

5. **Limited Health Insurance Coverage**

Although national health insurance schemes exist in several countries, their reach remains limited. Informal sector workers, who make up the majority of the labour force, are largely excluded from contributory schemes. Low enrolment, weak financial sustainability, and operational inefficiencies undermine the potential of insurance to provide broad-based financial risk protection.

6. **Weak Public Financial Management (PFM) Systems**

Even when resources are available, many countries face inefficiencies in managing them. Delayed budget disbursements, misallocation of funds, weak accountability mechanisms, and limited absorptive capacity diminish the effectiveness of health spending. This results in persistent gaps between allocations and actual service delivery.

7. **Shifting Disease Burden**

Africa's health financing systems are further strained by the epidemiological transition from communicable to NCDs. While infectious diseases such as HIV/AIDS, malaria, and tuberculosis still require attention, the rising prevalence of NCDs demands long-term, resource-intensive care. Health systems originally designed to combat acute infectious diseases are ill-equipped to address this dual burden.

Role of Data and Evidence in Improving Health Outcomes

Strong healthcare systems rely on both high-quality data and well-integrated ecosystems. Together, these elements enable better decision-making, efficient use of resources, and sustainable impact.

Data as the Foundation:

Data is the foundation that underpins effective healthcare financing and delivery. It enables evidence-based decision-making and strengthens all other success factors:

- **For Partnerships:** High-quality data helps organizations understand disease burdens, identify infrastructure gaps, and design impactful collaborations.

- **For Political Will:** Data that demonstrates return on investment or highlights the cost of inaction can drive stronger government participation.
- **For Transparency and Accountability:** Reliable data enables impact evaluations, assuring stakeholders that resources are being used effectively and that outcomes are being achieved.

Current Data Challenges and Opportunities:

Africa has multiple data sources, including disease registries, claims data, electronic medical records, and logistics management systems. However, their quality is often limited due to irregular updates, poor linkage, insufficient coverage, and a program-specific focus. Addressing these challenges begins with accurate capture, proper storage, and consistent maintenance of data. Once strengthened, Africa can leverage advanced tools such as machine learning and AI to deliver faster, more cost-effective evaluations and scale innovative healthcare financing mechanisms.

Case Study: Roche Pharma Africa – Linking Data, Diagnostics, and Treatment for Impact

Data achieves its greatest impact when combined with integrated ecosystem models. Roche Pharma Africa illustrates this by aligning diagnostics, pharmaceuticals, and data science within a unified framework. Their investments include genomic projects, late-phase research and development (R&D), and diagnostic infrastructure. They also emphasize skills transfer to address brain drain and ensure long-term sustainability. Importantly, Roche highlights that upstream investments in screening must be matched with downstream treatment to avoid wasted resources and maximize patient outcomes.

Role of Private Sector and Startups in Improving Health Outcomes

Almost 80% of all companies earning over hundred million a year in the world are in the private markets [12]. Venture Capital (VC) is emerging as a critical engine of healthcare innovation in Africa, bridging the gap between promising ideas and scalable solutions. Unlike traditional financing, VC brings both capital and strategic expertise, enabling startups to tackle Africa's most pressing health challenges while building sustainable, high-growth businesses.

VC is not philanthropy or grant-giving; it is about rapid scale, clear pathways to returns, and building sustainable businesses. Unlike grants, VC funding comes with extensive non-financial support. Many health innovators are clinicians or scientists with strong technical expertise but limited business experience. VC firms provide critical mentorship in business development, marketing, strategy, HR, and fundraising, enabling startups to scale effectively.

Healthcare itself is inherently expensive, whether funded through government budgets, insurance, or OOP spending. Only innovation can sustainably reduce these costs. Unlike Western markets where innovation often revolves around convenience or lifestyle, African startups are solving critical problems in disease management and access to care—developing models with relevance not just for Africa but for the world.

Case Study: HealthCap Africa

HealthCap Africa illustrates how VC can drive health innovation:

- **Early-Stage Focus:** Specializes in funding health tech startups in Nigeria, Kenya, Egypt, and South Africa.
- **Impact:** Supports over 16 startups, creating 1,000+ jobs and reaching 2 million patients.
- **Beyond Capital:** Provides mentorship in business development, marketing, strategy, HR, and fundraising—critical for founders with clinical but not business backgrounds.
- **Market Entry Strategy:** Advises startups to first secure private sector clients before attempting to penetrate public procurement systems.

HealthCap's approach demonstrates how VC combines funding with tailored guidance, helping transform small health startups into scalable, sustainable businesses.

Opportunities and Recommendations

Africa's healthcare financing landscape faces chronic underfunding, heavy reliance on OOP payments, and limited fiscal space. Yet, these challenges also present unique opportunities to reshape financing systems, improve efficiency, and ensure universal access to quality

care. The following opportunities and recommendations highlight actionable pathways for governments, the private sector, and development partners to strengthen health financing in Africa.

1. Strengthening Domestic Resource Mobilization and Fiscal Reforms

African governments must expand fiscal space for health through deliberate reforms that prioritize sustainable domestic financing.

- **Prioritize Health in National Budgets:** Countries should deliberately increase public spending on health, learning from examples such as China where health was elevated alongside economic growth.
- **Tax Reforms and Innovative Revenues:** Reforms like Nigeria's tax bill, which aims to raise VAT from 8% to 12% and Nigeria's tax-to-GDP ratio which rose from around 10% to over 13.5%, to create fiscal space [13]. There is further headroom to expand earmarked taxes on tobacco, alcohol, and sugar-sweetened beverages for health financing.
- **Social Contract for Health:** Establishing a compact between governments and citizens on service delivery commitments and benefit packages (e.g., Nigeria's "basic minimum package of health services") strengthens accountability. Social registries can help target fiscal resources to the poorest households.

2. Expanding Health Insurance and Strategic Purchasing

Scaling up health insurance is critical to reducing OOP spending and strengthening financial risk protection, especially for informal sector workers.

- **Flexible Mechanisms and Subsidies:** Governments can provide subsidies for low-income households and integrate community-based health insurance into national systems.
- **Strategic Purchasing:** Shifting from supply-side funding to purchasing through national health insurance schemes (e.g. National Health Insurance Authority (NHIA) in Nigeria, the Social Health Authority (SHA) in Kenya, and the National Health Insurance Scheme (NHIS) in Ghana) allows governments to contract both public and private providers. Committing fully to this route completes purchasing reforms and enhances efficiency.
- **Improve Financial Protection for the Vulnerable:** Subsidize care for the poorest and optimize prepaid coverage plans, including health insurance programs, to reduce catastrophic health expenditure.

3. Leveraging the Private Sector and Public-Private Partnerships (PPPs)

The private sector can be a powerful partner in bridging healthcare financing and service delivery gaps.

- **PPPs as Catalysts**: Well-structured PPPs mobilize resources, enhance efficiency, and improve service delivery. Success requires clear regulatory frameworks, transparent governance, and fair risk-sharing mechanisms.
- **Large-Scale Contracting Models:** Africa can emulate models such as Peru's HPV vaccine contracts to accelerate UHC.
- **Digitalization and Innovation:** Adoption of digital payments, e-health platforms, and cost-reducing technologies can expand access sustainably.

- **Diagnostic Infrastructure Investment:** Significant investment in diagnostic capabilities, with about 70% of Africa's genomic sequencing capacity located outside national public health institutes and driven largely by academic and private research centres, can strengthen disease prevention and treatment systems while positioning the continent as a hub for global clinical trials [14].

4. Investing in Primary Healthcare

Primary healthcare (PHC) is the foundation of UHC and one of the most cost-effective investments for Africa's future.

- **Fulfil Global Commitments:** The Astana and Alma Ata Declarations reaffirm PHC as essential to resolving 80% of health issues while reducing reliance on costly tertiary care [14].
- **Fit-for-Purpose PHC Models:** While no universal model exists, scalable and economically sustainable primary care systems are essential to reach underserved populations.
- **Infrastructure and Service Expansion:** Investments must cover physical and digital infrastructure, essential tools, and diversified service delivery platforms, including clinics, pharmacies, telehealth, and school-based health services.
- **Preventive and Comprehensive Care:** Embedding preventive services such as immunization for zero-dose children, maternal micronutrient supplementation, breastfeeding promotion, NCD screening, and HPV vaccination for adolescent girls strengthens long-term health outcomes.

5. Investing in Human Capital

Human capital is Africa's greatest competitive advantage, and a strong health workforce underpins every aspect of UHC.

- **Build a Skilled Workforce:** Expansion, optimization, and upskilling of the health workforce are essential to meet growing health demands.
- **Digitally Enabled and Team-Based Care:** Emphasizing digitally supported, team-based models of care will improve service efficiency and equity.
- **Skills and Capacity Development:** Supporting skills transfer and R&D capacity development ensures Africa retains its health talent while positioning itself competitively in global health innovation.
- **Curbing Brain Drain:** Policies and financing mechanisms must be designed to retain health professionals and incentivize their continued service within the continent.

6. Regional and Continental Collaboration

Stronger regional and continental frameworks can reduce fragmentation, lower costs, and build collective bargaining power.

- **Role of Institutions:** The AU and Africa CDC should drive harmonized strategies for financing, procurement, and regulation.
- **Cross-Country Collaboration:** Pooling resources at regional levels reduces duplication and strengthens Africa's voice in global health negotiations.
- **Late-Stage R&D and Clinical Trials:** Regional pooling can help position African countries as destinations for clinical trials, particularly in high-priority areas such as antimicrobial resistance.
- **Collaborative Platforms:** Partnerships such as the ECH Alliance can amplify Africa's voice, break silos, and scale proven solutions through replication and cross-sectoral collaboration.

7. Diversifying and Innovating Financing Sources

Beyond government budgets and donor aid, Africa must tap into new funding streams to ensure long-term sustainability.

- **Innovative Healthcare Financing:** Emerging tools such as health bonds, diaspora remittances, blended finance, micro-levies, and CSR funds can unlock new resources.
- **Community-Based Financing:** Grassroots fundraising and multi-sectoral models can complement national strategies and strengthen financial inclusion.

8. Prioritize Patient-Centred and Outcome-Oriented Healthcare Delivery

To maximize health impact, healthcare systems must be designed around the patient and geared toward measurable results.

- Ensure comprehensive care from screening through treatment, emphasizing quality, affordability, and accessibility.
- Direct investments toward measurable health outcomes, integrating prevention, diagnostics, and treatment.
- Scale successful pilots and programs while avoiding duplication to maximize resource use and patient impact.

9. Strengthen Data, Systems, and Cross-Sector Collaboration

Robust systems and effective partnerships are the backbone of sustainable healthcare investment.

- Invest in robust health data systems (e.g., disease registries, claims data) to enable evidence-based decisions, track ROI, and support transparency.
- Break down silos by fostering collaboration across health, finance, and economic ministries for a holistic approach to health outcomes.
- Integrate upstream (screening, prevention) and downstream (treatment, care) interventions to avoid inefficiencies and ensure continuity of care.

10. Enhance Efficiency, Accountability, and Competition

Good governance and smart incentives ensure that limited resources deliver the highest possible value.

- Improve governance and financial management systems to strengthen resource allocation, reduce wastage, and ensure timely disbursements.
- Institutionalize accountability mechanisms such as transparent health performance reports with finance ministry oversight.
- Introduce national benchmarks, performance incentives, and competitive mechanisms to drive progress across regions.

Conclusion

Africa's healthcare financing gap requires coordinated action from all stakeholders. Governments must increase budget allocations and implement fiscal reforms, the private sector should scale investment and innovation, and development partners need to align funding toward long-term sustainability. At the same time, citizens play a role in driving accountability and demand for quality care. By mobilizing resources efficiently, strengthening primary healthcare, expanding insurance coverage, and investing in human capital, Africa can build resilient health systems, advance UHC, and fully leverage its demographic dividend.

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Session Two

Comprehensive Services and Quality of Care

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Executive Summary

UHC is central to Africa's health and development agenda, aiming to provide equitable, high-quality, and affordable care for all without financial hardship. While significant progress has been made across the continent, health systems continue to face systemic challenges, including underfunding, shortages in human resources, inequities in rural access, fragmented services, and weak governance. Addressing these barriers requires sustained commitment, innovation, and collaboration.

