



SYMPOSIUM
Health as an Investment

10 YEARS

Powering Impact, Sustainability
and Economic Growth in Africa

Executive Summary

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List of Abbreviations

Africa CDC	The Africa Centre for Disease Control and Prevention
AMA	Africa Medicines Agency
BHCPF	Basic Health Care Provision Fund
DPI	Digital Public Infrastructure
GDP	Gross Domestic Product
NCDs	Non - Communicable Disease
NHI	National Health Insurance
PPP	Public - Private Partnership
UHC	Universal Health Coverage





From Progress to Sustainability: Securing Africa's Health Gains

Africa's health sector stands at a pivotal moment. Over the past 25 years, the continent has achieved significant health gains, including increased life expectancy and substantial reductions in child, maternal, and infectious disease mortality. However, these gains are increasingly vulnerable due to declining external health financing, with official development assistance projected to fall sharply through 2025. This shift has exposed structural weaknesses in health system financing and reinforced the urgency of transitioning toward more sustainable, domestically driven models.

At the same time, there is a growing recognition that health is not merely a social expenditure, but a strategic investment that underpins economic growth, workforce productivity, and societal resilience. Across Africa, governments and global partners are beginning to reposition health within broader national development agendas, aligning it with economic transformation strategies and investment frameworks.

This evolving landscape presents a critical opportunity: to move from fragmented, aid-dependent systems toward integrated and resilient health financing architectures. Achieving this transition will require strengthened domestic resource mobilisation, more efficient public financial management, and the strategic use of blended finance to crowd in private capital. It will also depend on stronger institutions, clear regulatory environments, and coordinated engagement across public and private sectors.

Three priorities are emerging as central to this transformation:

- Positioning health investment as a driver of human capital and economic productivity
- Building sustainable, domestically anchored financing systems grounded in accountability and governance
- Leveraging private sector capabilities through structured public-private collaboration

Kenya provides a compelling example of how coordinated reform can translate these principles into practice. Through its Universal Health Coverage (UHC) agenda, the country is advancing reforms across financing, primary healthcare, local manufacturing, and digital health. Institutions such as the Kenya Healthcare Federation and the Presidential Roundtable demonstrate how structured dialogue can align stakeholders and support implementation at scale. These efforts are not only improving health outcomes but also positioning the sector as a driver of economic opportunity and innovation.

Looking ahead, the path to sustainable health systems in Africa will be defined by execution. Four priority actions stand out: strengthening domestic health financing, scaling blended finance mechanisms, increasing investment in primary healthcare, and institutionalising public-private coordination. Together, these actions provide a clear and actionable roadmap for translating policy ambition into measurable impact.

Ultimately, Africa's ability to finance and deliver resilient health systems will determine not only health outcomes, but also the continent's broader economic trajectory. The transition to sustainable health financing is no longer optional, it is foundational to long-term development.

Financing Health Futures: Unlocking Investment for Africa's Growth

African governments are navigating a critical inflection point in health financing. Rising healthcare demand, constrained fiscal space, shifting disease burdens, and the accelerating withdrawal of international donor financing are converging to create both urgency and opportunity for structural reform. The experiences shared across participating countries at ministerial level point to a coherent set of strategies that are producing measurable results on the ground.

The evidence converges on a clear finding: the most durable health financing reforms are those anchored in statute rather than policy intent alone. South Africa's National Health Insurance (NHI) Act and Kenya's Social Health Insurance Act (2024) demonstrate that legal grounding protects financing architecture from political volatility and creates enforceable entitlements for populations. Nigeria's Basic Health Care Provision Fund (BHCPF), established under the National Health Act and statutorily financed through a minimum allocation of 1 percent of the Consolidated Revenue Fund recently approved for increase to 2 percent further illustrates this principle. By embedding primary healthcare financing directly in law, Nigeria has created a predictable and protected funding stream for frontline facilities, essential medicines, and emergency response capacity, laying a foundation for more equitable and sustainable health service delivery.

Where legislation is complemented by institutional separation of financing, service delivery, and regulatory oversight, system performance improves measurably. Egypt's tri-authority model has reportedly produced a decline in out-of-pocket expenditure from 60 percent to 24 percent in pilot regions, a reduction with direct implications for household financial protection and poverty impact across the broader population. Cameroon reinforces this institutional logic through a different mechanism: an inter-ministerial platform linking the Ministries of Health, Finance, and Planning to improve cross-sectoral policy alignment



and budget coordination. Complementing this, Cameroon is developing a digital health financing platform capable of tracking every transaction and claim at the individual level in real time, an innovation that directly reduces leakage, strengthens fiduciary accountability, and improves resource utilisation efficiency across the system.