Several African countries and institutions provide valuable lessons on how to advance UHC. Nigeria has introduced structured hospital ratings and strengthened regulatory oversight to transform tertiary institutions into Centers of Excellence, building public confidence in service quality. In Egypt, a major reform in 2018 established the Universal Health Insurance System (UHIS), which unified financing and governance, reduced out-of-pocket spending, and expanded equitable access. Shefaa Al Orman Hospital in Upper Egypt demonstrates how integrated, patient-centered cancer care can thrive in resource-constrained settings. Through free treatment, outreach campaigns, technological integration, and environmental sustainability, it has become a model of equitable care delivery. In East Africa, The Aga Khan University Hospital pursued global accreditation and implemented an electronic health record system across 54 outreach centers, strengthening patient trust, improving diagnosis and treatment, and ensuring the next generation of health professionals are trained to deliver high-quality care.

Maternal and reproductive health services serve as a litmus test for UHC success. They expose inequities, reflect service quality, and significantly influence broader public health outcomes. Africa accounts for 69% of global maternal deaths, most of which are preventable. Ensuring access to quality maternal care reduces catastrophic OOP costs for families and strengthens community well-being. Investments in family planning further highlight the economic value of this area. For every dollar invested, families and societies gain an estimated eight dollars in benefits, making it one of the highest-yielding health interventions. Expanding contraceptive access, increasing the number of midwives, and strengthening frontline health workers are therefore critical steps toward achieving UHC.

To build resilient, inclusive, and sustainable health systems, six areas of action are essential: embedding quality standards and accountability mechanisms at every level of care; mobilizing domestic resources and innovative financing while tailoring benefit packages to vulnerable populations; scaling up digital health tools such as electronic records, telemedicine, and AI-based diagnostics to extend reach and efficiency; fostering collaboration across governments, private sector, non-governmental organisations (NGOs), and academia while encouraging cross-country learning from successful reforms; institutionalizing community engagement through feedback mechanisms, advocacy, and storytelling to strengthen trust and accountability; and expanding family planning services while building the capacity of midwives and frontline health workers, particularly in underserved areas.

The journey to UHC in Africa requires more than expanded coverage; it demands health systems that are equitable, accountable, and high quality. Country experiences show that reforms anchored in strong governance, community engagement, and investment in maternal and reproductive health can drive real progress. With sustained political will, innovative financing, and cross-sector collaboration, Africa can achieve UHC that truly protects families, empowers communities, and advances sustainable development.

Background

UHC aims to ensure that everyone can obtain the health services they need, delivered at a quality high enough to be effective without experiencing financial hardship. In Africa, achieving UHC requires broad and equitable benefit packages across all levels of care, with strong primary care and referral systems at the foundation. While accessibility, affordability, and equity are core pillars, the quality of care defined by effectiveness, safety, patient-centeredness, timeliness, efficiency, equity, and continuity remains a critical yet often overlooked dimension.

Health systems across the continent face persistent challenges, including underfunding, workforce shortages and burnout, inequities in access for rural and marginalized populations, outdated infrastructure, fragmented services, governance weaknesses, and cultural barriers. These constraints reduce service quality and undermine UHC goals.

Addressing these gaps calls for investment in infrastructure, workforce, and technology; integration of services; evidence-based practice; robust monitoring; and community engagement. Expanding universal health insurance through sustainable domestic financing, targeting underserved populations, and adopting innovations such as telemedicine and electronic health records can enhance both reach and quality. Strong regulation and accountability are essential to safeguard resources and trust. Ultimately, UHC's success will be measured not by coverage alone, but by the value and effectiveness of the care delivered.

Transforming Nigeria's Tertiary Health Institutions into Centers of Excellence

The Nigerian National Tertiary Health Institutions Standards Committee is mandated to ensure that UHC in Nigeria is both comprehensive and anchored in robust quality standards. Its primary role is to guarantee that tertiary health institutions including teaching hospitals, federal medical centers, and specialty hospitals consistently meet and maintain the highest standards of quality, safety, and efficiency. Addressing public reluctance to use these facilities, often driven by perceptions of poor quality and late presentation, the committee places strong emphasis on monitoring and quality assurance as essential components of healthcare delivery.

Its vision is to transform tertiary institutions into Centers of Excellence that deliver world class healthcare, foster innovative medical research, and train the next generation of health professionals. The committee also regulates organ and tissue donation and transplantation-an emerging field in Nigeria requiring stringent guidelines to ensure quality and safety.

Key initiatives include the introduction of a Structured Tiered Rating System, assigning levels (1, 2, 3, 4+) to healthcare facilities to guide their progression towards higher standards; and the development of Nigeria's first comprehensive organ transplantation guidelines in March 2025, outlining eligibility for performing, donating, or receiving transplants, along with workforce requirements.

To achieve these goals, the committee seeks partnerships in technical support, funding, investment, and knowledge exchange, with a focus on strengthening regulatory frameworks, adopting global best practices, leveraging digital health solutions, and advancing research and training programs.

Egypt's UHC Reform: Building a Unified System for Health and Equity

In 2018, with the passage of Law No. 2, Egypt's journey towards UHC was redefined through comprehensive reforms that addressed the country's previously fragmented healthcare system and established five key authorities:

- Egypt Healthcare Authority for service provision
- Universal Health Insurance Authority for funding
- General Authority for Healthcare Accreditation for standards and quality assurance
- Egypt Drug Authority
- Unified Procurement Authority

These reforms created a unified framework for service provision under a single-payer system. The Universal Health Insurance System (UHIS) is designed as a complex, multi-layered structure funded through a mix of taxes, co-payments, and premiums. Implementation is being rolled out in six phases, with full national coverage projected by 2032.

One of the most significant achievements to date has been the reduction of OOP health expenditure-from 60% to 24% in some governorates reflecting improved financial protection for citizens. The system also integrates private sector entities, expanding service provision under the UHC umbrella.

The UHIS is tailored to Egypt's context but draws lessons from established models such as the UK's NHS, France, and Japan. Its progress underscores the decisive role of political will in driving reform. Beyond national boundaries, Egypt views Africa as a single health community and is committed to sharing its experience to inspire and support other countries on their UHC journeys.

Healing with Equity: Shefaa Al Orman's Comprehensive Cancer Care Journey

Shefaa Al Orman Hospital has become a model for advancing equitable, patient-centered, and sustainable cancer care in Upper Egypt-a region that faced high poverty levels and limited access to cancer services prior to 2014. Established as a charity organization, the hospital initially provided free cancer treatment and later partnered with the UHC system in Luxor, while continuing to serve patients from other governorates at no cost.

The hospital's approach to high-quality cancer care is built on several key strategies. Comprehensive services under one roof bring together radiotherapy, surgery, chemotherapy, hormonal and immunotherapy, alongside supportive clinics in cardiology, dental care, neurology, psychiatry, and nutrition to ensure holistic patient well-being. Patient-centered facilities provide housing for those unable to afford accommodation or unfit for hospital admission, while service gap identification through cancer referral tracking has enabled the introduction of advanced procedures such as bone marrow transplants and complex surgeries.

Beyond clinical care, Shefaa Al Orman invests heavily in community outreach, conducting mobile early detection campaigns in rural areas and offering free diagnostic days. Robust support systems are in place, including patient navigators, social services, financial support teams, and porters for patients with disabilities. The hospital also prioritizes technology integration, leveraging artificial intelligence for diagnostics and research, building biobanking capacity, conducting clinical trials, and expanding digital health solutions such as tele-pharmacy, telemedicine, and a mobile application for appointments.

To ensure sustainability, Shefaa Al Orman focuses on both infrastructure and workforce development. Continuous training is provided for physicians, physicists, nurses, and pharmacists, while in-house biomedical engineering and IT teams maintain equipment and systems. The hospital also developed its own electronic medical record system, reducing reliance on costly licenses. Its commitment to environmental sustainability includes solar energy installation, sensor-based water taps, medical waste shredders, and the conversion of vehicles to natural gas, making Shefaa Al Orman the first green hospital in Egypt. Recognized with ESQUA accreditation and actively pursuing Joint Commission International (JCI) accreditation, the hospital continues to set new standards for cancer care in the region.

From Stories to Systems: Empowering Communities to Shape Healthcare Quality

Advocating for quality as both a citizen's right and a core accountability metric, Nigeria Health Watch has introduced the Community Health Watch initiative. This integrated community listening project using focus groups, interviews, and social media creates a platform

for patients, particularly women, to share their healthcare experiences. The feedback is channelled to state health ministries, enabling local authorities to be held accountable for service delivery. This mechanism has already led to tangible improvements, such as fence repairs and borehole installations in communities.

At the frontline, significant quality gaps persist in rural primary healthcare facilities. Health workers are often overworked, lack continuous training, and face poor remuneration, all of which undermine service delivery. Strengthening the workforce particularly by increasing the number of midwives is seen as essential to addressing Nigeria's persistently poor maternal health outcomes.

Storytelling plays a central role in this advocacy approach, serving as a powerful tool to influence policy and empower communities. By translating complex health issues into relatable narratives, the initiative informs and engages the public, driving both accountability and systemic change.

Accredited Excellence: Redefining Healthcare Quality Through Education and Innovation

Medical tourism remains a major challenge across Africa, driven by limited availability of high-quality and consistently reliable care. Competing on cost is difficult due to dependence on imported goods, making quality the defining factor for retaining patients within the continent. The Aga Khan University Hospital addressed this challenge by pursuing JCI accreditation, the American "gold standard" for quality. This achievement instills confidence that patients can access care comparable to that offered in North America or Europe.

As a university hospital, the commitment to quality extends beyond patient care to medical education and training. Ensuring students learn and practice evidence-based medicine helps embed quality standards across the broader health system. To strengthen service delivery, the hospital introduced an electronic health record (EHR) system in 2022, integrating its main hospital with 54 outreach centers across Kenya and Uganda. This digital platform ensures patient data is accessible electronically, supporting better diagnosis and treatment through algorithms and machine learning, particularly in managing complex conditions such as cancer and heart disease.

Academic institutions are recognized as central to the advancement of UHC. By delivering high-quality education and producing skilled health professionals especially specialists-they help counter brain drain, address workforce shortages in rural areas, and ensure that UHC is truly universal.

From Equity to Impact: Maternal Health at the Heart of Universal Coverage

Maternal and reproductive health services are increasingly recognized as the litmus test for UHC success. They reveal whether health systems are equitable, accessible, and capable of delivering high-quality care. Four key reasons underscore their importance.

First, these services expose systemic equity, showing whether vulnerable and marginalized communities are being reached. Second, they act as sensitive indicators of service quality, as maternal mortality reflects timeliness, safety, and coordination of care. This is particularly critical in Africa, which accounts for 69% of global maternal deaths-most of them preventable [1]. Third, maternal and reproductive health directly address OOP expenditure, since the catastrophic costs of childbirth complications can devastate families, highlighting the need for financial protection within UHC. Finally, these services are foundational to broader public health outcomes, influencing the survival and well-being of women, infants, and children, and securing the health of Africa's young population.

Organon works alongside governments and NGOs to expand contraceptive access and strengthen healthcare ecosystems. Initiatives include "Empowering the Future" with Pathfinder, which equips young people with reproductive health knowledge and life skills, and collaborations with AfriaYAN on youth-led sexual and reproductive health watch parties. Beyond service delivery, Organon invests in health system strengthening, capacity building, and access improvement, addressing issues such as contraceptive stock-outs.

The organization is also partnering with experts in sustainable financing to support governments in developing context-specific solutions, with a strong focus on highlighting the economic value of family planning. For, every dollar invested in family planning, the estimated return is at least eight dollars in benefits to families and society-an unprecedented and high-impact investment [2]. Strengthening maternal and reproductive health services not only reduces strain on healthcare systems but also advances progress toward the SDGs.

Conclusion

UHC in Africa will only be meaningful if it ensures not just access, but also equity, quality, and financial protection. Maternal and reproductive health stand as a litmus test for progress, revealing whether health systems are inclusive, resilient, and responsive to the needs of their populations. Initiatives in Nigeria, Egypt, Kenya, and across the continent highlight that political will, quality assurance, sustainable financing, and community engagement are decisive in driving reforms. At the same time, innovative partnerships whether in cancer care, tertiary institution strengthening, or maternal health demonstrate that Africa can reimagine healthcare delivery to achieve both national and continental goals. Success will be measured not by coverage rates alone, but by the tangible improvement in people's lives, particularly women, children, and vulnerable populations.

Recommendations

1. **Prioritize Quality as a Core Pillar of UHC**
   Embedding quality standards at every level of care, supported by strong monitoring and accountability frameworks, is essential for achieving UHC. Scaling models such as structured tiered ratings and accreditation systems can enhance trust, improve service utilization, and ensure consistent delivery of safe, reliable healthcare.

2. **Invest in Sustainable Financing and Equity**
   Mobilizing domestic resources and innovative financing mechanisms is key to reducing reliance on out-of-pocket spending, while inclusive benefit packages tailored to vulnerable populations ensure equitable access and protection for all.

3. **Leverage Innovation and Technology**
   Scaling up digital health tools such as electronic health records, telemedicine, and AI-based diagnostics can extend reach and improve efficiency, while strengthening data-driven decision-making ensures better planning, resource allocation, and service delivery.

4. **Foster Partnerships and Knowledge Exchange**
   Deepening collaboration between governments, the private sector, NGOs, and academic institutions is vital to accelerate UHC progress, while fostering cross-country learning allows successful reforms like Egypt's UHIS and models such as Shefaa Al Ormans cancer care to inspire broader adaptation across Africa.

5. **Strengthen Community Engagement and Accountability**
   Institutionalizing community feedback mechanisms ensures services remain patient-centered and responsive, while leveraging storytelling and local advocacy helps drive systemic improvements and strengthen public trust.

6. **Strengthen Maternal and Reproductive Health Services**
   Expanding access to contraception and family planning given their high return on investment for families, societies, and economies alongside increasing the number and capacity of skilled midwives and frontline health workers, particularly in rural and underserved areas, is critical to advancing equitable and sustainable healthcare.

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Session Three

Leveraging Digital Solutions for Attainment of Universal Health Coverage in Africa

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Executive Summary

Digital health is no longer a future promise for Africa; it is a strategic necessity and a cornerstone of modern healthcare systems. By improving access, quality, equity, and efficiency, digital solutions can accelerate progress toward UHC. Yet, progress is hindered by fragmented platforms, disconnected data, insufficient financing, policy gaps, and limited community engagement.

To overcome these barriers, five core imperatives-the 5 C's of Digital Health, must guide action:

- **Connectivity-**Reliable electricity and internet are fundamental public health needs. Without them, digital health cannot reach underserved areas.
- **Capacity-**Training healthcare workers in digital tools and nurturing leaders fluent in both health and data are essential for sustainable transformation.
- **Collaboration-**Public Private Partnerships (PPPs) built on shared governance and alignment with national priorities can pool resources, co-design interoperable systems, and scale innovations.
- **Capital-**Moving from "pilotitis" to scale requires making health technology bankable, unlocking domestic financing, and transitioning innovators from grants to growth capital.
- **Community-**Designing with, not just for, communities through local language tools, mobile education, and co-creation builds trust and ensures equity.

Case studies from Ghana and Nigeria demonstrate how digital transformation can deliver measurable impact. Ghana's digitized National Health Insurance Scheme (NHIS) has reduced inefficiencies, enabled data-driven policy, and introduced value-based care. In Nigeria, AI-powered tools under the Global Fund–supported TB and HIV program have improved case detection, prevention, and reporting efficiency while empowering decision-makers.

Nigeria's evolving policy and governance frameworks from the National Strategic Health Development Plan to the National Digital Health Initiative show increasing commitment to unified, interoperable health data systems, electronic medical records, and secure data exchanges. These efforts are complemented by innovations like Project ECHO, which uses low-

bandwidth tele-mentoring to extend specialist expertise to frontline health workers across Africa, and the Africa Digital Health Networks (ADHN), which fosters cross-sector collaboration for scaling homegrown solutions.

Key recommendations to accelerate digital health for UHC include:

1. Strengthening partnerships between public, private, and civil society actors.
2. Supporting local innovation through funding, incubation, and capacity building.
3. Investing in infrastructure and connectivity, particularly in rural areas.
4. Promoting digital literacy among health workers and communities.
5. Building communities of practice to connect innovators and align efforts.

Africa is already demonstrating its capacity to lead its digital health transformation. With the right investments, governance, and inclusive approaches, digital health can turn the vision of UHC into a reality-delivering better health outcomes, greater efficiency, and dignity for all.

Background

Digital solutions can be a powerful catalyst for achieving UHC in Africa by improving access, quality, equity, and efficiency of health services. Digital solutions enable e-Health; mobile Health (mHealth); electronic management information systems in health and other systematic applications of information and communications technologies that support informed decision-making by individuals, health workers, and health system managers [1].

Digital health is one of the few levers that can drive change with speed, scale, and precision. Yet, fragmented platforms, disconnected data, unenforced policies, unsupported startups, and communities still left behind continue to stall progress.

This matters for UHC because it transforms ambition into access, ideas into action, and fragmented systems into connected care. By expanding reach, improving quality, boosting efficiency, powering decisions, empowering communities, and fostering accountability, digital health strengthens the very foundation of our health systems.

Attaining UHC in Africa – Charting a Digital Path

Digital health is no longer a future promise-it is now a strategic necessity and a core part of healthcare infrastructure. It is not simply another intervention; it is the foundation upon which modern health systems must be built. To unlock its full potential and achieve UHC, we must collectively focus on five key imperatives:

The 5 C's of Digital Health for UHC

Connectivity

Over 100,000 health facilities across Africa still lack reliable access to electricity and the internet. [2] Connectivity is more than just cables and towers; it is the first enabler of digital systems. Like clean water and vaccines, connectivity is a public health need and a determinant of health. It must be prioritized in health infrastructure investments to ensure that care reaches people where they live.

Capacity

Few frontline healthcare workers in Africa have received any form of digital health training. Africa CDC are launching the first public health informatics fellowship program to nurture a new generation of leaders fluent in both health and data. Digital transformation cannot happen solely in the cloud, it must take place in classrooms, clinics, and communities.

Collaboration

Many digital health initiatives in Africa remain fragmented or donor driven. Working in isolation must end. PPPs are essential not optional and should be built on shared governance, mutual accountability, and alignment with national priorities. Through PPPs, it is possible to co-design interoperable systems, share risks, pool resources, and scale innovations across sectors and borders. Africa must embrace partnership models that position the continent as a source of solutions, not merely a testing ground.

Capital

Many African digital health startups struggle to secure the financing needed to move beyond the pilot stage, not because their innovations fail, but because funding falls short. Collective action is needed to make health technology bankable by reducing investment risk, unlocking domestic financing, and supporting innovators in transitioning from grants to growth capital. It is time for Africa to move from "pilotitis" to scale.

Community

Despite rapid digitalization, many digital health solutions are not designed with user input. Without community trust, tools go unused; without inclusivity, inequities grow. Solutions should be designed with communities, not merely for them. Co-creating with mothers, youth, and healthcare worker- translating apps into local languages, delivering education via mobile phones, and embedding digital health in daily life can build trust and ensure equity. When communities are at the center, digital health becomes more than a tool; it becomes a movement for dignity and fairness.

A platform that showcases proven solutions can help accelerate learning and scale. Health must be seen not as a cost, but as the investment that fuels progress in every other sector.

From Pilot to Scale – How Can Digital Solutions Drive UHC in Africa?

Data-Driven Health Financing and Inclusive Access

Case Study: Ghana NHIS

The Ghana NHIS currently provides coverage to over half of the country's population, encompassing 95% of disease conditions [3]. At its inception, all operational processes were manual and paper-based, often requiring citizens to queue for three to four days at registration centres to obtain an insurance card.

With support from PharmAccess, the scheme underwent a comprehensive digital transformation across both provider and client interfaces. This credentialing and digitalization effort enabled the National Health Insurance Authority (NHIA), which manages the scheme, to transition from processing 10 million paper claims annually to leveraging 10 million quality digital data points. This shift provided the NHIA with robust, actionable data that could be analysed to shape evidence-based policy decisions.

The digitized data highlighted the country's most pressing disease burdens and key cost drivers in the health system. Moreover, it paved the way for the introduction of value-based care models, where healthcare providers in Ghana are now evaluated based on clinical outcomes rather than service volumes. The availability of high-quality data has also created opportunities to deploy machine learning techniques, using historical records to generate personalized health recommendations.

Tech-enabled Health System Efficiency

Case Study: Optimizing Nigeria's TB and HIV Programs with Data-Enabled, AI-Powered Solutions

In 2024, Nigeria faced persistent challenges in the fight against TB and HIV, despite major investments. With over 35,000 health facilities and 11 implementing organizations involved, the complexity of the programs posed barriers to performance monitoring, accountability, and data-driven decision-making. Traditional oversight mechanisms were inadequate, data systems remained fragmented, and frontline workers lacked actionable insights to respond effectively.

To address these gaps, the Institute of Human Virology, Nigeria (IHVN), in partnership with Vantage Health Technologies and the Network for Health Equity and Development (NHED), has launched two interconnected interventions as part of the Global Fund–supported TB and HIV program-Nigeria's largest integrated public health initiative. These interventions were anchored in the AIM250 (Accelerated Impact Methodology 250) framework, an AI-powered solution integrated with DHIS2 to transform complex health data into actionable recommendations.

The first component, AIM250 for Individual Performance, launched in August 2024, introduced tools such as real-time performance dashboards, digital leaderboards, and structured feedback loops to promote accountability and optimize resource use. By December 2024, the second component, AIM250 for Program Performance, created a unified data ecosystem, enabling 150 stakeholders across all 37 states to access a single, reliable source of real-time program data.

These interventions quickly demonstrated impact. In the first four months of 2025:

- Notified TB cases increased by 40% compared to the same period in 2024.
- HIV testing among pregnant women increased by 86%, while testing of high-risk adolescent girls increased five-fold.
- The number of high-risk adolescent girls receiving a defined HIV prevention package rose ten-fold.
- Monthly program review times were reduced by 65%, and reporting achieved 100% compliance with national standards.

Beyond the metrics, the interventions improved collaboration, empowered frontline decision-makers, and strengthened overall program oversight. As one Program Officer noted, "It helps us at State level to intervene wherever we have challenges, and to give best practices."

The initiative's success was underpinned by strong change management, co-creation with stakeholders, and a focus on simplicity and inclusivity. These lessons highlight the importance of investing time and resources into capacity-building and iterative design to ensure long-term sustainability.

This case demonstrates how leveraging AI-powered tools and integrated data systems can accelerate progress towards national health targets, even in complex, resource-constrained settings [4].

Policy Frameworks and Governance for Digital Health (SCIDaR)

Evolution of Digital Health Policy in Nigeria

The policy and regulatory environment has evolved by widening scope from mobile health initiatives to a more comprehensive framework that is integrated into national health and digital economic policies.

The National Strategic Health Development Plan 2010–2015

The National Strategic Health Development Plan (NSHDP) 2010–2015 emphasized strengthening health information systems as the backbone for managing results, harmonizing data across sectors, and ensuring timely availability of health service data [5]. NSHDP was developed as Nigeria's overarching framework for strengthening the national health system and improving health outcomes. The plan identified eight strategic priority areas: Leadership and Governance for Health; Health Service Delivery; Human Resources for Health; Financing for Health; National Health Management Information System (NHMIS); Partnerships for Health; Community Participation and Ownership; and Research for Health. It sought to address Nigeria's poor health indicators and systemic weaknesses by integrating high-impact services, mobilizing resources, and implementing robust monitoring and evaluation frameworks to ensure accountability and results.

This NSHDP by design supported eHealth and digital health initiatives by promoting data-driven decision-making, digital reporting mechanisms, and information-sharing platforms to enhance efficiency and accountability in health service delivery

National Council on Health

The National Council on Health (NCH) in Nigeria is the highest policy-making body in the country's health sector, bringing together federal and state health leaders to discuss and approve policies aimed at improving health outcomes and UHC [6], [7]. Since the 58th meeting, there has been a discernible evolution in the NCH's focus, particularly with a growing emphasis on digital health.