Sustaining reform requires more than structural redesign, it requires fiscal conviction. Finance Ministries respond to quantified investment cases, not advocacy narratives. Malawi's articulation of a USD 46 per capita financing gap anchored domestic budget negotiations and contributed to reducing aid dependency from 80 percent to 54 percent, demonstrating that evidence-based advocacy produces concrete resource mobilisation outcomes. Alongside this, revenue diversification is emerging as a critical strategy for system resilience. Health systems dependent on single funding streams remain structurally fragile. Senegal's earmarking of emerging oil revenues for health investment and Uganda's commitment to increase health spending from 5.6 percent to 9 percent of Gross Domestic Product (GDP) by 2030 underpinned by a parallel strategy to build domestic pharmaceutical manufacturing capacity and reduce dependency on imported medicines reflect a broader continental shift toward broadening the financing base and retaining economic value within domestic economies. Where donor financing remains significant, structured and time-bound transition strategies rather than aspirational targets are essential to ensure that service continuity is protected as external support is phased out.

The private sector's contribution to this transition is also evolving in consequential ways. Its most significant function is no longer product supply but strategic technical and financial partnership with governments navigating complex reform agendas. MSD has redirected promotional budgets toward practitioner education and long-term market sustainability, with its Indonesia HPV vaccination partnership mobilising nearly USD 1 billion in financing through a structured investment case - a replicable model for unlocking transformative health financing commitments at scale. Roche Diagnostics addresses the capital barrier to laboratory infrastructure through a managed services model that eliminates large upfront costs and consolidates disease-specific diagnostics, including HIV, TB, and HPV, onto integrated platforms. AstraZeneca engages as a technical architecture partner, deploying AI-driven screening tools and supporting Ministries of Health in designing systems capable of transitioning from donor financing into sustainable national budget allocations.

Across all country and private sector engagements, one imperative is consistent: sustainable UHC financing requires the deliberate construction of systems; legal, institutional, fiscal, and partnership-based that are designed to endure beyond project cycles, electoral transitions, and donor

commitments. The countries making the most meaningful progress are those treating health financing not as a budgetary line item but as a long-term sovereign investment in economic and social resilience. That reframing, more than any single mechanism or intervention, is the defining strategic insight of this process.

Accelerating Diagnostics for Stronger Health Systems: Detect Early, Treat Better

Access to timely, affordable, and quality diagnostics is a foundational requirement for UHC and resilient health systems in Africa, however it remains one of the most underinvested and structurally fragmented components of health delivery. Across the continent, fewer than half of primary health facilities in low- and middle-income countries have access to essential diagnostics, resulting in delayed or missed diagnoses, preventable mortality, and inefficient use of scarce health resources. Despite this, diagnostics consistently demonstrate among the highest returns on investment.

Africa is at a pivotal diagnostic moment, reinforced by World Health Assembly Resolution 76.5, which formally recognises the need to integrate diagnostics into national health systems. Importantly, the continent is not starting from zero. Countries such as Senegal, Cameroon, Nigeria, and Egypt have already demonstrated scalable proof of concept across manufacturing, laboratory infrastructure, financing models, and system-wide disease elimination programmes. These examples collectively show that the building blocks of a functional diagnostic ecosystem already exist within Africa; what is required now is coordination, scale, and sustained political and financial commitment.

A central argument is that diagnostics must be reframed from a clinical input to a fiscal and economic investment. Ministries of Finance, rather than only Ministries of Health, must be engaged through return-on-investment modelling that demonstrates reduced hospitalisation costs, improved workforce productivity, and long-term system efficiency. Without this shift, diagnostics will remain structurally underprioritised despite being essential to the effectiveness of all other health interventions.

There is also a need for integrated, tiered laboratory networks that connect community-level rapid diagnostics with regional laboratories and national reference facilities, supported by digital reporting systems. However, infrastructure alone is insufficient without sustained investment in maintenance, workforce capacity, and supply chains. Similarly, emerging innovations such as AI-assisted diagnostics and solar-powered tools offer transformative potential for last-mile access but must be embedded within strong regulatory, quality assurance, and logistical systems to ensure safe and effective use.