The impact of NCH on digital health in Nigeria has been significant and is increasingly pronounced:

1. **Policy Endorsement and Strategic Frameworks:**
    - Nigeria Digital Health Initiative (NDHI): The NCH has been instrumental in endorsing and pushing for the implementation of national digital health strategies. For instance, the 65th NCH meeting in November 2024 officially endorsed the NDHI. This is a critical step towards unifying existing fragmented digital platforms (like DHIS2, SORMAS, NHIA systems, LMIS, and electronic medical records (EMR) into a cohesive national digital health architecture.
    - National Health ICT Strategic Framework (2015-2020): While predating the 58th NCH, this framework laid groundwork for the use of ICT in health and continues to influence subsequent digital health discussions at NCH.
2. **Focus on Data and Information Infrastructure:**
    - NCH meetings have increasingly emphasized the need for a unified national health data space. This involves building interoperable digital health services networks, a Health Claims Exchange (HCX) to track health financing and reduce fraud, and a Health Information Exchange (HIE) for seamless and secure data sharing across public and private facilities.
    - The Federal Ministry of Health and Social Welfare, driven by NCH resolutions, has been rallying stakeholders to build a national digital health backbone, recognizing digital transformation as crucial for ongoing health sector reforms and overcoming fragmented service delivery and poor data infrastructure.

3. **Promotion of Electronic Health Records (EHRs) and Digitalization:**

    - There is a clear move away from paper-based systems. NCH decisions have supported the development of a national unified EMR platform to improve patient experience, data protection, patient outcomes, and the work-life of health providers. This platform is also intended to aid policymakers in better decision-making and accountability.

4. **Leveraging Digital Technologies for Specific Health Challenges:**

    - Epidemic Response and Surveillance: The experience with outbreaks like Lassa Fever and COVID-19 has highlighted the critical role of digital tools in rapid epidemic response and surveillance. NCH resolutions support strengthening such capabilities.

    - Antimicrobial Resistance (AMR): Recent developments, aligned with NCH's strategic direction, include the launch of digital platforms like the Surveillance and Prescribing Support for Antimicrobial Stewardship Resource Capacity Building (SPARC) App in July 2025. This app, endorsed by federal health authorities, aims to empower healthcare professionals with evidence-based tools for responsible antibiotic prescribing, directly addressing a global health threat.

5. **Capacity Building and Community Engagement:**

    - NCH discussions and resolutions often underscore the importance of training healthcare workers to effectively utilize digital health tools. There is also an emphasis on community involvement to foster engagement and ensure that digital health interventions are culturally sensitive and meet local needs.

6. **Addressing Challenges:**

    - The NCH, through its discussions, also recognizes the inherent challenges in digital health implementation, such as inadequate network coverage, financial constraints, and the need for robust cybersecurity measures and data privacy. Future NCH meetings will likely continue to address these critical barriers to full digital health adoption.

In essence, while the NCH's foundational mandate remains broad, it has seen a significant and deliberate shift towards embracing digital health as an indispensable enabler for achieving Nigeria's health sector goals, particularly UHC. The adoption of initiatives like the NDHI and the focus on integrated data systems are clear indicators of this progressive trajectory.

The 2014 revision of Nigeria's National Health Information System Policy

The 2014 revision of Nigeria's National Health Information System (HIS) Policy was undertaken to address the shortcomings of the 2006 National Health Management Information System (NHMIS) Policy, which was fragmented, poorly governed, and ineffective at using data for decision-making. Led by the Federal Ministry of Health with broad stakeholder input, the revised policy broadened its scope to include all institutional and population-based data sources and established a National Health Data Governance Council (HDGC) to oversee leadership, coordination, and accountability. The policy also standardized data architecture and indicators, improved data security and management, and was supported by a five-year strategic plan (2014–2018). Early initiatives included the creation of a Master Facility List, an electronic Health Facility Registry, and processes to ensure interoperability of systems. It further promoted the use of ICT tools such as mobile-enabled reporting, the District Health Information System (DHIS), and electronic decision-support tools to improve routine health information systems (RHIS) and evidence-based planning. Overall, the policy laid the foundation for a more integrated, ICT-driven HIS capable of improving data quality, efficiency, and health outcomes [8].

The National Digital in Health Initiative (NDHI)

Launched in March 2024, the NDHI is the Federal Ministry of Health & Social Welfare's flagship program to digitize the health system and make data, technology, and people the backbone of service delivery. It is being steered by a 20member, multisectoral implementation committee and has been endorsed by the National Council on Health (Nov 2024). NDHI's core blueprint is a national digital health architecture that: (1) rolls out electronic medical records (EMR) nationwide (with a national EMR for facilities lacking one), (2) builds an interoperable HIE for secure data sharing across public and private providers, and (3) operationalizes a HCX to digitize purchasing, curb fraud, and enable realtime, datadriven financing. The initiative also sets standards, governance, privacy and dataprotection guidelines; invests in infrastructure and workforce capacity; and aligns

existing platforms (e.g., DHIS2, SORMAS, NHIA, LMIS, facility EMRs) into a unified "digital backbone." Officials frame NDHI as a "decisive moment" to end paper systems, improve surveillance and clinical decisions, and foster local innovation and jobs under the Renewed Hope Agenda [9].

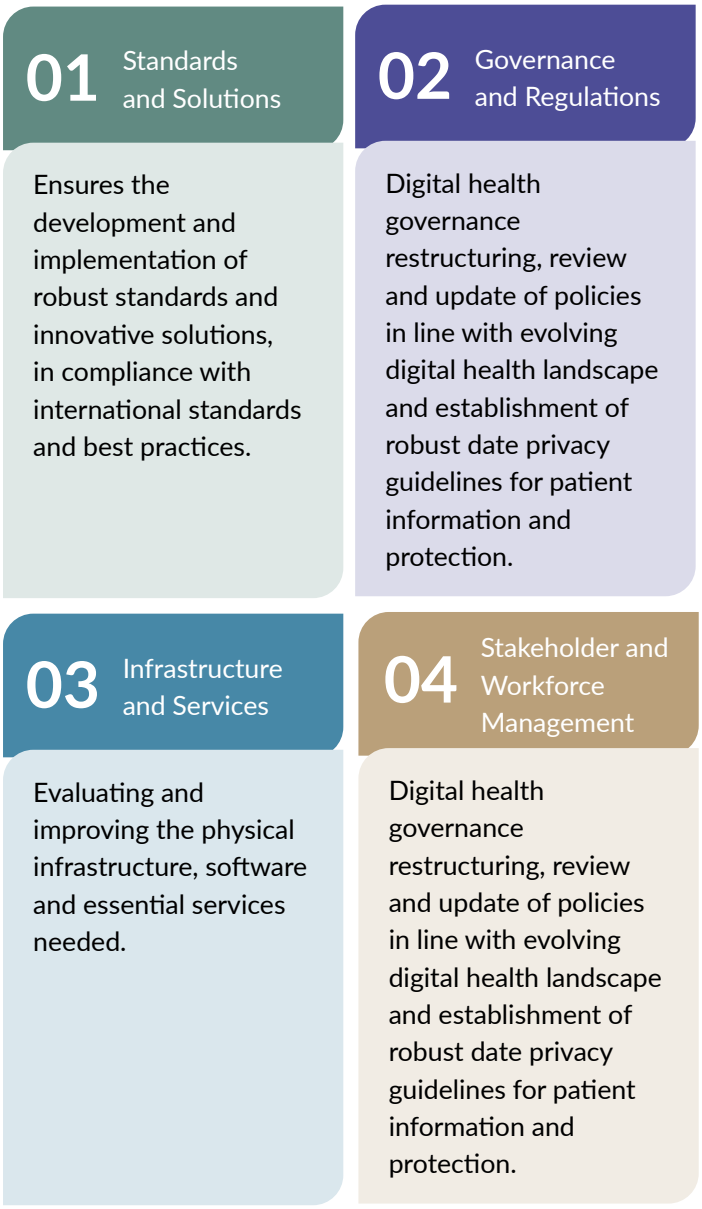

Figure 1: Role of NDHI Nigeria

Health Workforce and Community Empowerment

Case study: Project ECHO

Project ECHO is a locally led and globally connected initiative that has been working in Africa since 2015 to democratize medical knowledge thereby empowering front line health workforce. At its inception, ECHO connected healthcare workers in peripheral settings in Namibia with infectious disease experts at the capital to address the HIV pandemic. It started as a pilot connecting 10 sites but scaled to be assimilated by Namibia Ministry of Health. ECHO now has hubs in 35 African countries with 292 active programs and over 1.1million attendances by over 350,000 unique healthcare workers across the continent. The project has widely been adopted by Ministries of Health in Africa with over 20 partnership agreements signed.

Having supported the COVID 19 response by providing real time information to front line health workers, Project ECHO evolved to become a WHO collaborating centre for digital learning. The project has supported both Africa CDC and WHO in Mpox, Marburg and Cholera disease outbreaks across Africa. ECHO partnerships also include with private sector and civil society actors.

Through low bandwidth digital health solutions that work in resource constrained settings, ECHO has driven equity and access by providing tele-mentoring to health workers, addressing antimicrobial stewardship, maternal health, cancer, social determinants of health, and infectious disease epidemics.

With Africa accounting for 24% of global disease burden but hosting only 3% of the global health workforce [10] attracting a paltry 1% of the global financial resources spent on health, tele-mentoring has been demonstrated to be a high impact approach to expanding the reach of quality health services.

Catalysing African Innovation Ecosystems

Breaking silos: A call to join the Africa Digital Health Networks

Africa's health tech space holds great promise for homegrown solutions but realizing this potential requires strong innovation ecosystems that can support scale and sustain local startups. Many face challenges such as limited early stage funding, lack of incubation support and difficulty forming the right partnerships. Breaking silos and fostering cross sector collaboration is key to driving meaningful progress.

Startups are often absent from key decision-making and policy tables. With official development assistance in Africa declining, it is critical for African startups to take center stage in driving affordable and accessible healthcare. Platforms like the ADHN are helping connect the ecosystem and accelerate collective impact.

A community of practice of digital health practitioners, ADHN is premised around 7 P's: People, Policies,Projects,

Partnerships, Platforms, Professionalism and Profits, and is currently under incubation by AHB and Villgro Africa, supported by GIZ.

Conclusion

Africa is driving its own transformation, fuelled by action, innovation, and collective resolve. Digital health tools are already enhancing planning, coordination, service delivery, and health worker performance, demonstrating the continent's capacity to shape its own health future. To sustain this momentum, strong leadership, effective coordination, and supportive regulatory frameworks are essential to advance Africa's digital health agenda while empowering local innovation.

For digital solutions to achieve their full promise, they must be inclusive, ensuring that no one is left behind, and efficiency must translate into tangible health outcomes rather than optics. Frontline health workers, the backbone of health systems, must be equipped with the digital literacy and tools needed to thrive in an evolving health landscape. With the right policies, innovation, and commitment to equity, digital health can transform the vision of universal health coverage into a lived reality for every African.

Recommendations

1. **Strengthen partnerships** between private sector, public sector, and civil society.Partnerships (PPPs) are critical to driving digital health innovation, leveraging shared resources, and addressing inequities in healthcare.
2. **Support local innovation** -Governments and private sector players can collaborate to invest in local start-ups and innovation hubs, fostering tailored solutions that meet regional needs. Empowering local developers through funding and capacity-building programs ensures scalable, sustainable technologies for healthcare systems.
3. **Invest in infrastructure and connectivity-** Expanding digital connectivity, ensuring reliable electricity, and equipping healthcare facilities with essential hardware are foundational for successful digital health systems. Infrastructure investments, particularly in rural areas, are essential to bridging gaps in healthcare delivery.
4. **Promote capacity building and digital literacy-** Mentoring and training health workers in digital tools and fostering community digital literacy are necessary for the effective adoption and use of digital health technologies. These efforts should be integrated into national digital health strategies to maximize impact and ensure inclusivity.
5. **Create digital health communities of practice-** No single actor can transform digital health alone. Communities of practice connect innovators, share lessons, and align efforts-turning isolated solutions into sustainable, system-wide impact.

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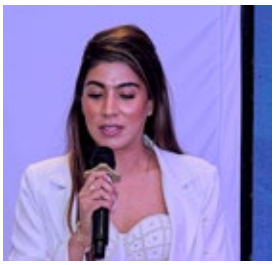







Session Four

Expanding Access to Diagnostics

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Executive Summary

Access to quality diagnostics is critical for achieving UHC and reducing health inequities in Africa. The 2023 World Health Assembly Resolution marked a pivotal milestone by urging governments to integrate diagnostics into national health strategies, strengthen infrastructure, invest in workforce capacity, and promote public–private collaboration.

Despite progress, significant systemic challenges persist. These include underfunded health systems, heavy reliance on imported diagnostics, weak regulatory frameworks, and shortages of skilled health professionals. These barriers continue to limit equitable and timely access to essential diagnostic services across the continent.

Practical solutions exist. Essential Diagnostics Lists (EDLs) provide a proven framework for guiding national procurement and ensuring consistent access to critical tools. Scaling innovative delivery models—including point-of-care testing, AI-enabled technologies, and mobile diagnostic units can extend reach into underserved and remote communities.

Several real-world examples demonstrate impact:

- Nigeria has advanced locally driven solutions to improve diagnostic access.
- African Medical Centre of Excellence (AMCE) has implemented collaborative approaches that strengthen capacity.
- Empower Academy is building a skilled diagnostics workforce through targeted training pipelines.

Strengthening diagnostic capacity offers one of the most cost-effective and high-impact investments African health systems can make. It will not only save lives but also enhance health system resilience, reduce disease burdens, and accelerate progress toward health equity.

Background

Diagnostics are a key driver to achieve UHC goals and deliver a clear return on investment towards health and economic outcomes. The economic impact of diagnostics is undisputed. For every dollar spent, there is an estimated USD 10 return in savings by preventing hospital admissions, treatments, and deaths—ultimately enhancing UHC [1].

The World Health Organization (WHO) estimates that expanding access to diagnostic services in Africa could boost UHC coverage by 12–15%, enabling earlier disease detection and more effective allocation of health system resources [2].

Country ownership to increase budgets allocated to diagnostics and to engage in impactful partnerships is required. Innovative approaches such as AI assisted diagnostics, machine learning, connected diagnostics, self-care and point of care diagnostics, as well as social and process innovation will accelerate the progress towards UHC. In the African context, diagnostics must be addressed through the lens of reaching remote, hard to reach and vulnerable communities [3] [4] [5].

The WHA 2023 Resolution on Strengthening Access to Diagnostics

At the 76th World Health Assembly (WHA) in 2023, Member States adopted a landmark resolution focused on expanding access to diagnostics as a cornerstone of UHC. Recognizing diagnostics as essential for effective disease prevention, treatment, and outbreak response, the resolution urges governments to integrate diagnostics into national health strategies and primary care systems.

The resolution has renewed interest of African member states to expand diagnostics access by:

- **Strengthening laboratory and diagnostic imaging networks,** especially in low-resource settings.
- Promoting the use of the **WHO Essential Diagnostics List** to guide national procurement and regulation.
- Enhancing **regulatory frameworks,** workforce capacity, and quality assurance mechanisms.
- Fostering **public-private partnership**s and local production to improve affordability and sustainability.

The resolution emphasizes diagnostics' role in addressing health inequities and calls for global collaboration to invest in innovation and equitable access-particularly for diseases with high burden in underserved populations [6].

Innovative Delivery Models and Strengthening Last-Mile Access to Diagnostics in Africa

Access to diagnostic services has largely been concentrated in tertiary care facilities serving urban and peri-urban populations, leaving primary care settings with substantial gaps [3]. Where diagnostics are available at the community level, they are often delivered through fragmented, siloed programs. Access is further hindered by limited healthcare financing options, with out-of-pocket expenses leading to devastating financial consequences for households.

Health decisions made at the community level are typically based on minimal information due to the lack of diagnostic infrastructure. Although up to 70% of clinical decisions should ideally be informed by diagnostics, underfunded health systems across Africa often fail to prioritize this critical component. [7] As a result, decisions are made without diagnostic support, putting patients at risk and causing moral distress for healthcare providers.

Diagnostics are not a luxury, rather they are a lifeline, particularly for underserved communities. During the COVID-19 pandemic, for example, a wild polio case in Malawi took two months to be confirmed due to delays in sample processing. By the time confirmation was received, the virus had already spread within the community and across borders.

Community health workers (CHWs) often lack both the training and tools to effectively communicate the value of diagnostics to households. In addition, delays in sample transport—and the resulting degradation of sample integrity—undermine the diagnostic process. To be effective, diagnostics must be fully integrated into the primary healthcare system.

Expanding diagnostic capacity could save up to a million lives in low- and middle-income countries [3]. To achieve this, Africa must confront and dismantle the systemic barriers that limit access to diagnostics.

How can we get diagnostics closer to communities:

1. Embed testing in routine care
2. Strengthen and integrate public and private sector referral systems.

3. Strengthen sample transport systems by use of digital tools to increase real time visibility of the diagnostic supply chain.

4. Train and effectively supervise community health workers and avail appropriate testing protocols (e.g. rapid diagnostic tests) to them.

5. Streamline the workforce and data handling by capacity building and improving the work environment.

6. Strengthen public private partnership

> *"By strengthening sample transport systems, VillageReach has reduced sample transportation time from 24 to 3.5days in Guinea, 17 to 6 days in DRC; and 38 to 11 days in Mozambique, for testing of polio and other outbreak prone diseases"*
>
> *– Ahmed Ogwell*

Value of Essential Diagnostics Lists for Expanding Access

EDLs are powerful policy tools that play a critical role in advancing UHC. They help define national priorities, standardize care, guide resource allocation, support health system planning, and promote the adoption of innovations. Yet, despite their demonstrated value in optimizing diagnostic resource use, only a few countries on the continent have adopted an EDL as of 2025. A key challenge lies in the fact that innovation in diagnostics often outpaces policy development, rendering many lists outdated soon after publication-Nigeria's EDL, for instance, was already lagging just two years after its last update.

To address this dynamic landscape, there is an urgent need for continuous and adaptive training models that can keep pace with the rapidly evolving body of healthcare knowledge, which is now estimated to double every nine months. Traditional one-off training approaches are no longer adequate. Institutional and community-based training systems that are tech-enabled and supported by artificial intelligence offer a promising solution. When tailored to the specific needs of different health worker groups such as frontline workers and epidemiologists and designed for continuous learning through a blend of digital and in-person methods, these models help ensure that essential diagnostic lists remain both relevant and effective. This approach enables health workers to stay up to date and incorporate the latest innovations into routine practice.

Molecular Diagnostics and Integrated Testing Solutions for Scalable Disease Management

Frontline diagnostics must be closely integrated with research through active collaboration with research institutions, ensuring that scientific insights are effectively translated back into diagnostic solutions. This is especially critical for tackling infectious diseases such as AMR, HIV, and TB.

QIAGEN plays a key role in advancing molecular diagnostics for infectious diseases across Africa, offering innovative solutions for TB, HPV, and HIV. The company's impact is evident in several country-level implementations, where its technologies have expanded access to timely diagnostics

and significantly improved health outcomes. EDLs and technology transfer are vital for adapting molecular tools to resource-limited settings. By tailoring solutions to local contexts, countries can build sustainable diagnostic capacity.

Emerging opportunities also lie in the integration of artificial intelligence and digital connectivity into diagnostic platforms. These advancements can enhance accuracy, streamline data sharing, and improve patient outcomes.

To fully leverage the potential of private sector innovation, enabling policy environments are essential. National strategies and essential diagnostics lists must align with and support private sector contributions, creating a framework for long-term impact and scalable solutions.

Scaling Access to Advanced Diagnostics through Innovation, Partnerships, and Policy Alignment

Diagnostics, particularly through early screening, play a crucial role in preventing disease, improving health outcomes, and generating cost savings for the health system. Yet, only a modest 5% of the healthcare budget is allocated to diagnostics- a figure that is especially inadequate given that around 7% of the national budget is dedicated to health overall in many African countries. [7] [8] Fragmented, siloed approaches have further contributed to underutilized diagnostic capacity. The private sector can help bridge this gap by integrating laboratory services and optimizing the use of existing infrastructure.

Public-private partnerships offer a powerful avenue for improving access to accurate and early diagnostics. For example, Roche is working closely with the Laboratory Directorate at the Federal Ministry of Health Nigeria to enhance sample transportation systems and integrate laboratory testing, thereby optimizing national laboratory capacity. Additionally, Roche is partnering with NICRAT to advance automated cancer testing capabilities.

However, the greatest barrier to diagnostic access remains insufficient funding. Even where diagnostic services exist, they often fail to reach all those in need. Expanding the coverage of national health insurance schemes is key to ensuring that a larger share of the population can benefit from available diagnostics. Where funding does exist, it is critical to allocate resources strategically to maximize health outcomes. This can be achieved by streamlining procurement processes such as through pooled procurement mechanisms and by strengthening the financial sustainability of health insurance systems through broader contributor participation.

Excellence in Diagnostics Service Delivery

African Medical Centre of Excellence's Model as a Centre of Excellence

AMCE in Abuja is designed as a regional hub for advanced, high-quality healthcare services. Its model focuses on:

- Cutting-edge oncology diagnostics through molecular and genomic profiling and cyclotron imaging for cancer staging that is sufficient to serve multiple facilities. They offer advanced imaging technologies including MRI and Cardiac CT, and specialized cardiovascular care via cath labs and comprehensive heart diagnostics.
- Multidisciplinary care teams ensuring holistic, patient-centred treatment across specialties.
- Staffing and capacity building – AMCE has 400 staff in 2025 and will employ up to 1200 by 2026. The institution is recruiting globally with a deliberate focus to reverse brain drain by attracting African talent overseas to return to work in Africa.
- Partnerships and research – The centre is collaborations with global partners to drive innovation, research and clinical excellence.
- Health Equity - AMCE's is supporting early detection and rural access by their ongoing equipping of over 774 rural clinics—598 of which are already built—with essential diagnostic tools. Through public-private partnerships, these clinics will offer accurate and early screening, which is vital for effective care.

"Afreximbank intends to have an AMCE specialty hospital in 5 regions in Africa with the first centre of excellence already established in Abuja"

– Brian Deaver.

Adopting Technological Advances in Diagnostics

Case Study: In a procurement exercise valued at approximately USD 20 million, three bids were received—priced at USD 20 million, USD 22 million, and USD 28 million, respectively. Although The Global Fund policy typically mandates selecting the lowest responsive bid, the purchasing country opted for the USD 22 million offer. This product was already in use nationally, and despite the higher price, it was deemed more cost-effective in the medium term. Introducing a new product would have required significant additional investment in training and system adaptation, making the switch more expensive initially, but the technology would have been a long term cost saver.

Navigating Technology Adoption Lag

Technology adoption lag refers to the delay between when a new technology becomes available and when it is actually implemented or widely used within a specific setting—such as a health system, organization, or country. It is the time gap between what is possible and what is practiced.

Technology lag in healthcare is caused by a myriad of factors, including high upfront costs, training and human capacity gaps, infrastructure limitations, regulatory or policy delays, procurement rigidity, and risk aversion or resistance to change.

Real-World Impact in Healthcare

Technology adoption lag can lead to continued use of inefficient, outdated systems, missed opportunities for improved health outcomes, higher long-term costs due to inefficiencies and inability to respond quickly to new health threats or innovations (e.g., digital health tools, AI diagnostics).

To avoid being perpetually locked into legacy systems while also avoiding costly missteps in transitions, countries need dual-track strategies: maintain operational continuity and build future readiness. This ensures smoother, smarter adoption of newer technologies when the system is truly ready to absorb them.

In diagnostics procurement, real-world factors such as ease of integration, continuity, and readiness often outweigh initial cost savings. Rigid funding policies can hinder optimal decision-making, and adopting new technologies, especially in resource-constrained settings, requires both flexibility and long-term support structures.

The above case study underscores a complex but common dilemma in healthcare procurement: balancing short-term affordability with long-term value when adopting new technology.

How Can Health Systems Minimize Technology Adoption Lag in an Evolving Diagnostic Landscape?

Innovation adoption needs ecosystem optimization and investment. To benefit from next-generation diagnostic technologies, countries must invest in system readiness now, even if not immediately transitioning. The continuous and real-time training and skilling of health workforce, regulatory enhancement, policy readiness, human centred product design and reduced import reliance will help to accelerate the introduction, adoption and use of innovative diagnostics.