Several systemic enablers are critical for progress: integrating blood services into national diagnostic frameworks; expanding domestic financing for oncology and other non-communicable diseases (NCDs); strengthening continental procurement mechanisms through the Africa Centre for Disease Control and Prevention (Africa CDC) to unlock economies of scale; and accelerating regulatory harmonisation across regional economic communities to reduce barriers to access and support local manufacturing. The experience of Egypt's hepatitis C elimination programme further demonstrates that sustained political commitment, domestic financing, and integrated diagnostic infrastructure can deliver rapid, system-wide transformation with lasting institutional benefits.

Diagnostics are not peripheral to Africa's health agenda they are central to achieving UHC, health security, and economic growth. The evidence base, technical models, and country-level examples already exist. The challenge now is implementation at scale through coordinated policy action, predictable financing, and political will aligned with the urgency of the continent's health needs.

Access for All: Scaling Comprehensive Quality Healthcare Services Across Africa

UHC is a commitment to ensuring that all individuals can access quality health services without financial hardship. Across Africa, important progress has been made over the past two decades, including increased service coverage, declining maternal and child mortality, and reduced deaths from communicable and non-communicable diseases. These gains reflect sustained investments in health systems and expanded access to care.

While Africa has made meaningful progress, current trajectories suggest that additional acceleration will be

needed to achieve UHC by 2030. Coverage levels are still well below the global average, and significant gaps persist between policy commitments and equitable access to services. The core challenge is no longer ambition, but implementation-translating reforms into functioning systems that deliver meaningful outcomes for all populations.

A key issue lies in how access is defined. Physical proximity to a health facility does not guarantee care. Financial barriers, workforce shortages, and geographic and social inequalities continue to limit access, particularly for rural and low-income communities. Measuring progress through people-centred outcomes such as financial protection and improved health status offers a more accurate reflection of system performance than infrastructure or service availability alone.

Health financing remains central to this transition. Framing health as an economic investment rather than a cost highlights its role in supporting productivity, human capital, and long-term growth. As external funding declines, countries face increasing pressure to build sustainable domestic financing models and strengthen engagement between health and finance sectors.

At the same time, shifting disease patterns require structural adaptation. The growing burden of NCDs demands integrated, continuous care models anchored in primary health care, rather than systems designed primarily for acute, episodic treatment.

Experiences across the continent demonstrate that progress is achievable. Legislative reform, phased implementation approaches, and equity-driven financing models are enabling countries to expand coverage while strengthening

system foundations. Central to these efforts is investment in primary health care and community-based delivery, which has shown measurable impact in improving outcomes and extending access.

Persistent challenges remain. Health workforce shortages, particularly in underserved areas, continue to constrain service delivery, while women's health needs remain under-prioritised in system design and financing. Addressing these gaps requires deliberate policy choices, including integrating services across the life course and leveraging existing care platforms more effectively.

Well-structured Public-Private Partnerships (PPPs) are also playing an increasingly important role. When designed with clear accountability and aligned incentives, these collaborations can expand access, build local capacity, and deliver sustainable impact. Complementary innovations, including digital health and supply chain solutions, further strengthen system performance.

Accelerating progress toward UHC will require sustained focus on several priorities: redefining success through people-centred outcomes; strengthening legal and financing frameworks; investing in primary health care; integrating chronic disease management; applying a gender lens to health systems; leveraging public-private collaboration; and streamlining regulatory processes to improve access to proven health technologies.

UHC in Africa is no longer an abstract goal. Practical models and proven approaches already exist. The task ahead is to scale these efforts with urgency and equity, ensuring that the benefits of stronger health systems reach every population.

Strengthening Africa's Pharmaceutical Ecosystem for Health Security

Africa's pharmaceutical ecosystem remains significantly dependent on imports, with more than 70% of medicines, 99% of vaccines, and over 99% of diagnostics sourced from outside the continent. The COVID-19 pandemic brought the implications of this dependency into sharp focus: despite mobilising approximately USD 2 billion, African countries had secured no vaccine doses within the first ten months of the crisis, and less than 2% of promised doses were delivered within the first year. The Mpox outbreak underscored that the challenges experienced were structural in nature rather than circumstantial. With hundreds of disease outbreaks recorded across the continent annually, addressing this vulnerability is a matter of considerable urgency.