Selection of Technologies

Over 20,000 types of diagnostic devices are in use worldwide, spanning imaging equipment, point-of-care devices, and lab tests. [9] The global diagnostic market is projected to reach from over USD 85 billion by 2025 to USD 148.12 billion by 2033. [10] WHO has simplified what would be an expensive and enormous selection exercise for countries by publishing the essential diagnostics list (117 general laboratory tests for a broad range of conditions and 46 disease-specific tests).

Overcoming Import Reliance

In Sub-Saharan Africa, 70-80% of diagnostics are imported [11]. Increasing countries' focus on local manufacturing will make diagnostics more accessible in the long term. Technology transfer to build local capacity is required to increase self-reliance.

Simplifying Complex Diagnostics

Point-of-care and centralized diagnostics are equally important to primary healthcare. An effective national strategy must determine when and where to deploy each approach: point-of-care tools for community-level access and centralized labs for high-volume testing in alignment with the Nigeria essential diagnostics list.

Point-of-care and self-care diagnostics play a crucial role in making diagnostic services more accessible, particularly in remote or underserved areas. By enabling quicker, decentralized testing closer to the patient, these tools reduce delays in diagnosis, improve early detection, and empower individuals to take charge of their health. This contributes significantly to broader coverage, timely treatment, and more efficient healthcare delivery systems. The triple epidemics of HIV, TB and Malaria in Africa are already benefiting immensely from the growing availability of rapid diagnostics.

Strengthening Regulatory Systems

Despite the central role diagnostics play in a patient's healthcare journey, half of African countries in 2025 do not regulate diagnostics. Stringent regulatory systems support product development, attract investment and protect patients.

Upskilling the Health Workforce

A lack of skilled workforce, outdated education curricula, and a gap between academia and industry impedes the development of local manufacturing, a problem worsened by ongoing brain drain.

The Empower Academy Nigeria

Empower Health is engaged in capacity building, upskilling, learning and enhancing employability of health workers using both online and onsite training.

To address barriers of local production, Empower Health is supporting the government's vision to make Nigeria the hub of pharmaceutical manufacturing in Africa by building a skilled local workforce. The Empower Academy Nigeria is a first-of-its-kind training initiative, will be launched in partnership with the Nigerian government's Presidential Initiative for Unlocking Healthcare Value Chains (PAVC) initiative, Empower School of Health, academia, and the pharmaceutical industry. The program will include: Digital training centres (launching Q3 2025); Mobile pod training centres with GMP-like environments (Q4 2025); and Comprehensive residential training centres with high-grade pharmaceutical equipment (Q1 2026). These centres aim to train and certify 2,000–3,000 individuals annually in GMP, regulatory sciences, supply chain, quality control, and pharmaceutical engineering, ultimately deploying them across Nigeria's 170 pharmaceutical companies.

Pharmaceutical manufacturing is just the first step and the project will progress into diagnostics manufacturing.

Afreximbank is also making great strides in advancing the local manufacturing agenda in Nigeria, by allocating USD 1Billion in collaboration with Ministry of Health under the PAVC to support local production of health products and technologies. [12]

Conclusion

Access to diagnostics is no longer a luxury it is a critical pillar for achieving UHC and closing health equity gaps across Africa. The 2023 WHA Resolution marked a turning point, urging governments to anchor diagnostics in national health strategies, invest in infrastructure and skilled workforce, and build stronger public–private partnerships.

Yet, despite progress, persistent gaps remain: underfunded systems, reliance on imports, weak regulatory frameworks, and shortages of trained professionals continue to limit access. The solutions, however, are within reach.

EDLs can guide smarter procurement and standardize access. Scaling innovative delivery models such as point-of-care testing, AI-powered tools, and mobile diagnostic units can bring lifesaving services to underserved communities. Proven initiatives, from Nigeria's homegrown solutions to AMCE's collaborative framework and Empower Academy's talent pipeline, show the impact of coordinated action.

Diagnostics are the backbone of disease prevention, detection, and treatment. Expanding diagnostic capacity is not just a health intervention it is one of the smartest, most cost-effective investments African nations can make to save lives, build resilience, and advance health equity.

Recommendations

To close the diagnostic gap, countries must:

1. **Invest in health system readiness,** including training, regulation, and infrastructure.

2. **Update national diagnostic lists regularly,** aligning with fast-evolving technologies.
3. **Build sustainable diagnostic ecosystems,** including local manufacturing.
4. **Strengthen public-private partnerships** and optimize financing through insurance expansion and pooled procurement.

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Session Five

Strengthening Africa's Bio-Pharmaceutical Value Chain

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Executive Summary

The pharmaceutical sector is critical to achieving UHC in Africa, ensuring access to safe, effective, high-quality, and affordable medicines. Despite this, it faces persistent challenges, including limited local manufacturing, fragmented markets, weak regulatory frameworks, heavy reliance on imported active pharmaceutical ingredients (APIs), and vulnerability to global supply chain disruptions. A holistic value chain approach from R&D to patient access is essential to building a sustainable and resilient pharmaceutical ecosystem.

Across the continent, growth will depend on shifting from fragmented national approaches to coordinated continental action. This includes leveraging sovereign wealth funds, establishing regional manufacturing hubs, and harmonizing regulations to speed market access. The African Continental Free Trade Area (AfCFTA) can accelerate this by removing trade barriers and streamlining cross-border medicine distribution. Shared R&D hubs and centers of excellence will enhance innovation and competitiveness, while expanding clinical trials—currently only 2% of global participation, to more African countries will improve treatment relevance and attract global investment.

Sustainable growth will require clear manufacturing priorities, pooled procurement, incubation support for new facilities, and protection for local manufacturers. Key barriers such as high API import costs, foreign exchange constraints, regulatory delays, and excessive taxation must be addressed through coordinated reforms and strong political commitment.

The moment has come to move from strategy to execution. Uniting stakeholders, securing financing frameworks, and launching pilot projects will deliver early wins and build momentum. Selective, competitive manufacturing, integration into global value chains, predictable investment conditions, and robust infrastructure will be essential. With these measures, Africa can develop a strong, innovation-driven biopharmaceutical sector capable of supporting health security, driving economic growth, and advancing UHC.

Background

The pharmaceutical sector is a cornerstone of achieving UHC as it ensures that populations have access to safe, effective, high-quality, and affordable essential medicines [1].However, the industry faces significant

challenges, such as limited scope in local production, market fragmentation, weak regulatory frameworks, supply chain disruptions, heavy reliance on imported APIs among other issues. These challenges not only have an impact on the availability, affordability, and quality of medicines, but also leave the continent vulnerable to global supply chain shocks. To develop sustainable solutions, it is essential to adopt a holistic approach to the pharmaceutical value chain ecosystem, encompassing all stages from research and development to patient access and utilization while addressing the associated challenges. Strengthening this ecosystem is vital for ensuring a consistent and reliable supply of safe, effective, and high-quality medicines across Africa.

Nigeria as a Strategic Hub for Pharmaceutical Manufacturing

Nigeria's large population, growing healthcare demand, and established pharmaceutical manufacturing base makes it a strategic focal point for sector investment. The country hosts over 170 pharmaceutical manufacturers, with consistent annual growth of 7–10% over the past six years. [2] Pharmaceuticals already account for 50–60% of household healthcare spending, a proportion expected to rise under the National Health Insurance Act. [3] With better policy alignment, Nigeria could emerge as an export hub, unlocking between USD 1 billion and USD 1.6 billion in investment and creating 30,000–44,000 high-quality jobs. [4]

However, several constraints must be addressed. These include delays in licensing and regulatory approvals, low insurance coverage reaching only 5–10% of the population [4], fragmented government policies with conflicting objectives, heavy dependence on imported inputs, supply constraints due to external dependencies exacerbated by foreign currency shortages, and limited access to growth capital. To overcome these barriers, the sector must improve regulatory efficiency by addressing capacity constraints at the National Agency for Food and Drug Administration and Control (NAFDAC), ensure consistent customs duties and processes, strengthen integration between health financing reforms and the pharmaceutical value chain, raise manufacturing standards to meet global certifications such as Good Manufacturing Practice (GMP) and WHO prequalification, and foster cross-sector collaboration to align policies and incentives.

From National Investment to Continental Impact in Biopharma

The Nigeria Sovereign Investment Authority (NSIA), established in 2011/2012 as the country's sovereign wealth fund, is jointly owned by the federal, state, and local governments, making every Nigerian a shareholder. [5] Since its inception, the fund has grown its Assets Under Management (AUM) from USD 1.8 billion to nearly USD 3 billion, reflecting strong and transparent financial stewardship. Healthcare has been a strategic focus from the start, with investments built around three core pillars: tertiary care providers, diagnostic centers, and medical manufacturing. Demonstration projects include the MedServe Luth Cancer Center, which has treated over 13,000 oncology patients, and two diagnostic centers that have served nearly 300,000 patients. NSIA has also invested in extensive training to build capacity in oncology. Building on these successes, the Authority is scaling up with plans to establish 23 additional diagnostic centers-10 of which are expected to be operational by year-end—three more cancer centers, and one catheterization lab in each geopolitical zone, supported by partnerships with the IFC and World Bank Group.

Africa's pharmaceutical future will require a shift from fragmented national efforts to coordinated continental strategies. A pan-African consolidation approach is essential, beginning with the collaboration of sovereign wealth funds to pool resources, localize capital deployment, and invest within Africa for stronger returns. Risk-sharing mechanisms should be implemented to diversify investment, with regional manufacturing hubs serving entire sub-regions to reduce costs and compete with imports from China and India. Market access can be accelerated through AfCFTA, while harmonizing regulatory frameworks would allow drugs approved in one country to be fast-tracked across others. Additionally, shared resources and innovation hubs, such as centers of excellence focused on specific diseases or research areas, could strengthen capacity and

collaboration.

Scaling health impact across the continent will require building coordinated delivery systems that strengthen local production, secure last-mile delivery, and establish robust cold chain infrastructure. Protecting African-produced medicines from trade tariffs that undermine competitiveness is a critical challenge. This effort must be supported by regulatory readiness, accurate demand forecasting, and guaranteed procurement commitments-potentially through viability gap funding to encourage manufacturing investment. Public-private collaboration, as demonstrated by successful partnerships between MedServe, government agencies, donors, and development finance institutions, will be central to achieving these goals. Ultimately, policy stability, regulatory harmonization, and investor confidence measures such as local currency financing and patient capital will be essential. The focus must now shift from strategy to execution by uniting the right stakeholders, securing financing frameworks, and initiating pilot projects that deliver early successes while establishing the foundation for a robust and sustainable biopharmaceutical sector in Africa.

Building Research Capacity and Clinical Trial Inclusion

Africa remains underrepresented in global clinical trials, with only 2% of patients in such trials worldwide and most activity concentrated in a few countries. [6] This underrepresentation limits the relevance of global drug development for African populations. Expanding clinical trials across the continent will ensure that therapies are tested on diverse genetic profiles, improving outcomes through more targeted treatments.

Building this capacity requires investment in African universities to strengthen research training, provide clinicians with formal research education, and ensure they have dedicated time for investigative work. A skilled network of clinical investigators, coupled with competitive regulatory timelines, will make Africa more attractive for pharmaceutical companies to conduct trials.

Enablers, Barriers, and the Path Forward for Sustainable Biopharma Investment in Africa

Sustainable investment in Africa's pharmaceutical manufacturing sector operates on the same principles as any other industry, requiring predictability, sustainability, and profitability. Achieving this demands strategic clarity, with governments clearly defining what should be manufactured and why whether to ensure security of supply, lower costs, or create jobs. Regional pooled procurement offers a powerful means to reduce medicine prices by increasing economies of scale, while new facilities should be allowed a 5–7-year incubation period to become competitive with established global players. Procurement commitments that protect local manufacturers will also be critical to building market resilience.

Despite these opportunities, significant barriers remain. Fragmented procurement systems often prioritize the cheapest imports over supporting local production, undermining industry growth. The high cost of importing APIs, combined with foreign exchange challenges, drives up production expenses. Prolonged regulatory approval timelines discourage participation in global clinical trials, while excessive taxation of pharmaceutical companies further inflates costs for patients. Overcoming these obstacles will require coordinated policy reforms and strong political commitment to create a predictable and supportive business environment.

Translating strategy into tangible progress is the next essential step. This will require coordinated action, clearly defined timelines, and strong political will. Governments should focus on three immediate priorities: defining strategic manufacturing objectives, advancing intergovernmental agreements to enable regional pooled procurement, and recognizing the contributions of multinational pharmaceutical companies, whose investments in R&D, training, and market development are vital to fostering innovation. Alongside these measures, reliable logistics systems must be built to ensure that medicines reach even the most remote communities, while the AfCFTA should be leveraged to remove trade barriers and streamline cross-border medicine distribution.

Africa's long-term biopharma strategy must be selective and competitive. The continent cannot manufacture every product; instead, it should prioritize high-impact areas while investing in research, development, and clinical trials. Collaboration among governments, academia,

local manufacturers, and multinational companies will be essential to deliver better patient outcomes. Moving from vision to execution requires piloting concrete projects, finalizing financing structures, and securing stakeholder commitments. Streamlined regulatory processes, predictable investment conditions, and protections for local production while still integrating into global value chains will be key to building momentum.

Conclusion

Africa stands at a pivotal moment in shaping its biopharmaceutical future. With rising healthcare demand, strategic hubs like Nigeria, and the momentum of continental frameworks such as the AfCFTA, the foundations for a competitive and resilient pharmaceutical industry are within reach. However, progress will only be realized if policy ambition is matched with decisive, coordinated action that addresses regulatory bottlenecks, market fragmentation, and supply chain vulnerabilities. By fostering collaboration between governments, industry, academia, and development partners, Africa can shift from dependency on imports toward self-reliance, innovation, and global competitiveness. A patient-centered, innovation-driven approach grounded in predictable investment conditions and robust local capacity will be the cornerstone for delivering affordable, high-quality medicines to every community. This is not just an industrial imperative; it is a health security necessity and a pathway to achieving UHC.

Recommendations

1. **Policy and Regulatory Reform**
   Harmonizing regulatory frameworks across African countries is essential to fast-track approvals and enable seamless regional market access. Reducing approval timelines for clinical trials and manufacturing licenses will make the continent more attractive to global R&D investment, while aligning health financing reforms with pharmaceutical sector policies will ensure that medicines remain both affordable and sustainable, creating a supportive environment for long-term growth and innovation.

2. **Strategic Manufacturing Focus**
   Clearly defining priority products for local manufacturing based on health needs, market potential, and security of supply will help focus resources where they have the greatest impact. Establishing regional manufacturing hubs supported by pooled procurement can drive economies of scale and lower production costs, while providing new facilities with a 5–7-year incubation period alongside firm procurement commitments will ensure market stability and allow them to become competitive with established global players.

3. **Investment & Financing Mechanisms**
   Leveraging sovereign wealth funds and public-private partnerships to pool resources for pharmaceutical investment can significantly boost the sector's growth potential. Introducing viability gap funding, local currency financing, and patient capital will help de-risk private investment and attract long-term commitments. At the same time, encouraging multinational pharmaceutical companies to expand R&D, technology transfer, and training in Africa will strengthen local capacity, foster innovation, and accelerate the development of a competitive biopharmaceutical industry on the continent.

4. **Supply Chain & Infrastructure Development**
   Building reliable logistics systems and cold chain capacity is essential to ensure the last-mile delivery of medicines across Africa. Removing intra-African trade barriers and streamlining cross-border movement of medicines under AfCFTA provisions will enhance market integration and accessibility. At the same time, protecting African-manufactured medicines from tariffs that undermine competitiveness will strengthen local production, improve affordability, and support the growth of a resilient continental pharmaceutical industry.

5. **Research & Clinical Trials Expansion**
   Strengthening research capacity in universities and training a network of skilled clinical investigators will be critical to advancing Africa's role in global pharmaceutical innovation. Expanding clinical trials to underrepresented countries will ensure that drug efficacy is tested across diverse African populations, improving treatment relevance and outcomes. Concurrently, investing in disease-focused centers of excellence will drive innovation, foster global collaboration, and position the continent as a competitive hub for biopharmaceutical research and development.

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Session Six

The Nexus of Climate Health and Change

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Executive Summary

Africa contributes only 3% of global carbon emissions, yet it bears some of the most severe impacts of climate change. Temperatures on the continent are projected to rise by up to 3.5°C per decade-well above the global average-exacerbating floods, droughts, and storms that could affect over 100 million Africans annually. These climate shocks are already disrupting health services, damaging infrastructure, displacing populations, and reversing progress toward UHC.

The health toll is profound. In Nigeria, 21% of the national disease burden is attributable to climate change, underscoring the urgent need for adaptation. Vulnerable groups-including women, children, the elderly, low-income households, and displaced communities bear the greatest burden. Direct impacts include rising vector-borne and infectious diseases, heat-related illnesses, malnutrition, poor water quality, respiratory conditions, and worsening mental health. Indirectly, climate change weakens health systems, disrupts essential care, and drains over 5% of Africa's GDP annually through climate-related disasters.

To respond, governments, partners, and the private sector must embed climate resilience into health systems and policies. Priority areas for action include:

- **Advance Sustainability and Climate-Resilient Health Systems:** Integrate renewable energy, strengthen supply chains, build a climate-literate workforce, and embed climate resilience across all health system building blocks.
- **Elevate Awareness and Advocacy:** Position climate change as a health and development priority through public education, campaigns, and strong policy advocacy at national and global levels.
- **Strengthen Research, Evidence, and Data Systems:** Expand surveillance, early warning, and research on climate-sensitive diseases, and integrate vulnerability assessments and indigenous knowledge into planning.
- **Promote Equity and Inclusion:** Engage women, youth, marginalized groups, and vulnerable communities to co-lead climate-health solutions that are equitable and culturally relevant.

- **Mobilize Financing for Climate-Health Action:** Integrate health into climate finance instruments, expand domestic budget allocations, and leverage private sector investment and Environmental, Social, and Governance (ESG) commitments.

- **Enhance Strategic Partnerships for Impact:** Build cross-sector and public-private collaborations to mobilize innovation, expertise, and capital for renewable energy, digital health, and resilient service delivery.

A case study from Nigeria highlights the catalytic role of the WHO in advancing climate-health integration through evidence generation, national policy alignment, solar-powered health pilots, workforce training, and enhanced early warning systems.

Climate change is a health and economic crisis for Africa. Protecting health must become the visible face of climate action. By embedding resilience across health systems, empowering communities, and securing sustainable financing, Africa can safeguard vulnerable populations, preserve progress toward UHC, and build climate-ready, inclusive, and sustainable health systems for the future.

Background

Africa contributes only 3% of global carbon emissions but faces disproportionate impacts. [1] Temperatures are projected to rise by up to 3.5°C per decade, far above the global average of 0–0.5°C. [2] This rise, coupled with extreme weather events such as floods, droughts, and storms, is expected to affect over 100 million Africans annually. [3] The consequences include disrupted health services, damaged infrastructure, and widespread displacement.

The health toll is already evident. In Nigeria, 21% of the national disease burden is linked to climate change, meaning one in five deaths in the next five years could be prevented with stronger mitigation and adaptation measures. [3] Climate change has also eroded progress toward UHC by destroying health facilities and displacing health workers. The World Bank estimates that USD 50 billion will be required for Africa's adaptation strategies. [4]

These impacts fall most heavily on vulnerable groups including women, children, the elderly, low-income households, people with pre-existing conditions or disabilities, and displaced communities in remote or fragile settings. Their heightened exposure underscores the need for targeted solutions that protect those least able to adapt. Ultimately, integrating climate resilience into public health systems and national policy frameworks is essential. Doing so will not only safeguard vulnerable populations but also protect infrastructure, strengthen service delivery, and ensure that progress toward UHC is preserved.

Health Impacts of Climate Change

Climate change affects health directly, through physiological impacts, and indirectly, by straining already fragile systems and undermining progress toward UHC.

Direct Health Impacts

Climate change increases exposure to multiple health risks:

- **Vector-borne and infectious diseases** [5]: Rising temperatures and flooding create favourable conditions for disease vectors. In the Sahel, higher temperatures have been linked to increased meningitis prevalence, while in South Sudan and Northern Uganda, extreme heat has been associated with neurological conditions such as epilepsy and nodding disease. Floods further amplify risks by providing breeding grounds for mosquitoes and other vectors.

- **Heat-related illness:** Prolonged exposure to extreme heat increases cases of heat exhaustion and heatstroke. Vulnerable groups, particularly pregnant women, face elevated risks, including stillbirths, preterm births, and low birth weights.

- **Food, water, and nutrition:** Disrupted food production and supply chains heighten risks of malnutrition, particularly in fragile settings where maternal and child nutrition are already compromised. At the same time, declining water quality and availability raise the likelihood of outbreaks linked to unsafe water, reinforcing warnings that future conflicts may centre on access to clean water.

- **Air quality and respiratory health:** Climate change contributes to deteriorating air quality, which is closely linked to respiratory illnesses. Although not always explicitly measured, worsening conditions such as asthma and bronchitis are widely acknowledged to be exacerbated by higher temperatures and pollution.

- **Mental health:** Displacement, recurrent floods, and loss of livelihoods place significant stress on individuals and communities. While mental health impacts are often under-reported, they manifest

as heightened levels of anxiety, trauma, and social instability.

- **NCDs:** Beyond infectious threats, rising temperatures contribute to conditions such as skin cancers and other heat-sensitive diseases.

Indirect Health Impact

Climate change also exerts significant indirect pressure on health systems and broader economic stability:

- **Healthcare Disruption:** Climate-related disasters directly compromise healthcare infrastructure and service delivery. Floods, droughts, and storms cause catastrophic damage to health facilities and infrastructure, leading to the displacement of health workers. These disruptions severely impact access to essential health services, including antenatal care, safe deliveries, and critical reproductive health commodities like contraceptives and family planning supplies, due to disrupted supply chains.
- **Economic and Innovation Pressures:** Climate change imposes substantial economic costs. Annually, over 5% of Africa's GDP is lost due to climate-related disasters, which stifles innovation and negatively impacts health systems. [3] This economic drain diverts resources that could otherwise be invested in agriculture, micro-loans, or strengthening fragile health systems and community health worker training towards UHC.

Strategies to Address the Health Impacts of Climate Change

Addressing the health consequences of climate change requires an integrated and strategic approach. This includes promoting sustainability across health and community systems, building climate-resilient health systems, empowering communities through education and advocacy, investing in research and data, ensuring equity and inclusion, and mobilizing sustainable financing and partnerships.

The following priority actions outline a coordinated pathway for governments, development partners, and the private sector to address health impacts of climate change.

Advancing Sustainability and Building Climate-Resilient Health Systems

To protect population health, reduce emissions, and ensure continuity of care, health systems and related sectors must transition toward low-carbon, climate-resilient operations. This involves embedding sustainability practices, investing in primary care infrastructure, and expanding access to services in ways that are resilient to climate shocks.

- **Transition to Sustainable Energy in Health Facilities:** Health facilities should progressively adopt solar and other renewable energy sources to reduce fossil fuel dependence, cut costs, and improve reliability. Integrating sustainable procurement, waste management, water conservation, and climate-

smart design into operations further enhances environmental performance. For instance, climate-smart water and waste systems in Egypt and Tanzania have improved hygiene while reducing environmental risks. Evidence from WHO pilots in Nigeria and Egypt's green clinics model demonstrates that solar power delivers fuel savings, lowers emissions, and strengthens energy security.

- **Promote Climate-Smart Agriculture and Nutrition Security:** Climate-resilient agriculture, particularly initiatives led by women and youth, supports food and health security. Examples include conservation banks in Tanzania and youth-led agricultural training programs that boost yields, reduce land degradation, and support community nutrition.

- **Institutionalize Climate Resilience in National Health Planning:** Countries should integrate climate considerations into Health National Adaptation Plans and embed them in national budgets, workforce curricula, and operational guidelines.

Awareness and Advocacy for Climate-Health Action

Awareness and advocacy are critical to mobilize action, shift mindsets, and ensure that health is recognized as central to climate solutions. This includes both community-level engagement and high-level policy influence.