Sustained reliance on external sources for essential health commodities presents challenges that extend beyond economic efficiency. It constrains the continent's ability to respond effectively to health emergencies, limits national

sovereignty over critical health decisions, and contributes to outcomes that could be avoided with greater local manufacturing capacity. Encouragingly, this is a condition that can be meaningfully addressed through coordinated policy and investment. The Africa CDC's target of producing 60% of routine immunisation needs and other essential health products locally by 2040 is ambitious but well-founded, with the experiences of Egypt, South Africa, and Korea demonstrating that transformative progress is achievable when policy, financing, and human capital development are pursued in alignment.

Realising this ambition will require sustained and coordinated action across five interconnected areas: continental market integration; regulatory harmonisation through the African Medicines Agency (AMA); sustainable financing and demand guarantees; human capital development and research and development investment; and consistent political commitment oriented toward implementation. The continent has a strong foundation of existing frameworks among them Agenda 2063, the Abuja Declaration, and the Pharmaceutical Manufacturing Plan for Africa and the central opportunity lies in translating these into concrete, coordinated action.

Three areas warrant particular and immediate attention. Regulatory harmonisation should be advanced through AMA, with WHO Maturity Level 3 (ML3) for vaccine regulation established as an explicit and time-bound continental priority. Pooled procurement mechanisms should be permanently institutionalised as standing continental infrastructure, supported by long-term advance purchase commitments that provide manufacturers with the demand certainty necessary to attract private sector investment. University curricula should be reformed to align more closely with industrialisation needs, accompanied by structured programmes to retain skilled professionals and facilitate the return of diaspora talent.

The foundations for progress are in place. The precedents are encouraging, the frameworks are established, and the potential returns in health security, economic development, and continental resilience are substantial. The priority now is to move from ambition to implementation.

Digital Health Revolution: Harnessing Technology for Impact

Africa is experiencing a rapid digital transformation, with health systems playing a central role in this evolution. High mobile phone penetration and expanding digital infrastructure create significant opportunities to improve access, efficiency, and quality of care. However, structural constraints particularly fragmented systems, weak interoperability, limited financing models, and governance gaps continue to limit large-scale impact.

There is a clear transition from standalone digital tools toward integrated, interoperable systems enabled by Digital Public Infrastructure (DPI). DPI provides shared standards, registries, and data exchange frameworks that allow existing systems to connect, improving continuity of care, system efficiency, and visibility across patient journeys. Practical experience, such as the Kisumu County model, demonstrates that integration can deliver measurable improvements in accountability, maternal and child health outcomes, and real-time decision-making.

Sustainability depends not only on technology, but on system design and alignment with real-world needs. Effective digital health solutions must prioritise usability for frontline health workers, support decision-making, and balance value across the “Three Ps”: Patient, Payer, and Pocket. Many innovations fail to scale due to weak evidence of impact, unclear financing models, and limited integration into national systems.

Emerging technologies such as artificial intelligence show strong potential to improve efficiency and reduce clinical errors, but their impact depends on strong data systems, interoperability, and governance. At the same time, regulation and trust remain central, requiring adaptive, co-created frameworks and clear data governance to ensure transparency and adoption.

Overall, digital health is shifting from experimentation to execution. The priority now is scaling proven models, strengthening enabling environments, and building interoperable, sustainable systems. Digital health is becoming a foundational infrastructure for resilient, efficient, and equitable health systems.

Breaking Silos: Building Integrated Health Systems for Africa's Next Decade

Health systems across Africa are at a critical inflection point, shaped by evolving disease burdens, demographic transitions, financing dynamics, and increasing recognition that health outcomes are influenced by factors extending beyond clinical service delivery. The central challenge is not the absence of solutions, but the fragmentation of efforts across sectors, institutions, and stakeholders.

Historically, health has largely been approached as a standalone sector, primarily situated within Ministries of Health, hospitals, and externally supported programmes. While this framing has supported important gains, it has also limited the extent to which health is systematically integrated into broader economic and social policy domains such as manufacturing, transport, education, labour, and urban development. Given the clear link between population health and economic performance, there is growing recognition of the value of positioning health as a cross-cutting contributor to productivity, workforce stability, and national development.

Prevention remains an area of significant opportunity. Current workplace health approaches are often oriented toward regulatory compliance and curative coverage, with comparatively less emphasis on proactive wellbeing and risk reduction. Employers, particularly in labour-intensive sectors, are increasingly recognised as important partners in advancing workplace health and productivity. This can be further supported through enabling policy environments, including appropriate incentives, standards, and coordination mechanisms. The potential for prevention



also extends into schools and community settings, where more distributed and technology-enabled approaches may help bring services closer to daily life.

Primary healthcare continues to be widely acknowledged as a foundational component of both routine service delivery and epidemic preparedness. Evidence consistently highlights the importance of early detection and community-level response in managing public health risks. Strengthening primary care systems, including investments in frontline facilities, workforce capacity, diagnostics, and community health workers, remains a key priority for improving system responsiveness and resilience.

Financing considerations remain central to ongoing reforms, particularly in the context of evolving external support landscapes. Many countries are exploring domestic financing approaches, including taxation and insurance-based mechanisms, to strengthen resource mobilisation. While these reforms are contributing to improved funding flows, continued efforts to enhance efficiency across different levels of care may further support system performance, equity, and sustainability objectives.

Evidence from cancer care delivery highlights that delays in diagnosis are often associated with a combination of factors, including financial barriers, access to diagnostic services, transport constraints, and referral system challenges. This underscores the importance of complementing awareness initiatives with interventions that strengthen access pathways, including service affordability, patient navigation, and improved coordination across levels of care.

Across all areas, the importance of collaboration among stakeholders remains evident. Effective health system strengthening requires coordinated engagement between governments, the private sector, development partners, and civil society, supported by clearly defined roles and shared performance expectations. Regional institutions can also continue to play an important role in advancing harmonisation, coordination, and capacity strengthening across member states.

Collectively, these considerations point to an important shift in how health is understood and operationalized, not as a discrete sector, but as an enabling system embedded across economic and social structures, with implications for how policy, financing, and service delivery are designed and aligned.

Connected, Coordinated, Investable: Africa's Health Systems Reimagined

Africa's health landscape is undergoing a decisive shift from dialogue-driven engagement to coordinated implementation at scale. Across the continent, the focus is increasingly on integrating systems, financing, data, and partnerships to build resilient, equitable, and sustainable

health systems. This transition reflects a broader recognition that fragmented approaches are no longer sufficient to address complex and evolving health challenges, particularly the rising burden of non-communicable diseases.

A key milestone in this transformation is the launch of the Africa Oncology Care Network (AOCN), which signals a move toward structured, multi-country collaboration in cancer control. By convening governments, clinicians, researchers, and private sector actors under a shared framework, the AOCN aims to strengthen policy alignment, expand access to quality oncology services, enhance data and research capabilities, and improve referral systems. The establishment of a continental secretariat in Nigeria further reinforces the shift toward sustained institutional coordination and long-term impact.

At the same time, the growing importance of connected systems is reshaping how healthcare is delivered and managed. DPI is emerging as a critical enabler, addressing longstanding challenges related to fragmented data and limited interoperability. By creating a shared digital backbone, DPI supports more continuous, patient-centred care, strengthens supply chains, and unlocks new opportunities for data-driven financing and service delivery models.

Health financing is also undergoing a significant transition. Declining external aid is prompting countries to rethink traditional funding approaches and accelerate the shift toward more sustainable, domestically driven models. Increasingly, health is being positioned as an investment rather than a cost, one that delivers economic returns through improved productivity and reduced long-term expenditure. This shift is driving interest in blended financing mechanisms that combine public resources with private capital to support scalable and impact-oriented health investments.

Over the past decade, Africa's health ecosystem has evolved toward more structured and intentional collaboration. Governments, private sector actors, and development partners are increasingly working as co-creators, each playing complementary roles in strengthening systems and delivering outcomes. This collaborative approach is further supported by a growing emphasis on domestic resource mobilisation, innovative financing strategies, and preparedness for future health emergencies.

Collectively, these developments point to a fundamental transformation in how health systems are conceived and operationalised across Africa. The path forward lies in building integrated, connected, and investable systems that align policy, financing, and implementation. Success will depend not only on the strength of individual initiatives, but on the ability of stakeholders to work in coordination and translate commitments into sustained, measurable impact.