- **Community Education and Engagement:** Simplifying climate-health messages and promoting accessible communication helps communities understand risks and take protective action. Training young people and women as climate champions enhances peer-to-peer learning, especially in agriculture and preventive health.

- **Public Awareness Campaigns:** Targeted awareness initiatives, including school-based education, community dialogues, and use of local media, support long-term behaviour change and preparedness.

- **Global and National Policy Advocacy:** Health must be positioned as a central component of climate action at global platforms such as the Conference of the Parties (COP), as championed by WHO during COP26. Advocacy should also focus on embedding health in national climate strategies.

Research, Evidence, and Data Systems

Evidence-based decision-making requires robust data systems, climate-health research, and integration of local and scientific knowledge. This enables early warning, targeted interventions, and long-term planning.

- **Climate-Health Surveillance and Early Warning Systems:** Establishing or strengthening surveillance systems enables vulnerability mapping, outbreak prediction, and flood alerts. Mobile alerts, digital dashboards, and remote monitoring tools are essential to maintain service delivery during extreme weather events.

- **Research on Climate-Sensitive Diseases and Vulnerabilities:** Studies such as assessment of climate-attributable disease burdens, and research on diseases like meningitis in the Sahel, are critical to inform adaptation strategies.

- **Integrate Indigenous and Local Knowledge:** Co-developing solutions with communities ensures cultural relevance and sustainability. Indigenous knowledge on environmental changes and local coping strategies has enhanced uptake in countries like Tanzania and Egypt.

Equity and Inclusion

Climate change disproportionately affects vulnerable populations, including women, children, people living with disabilities, low-income communities, and those in remote areas. Equity must therefore be a cross-cutting principle in all climate-health interventions.

- **Promote Women's and Youth Leadership:** Women and young people play a dual role- they are among the most affected, but also among the most effective agents of change. Women-led preparedness models in Bangladesh and women-managed conservation banks in Tanzania have delivered tangible results in community resilience and food security.

- **Ensure Inclusive Policy Development:** Participatory approaches that engage marginalized and under-represented groups in planning and decision-making help ensure that interventions are equitable and context-specific. Accessible communication and translation into local languages enhance understanding and ownership.

Financing for Climate-Health Action

Adequate, predictable, and climate-aligned financing is essential to implement and scale climate-health interventions. National governments, development partners, and private actors must integrate health into climate finance frameworks.

- **Integrate Health into Climate Finance Instruments:** Inclusion of health in national climate instruments such as Nigeria's Nationally Determined Contributions (NDC) 3.0 opens access to global climate funds. National climate-health budgets, such as Nigeria's Basic Healthcare Provision Fund 2.0, demonstrate commitment to institutionalizing financing.
- **Mobilize Domestic Resources:** Governments should allocate a dedicated share of national budgets to climate-health priorities, while exploring climate taxes, levies, or green bonds as potential revenue sources.
- **Increase Investment in Climate-Health Research and Innovation:** Dedicated funding for applied research, innovation, and scale-up of proven interventions (e.g. solar-powered health systems, digital health tools) is critical. Global estimates suggest USD 50–100 billion is needed to fully implement health-related climate adaptation strategies.[4]

Strategic Partnerships for Scaled Impact

Partnerships are essential to leverage diverse capabilities, technical expertise, and financing from public, private, and civil society actors. Collaboration accelerates implementation and ensures sustainable scale.

- **Strengthen Public-Private Partnerships (PPPs):** Well-designed PPPs can scale innovations such as renewable energy in health facilities, digital health platforms, and resilient supply chains. These partnerships combine public oversight with private sector efficiency and capital.
- **Enhance Multisectoral Collaboration:** Ministries of health, environment, agriculture, education, and finance must work together to deliver integrated climate-health solutions. Coordination platforms at national and subnational levels can support coherence and avoid duplication.
- **Promote Private Sector Accountability through Environmental, Social, and Governance (ESG) Standards:** ESG frameworks should be used to track private sector contributions to climate-health goals, encourage disclosure of emissions, and incentivize innovation in resilience-building.

Case Study: WHO's Work in Nigeria

The WHO has played a catalytic role in helping Nigeria integrate climate change into health planning and action.

- **Evidence Generation:** In 2023–2024, WHO supported a national assessment across Nigeria's six geopolitical zones. Findings revealed that 21% of the national disease burden is attributable to climate change-meaning one in five deaths over the next five years could be avoided through stronger climate action.
- **Policy Integration:** Based on this evidence, WHO supported the government in developing a Health National Adaptation Plan (HNAP), aligned with the six health system building blocks. Health has also been integrated into Nigeria's NDC 3.0, opening access to global climate finance. In addition, climate-health indicators were embedded into the Basic Healthcare Provision Fund 2.0, ensuring facility monitoring and workforce climate literacy.
- **Pilot Interventions:** In Akwa Ibom and Rivers States, WHO piloted solar-powered primary healthcare facilities, saving over 5 litres of fuel per day and reducing greenhouse gas emissions by more than 44,000 kg.
- **Workforce Training:** To build a climate-smart health workforce, WHO trained commissioners of health from all 36 states along with public health directors, to integrate climate change into state health plans.
- **Data and Early Warning Systems:** WHO strengthened data systems to identify climate "hot spots" and predict events like floods. Health workers are now better equipped to provide communities with timely disaster information and ensure essential services remain accessible. WHO is also engaging private sector startups to expand digital tools such as telemedicine for disaster-affected populations.

Conclusion

Climate change is not only an environmental issue but also a health and economic crisis that is already reversing hard-won gains in UHC across Africa. There is need to place health at the centre of climate action by positioning it as the visible face of climate change, raising urgency, and integrating it into national climate strategies such as Nigeria's NDC 3.0 to unlock global climate finance. Strengthening resilience across health systems is equally critical, through adaptation measures within the six building blocks of health systems, expanding renewable energy solutions in health facilities, developing a climate-smart workforce, and embedding climate indicators into health financing and planning. Locally led and inclusive solutions must drive progress, with communities and especially women empowered as champions of change through their leadership and indigenous knowledge. Finally, securing sustainable investment from governments, the private sector, development partners, and innovative financing mechanisms, alongside promoting behavioural shifts at the individual level, is essential to build climate-ready, inclusive, and sustainable health systems for the future.

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Closing Ceremony

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From Dialogue to Action: Advancing Universal Health Coverage in Africa

To advance UHC in Africa, bold and coordinated action is needed to address systemic gaps while harnessing the power of innovation and partnerships. This means investing in resilient health systems, prioritizing quality and equitable care, and ensuring that no one is left behind. Key priority areas for progress range from sustainable financing and digital innovation to enhanced diagnostics, strengthened pharmaceutical value chains, and climate-resilient health systems.

UHC Resilience & Funding

PPPs and innovative financing models—such as social bonds and sin taxes—are essential to strengthening UHC financing. Their success depends on reliable data to guide tax collection, improve efficiency, and ensure that resources are used strategically. The overarching aim is to achieve "more health for the money" by moving beyond traditional funding approaches and embracing solutions that deliver greater value and impact.

Quality of Care

Patient-centred care remains at the heart of UHC, with Artificial Intelligence (AI) emerging as a powerful tool to help close Africa's health worker gap. While AI will not replace healthcare professionals, those who fail to adopt it risk being outpaced by those who do, paving the way for improved care delivery and making the vision of "healthcare in their pockets" a reality.

Digital Health

Guided by the "Five C's"—Connectivity, Capacity Building, Collaboration, Capital, and Community Trust-digital health aims to expand access to healthcare through scalable platforms and innovative technologies. These solutions have the potential to improve service delivery, enhance efficiency, and empower communities.

Diagnostics

Despite playing a critical role in up to 70% of clinical decision-making, diagnostics currently receive only 3–5% of healthcare spending. There is a pressing need for faster, more accurate, and affordable diagnostic tools to improve patient outcomes and strengthen health systems.

Pharmaceutical Value Chains

Localizing R&D, expanding local manufacturing, and strengthening regulatory frameworks are essential to building resilient pharmaceutical value chains. Reducing reliance on imported raw materials particularly APIs will require a selective and realistic approach to local manufacturing, guided by available raw materials and strategic partnerships.

Climate and Health

Climate resilience is a critical component of UHC. Africa must enhance preparedness for public health emergencies, foster cross-sector collaboration, integrate gender-responsive policies, and invest in smart, climate-resilient infrastructure. These efforts will help safeguard health systems from the growing impacts of climate change while ensuring equitable access to care.

Health as an Economic Investment and the WHO Foundation's Catalytic Role

There is an urgent need to reframe health from a cost to a high-return investment. Evidence from the WHO Foundation indicates that every USD 1 invested in WHO programs delivers an estimated USD 35 in combined health and economic benefits, making a strong case for sustained and diversified funding. Positioning health as a driver of economic growth, rather than a budgetary expense, encourages long-term commitments from governments, development partners, and the private sector.

As a key enabler in this vision, the WHO Foundation serves as a bridge between donors and implementers, creating partnerships that attract new capital and introduce innovative financing approaches. Its inaugural investment round, launched in 2024, seeks to mobilize USD 7.1 billion for the 2025–2028 period, targeting UHC, pandemic preparedness, primary care, and healthier populations. More than half of this target has already been secured, with significant contributions from African governments and private sector partners. To accelerate progress, the Foundation has committed USD 50 million toward high-impact, scalable projects in areas such as digital health, health laboratory systems, mental health, and the establishment of emergency response hubs.

One Africa, One Health: Advancing UHC Together

Across Africa, UHC is increasingly recognized as a fundamental right, anchored in principles of availability, affordability, and quality of care. Efforts are underway to integrate the private sector as an equal partner in UHC delivery, ensuring parity with public health systems and maximizing the reach of services. Many countries are developing universal health insurance schemes designed to provide coverage for all citizens, regardless of socio-economic status, demographic background, or geographic location, thereby advancing health equity. In parallel, there is a growing preference for adopting a unified "Africa" identity, moving beyond the term "sub-Saharan Africa" to better reflect the continent's shared opportunities and challenges, particularly in light of climate change and other cross-cutting issues.

Closing Ceremony
















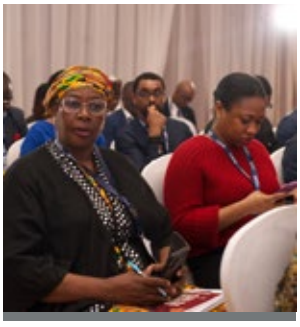



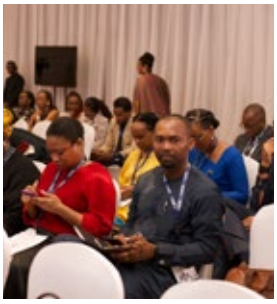


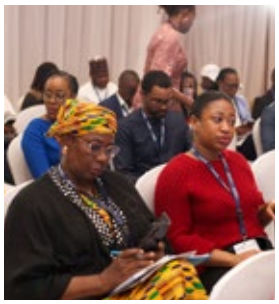


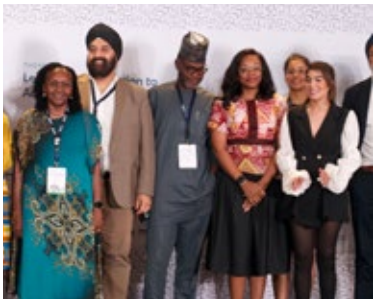


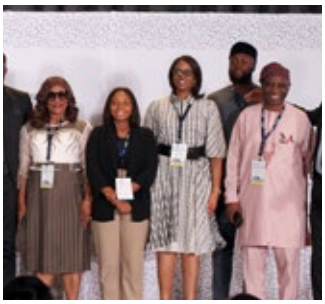









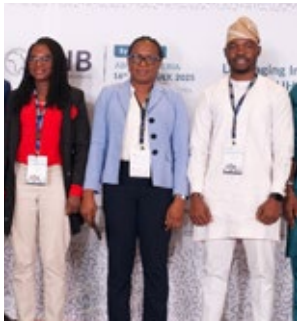



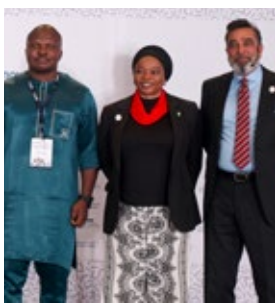

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