




Canada

2026

Bridging the Gap: Scaling HealthTech from Pilot to System-Level Impact.

An eHealth Africa
Executive Roundtable

 WEDNESDAY JUNE 10, 2026

 Chestnut Conference Centre, University of Toronto

Outcome Report.





Moderated by
Ota Akhigbe,
Director, Partnerships
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Purpose

This 90-minute executive roundtable convened leaders across government, financing, technology, academia, and implementation to move past why pilots fail and focus on the harder, more valuable question - **what does it actually take for innovation to become part of a working health system**, through government adoption, procurement, financing that outlives the grant, interoperability, and delivery capacity? The session was deliberately designed to end not in conversation, but in commitments.



The headline

The room reached a clear, shared conclusion that **Africa does not have an innovation problem**. It has the founders, the talent, the ideas, the technical capability, and communities already solving their own problems. The real challenge is the **transition from innovation to institutionalisation** - and that transition is an act of orchestration, not of technology, funding, or policy alone. A pilot only becomes meaningful when it can survive inside a real health system, with government alignment, sustainable financing, procurement pathways, interoperability, workforce readiness, implementation capacity, trust, and local ownership.

Framing perspectives



Jean-Philbert Nsengimana (Chairman, Africa HealthTech Summit) reframed the African founder not merely as a company-builder but as the scaling infrastructure itself - boundary-spanner, translator, network orchestrator, and political navigator, holding together worlds that rarely speak to one another. His provocation was that our ecosystems must learn to recognise and support these roles, and sometimes the most powerful enabling act is simply to stop putting roadblocks in founders' way.



Atef Fawaz (Executive Director, eHealth Africa) grounded the conversation in implementation reality - pilots fail when they are designed far from the people they are meant to serve. The pilots that endure; several of eHA's now run five-plus years and are paid for directly by the government, are those built with the community from the bottom up, that solve the problem the community actually cares about, and that honour culture, which on this continent is everything.

Our opening speakers



Jennifer Henderson (Project Director, Viamo) identified the greatest friction as the intersection of implementation and sustainable financing - a pilot that is affordable, contextually relevant, and built around a real addressable market, with a financial plan beyond the pilot stage, or it will never scale.



Mesrak Lissanu (District Sales Manager, Abbott) brought the supply-chain and pharmaceutical lens too often left out - the break happens at execution and last-mile delivery. Using Zipline in Rwanda as the model, co-created from the bottom up around the government's own priority (blood supply), she made the case that solving stock-outs requires visibility and genuine public-private collaboration, not public or private working in isolation.



Akin Alaga (Chief Investment & Operating Officer, Grand Challenges Canada) mapped the long journey from pilot to scale and offered two hard truths - the founder who proves the technology is often not the one who scales it; and in healthcare, a public good where government is frequently the buyer, not merely the regulator - sustainability requires **dual public-private pathways** and an honest reckoning with profitability.



Brian O'Connor (Chair, Global Health Connector), drawing on 53 start-ups and decades of mentoring, distilled it to discipline - identify a real need, prove the demand (not just the idea), and invest the time to educate the procurement people who decide what gets bought. Founders can themselves become the obstacle, and governments, as the largest procurer in most economies, cannot be ignored, only understood.

The strongest threads from the floor

The open discussion converged on several powerful, recurring ideas;

- **Orchestration is the missing layer.** A widely supported call emerged for an Africa systems-orchestration framework - a recognised class of trusted intermediaries and "systems architects" who connect founders, government, and capital, and who deserve deliberate investment and an enabling environment. Founders should not be expected to also become experts in government procurement; that is a different discipline that different people should own.
- **Separate the "product" problem from the "program" problem.** Building good technology and navigating government procurement, legal, and privacy scale in entirely different ways and demand entirely different people. Conflating them is why so many promising products with only-government customers stall.
- **Co-design and cultural/contextual fit are non-negotiable** - a truth as relevant to Canada's bilingual, rural, remote, and Indigenous realities as to Africa's diversity. Frictions and constraints in a system often exist for a reason; the work is to understand them transparently and find the leverage points, not to treat people in government as obstacles.
- **Honesty about sustainability.** A pilot that survives only on grant funding, or only one political cycle, has not yet become a system-level solution. Pilots should be designed with a real revenue model - and, where possible, income-generation potential for the communities and health workers involved, which is where genuine local buy-in is earned.
- **Mind the "missing middle."** Beyond fragile startups sit durable, often already-revenue-generating small businesses, near ready to scale, that the ecosystem overlooks. We should differentiate the true startup from the durable enterprise, and support both.
- **Old lessons for new problems.** Founders should look to existing distribution networks and proven local solutions rather than inventing new ones - and recognise that not every problem is a system-level problem.
- **Build the next generation deliberately.** Academia produces most founders, yet rarely teaches them what it takes to scale. There was a strong call for an evidence-based approach that embeds ecosystem-bridging and entrepreneurship into education - so we are not having this same conversation twenty years from now.



With thanks to all contributors, including Dr. Remi Adeseun (systems architect, Adeyemi Adesina Advisory), Prof. Margaret Mutumba (Director, Africa Institute, Western University), Ashifi Gogo (Sproxil), Patricia Molinos (eHealth Africa), Dr. Mike Kerwin, and many others whose lived experience shaped the room.

Commitments - the next 90 days

In the closing round, participants named concrete next steps;

- **Akin Alaga (Grand Challenges Canada)** committed to work with Dr. Remi Adeseun on the systems-architecture ideas, in support of these objectives from a GCC perspective.
- **Brian O'Connor (Global Health Connector)** committed to keep this cohort connected and to channel global ecosystem input - drawing on Global Health Connector's 90+ health ecosystems and existing work with ADHN, in support of eHealth Africa and the wider room.
- **Dr. Mike Kerwin** committed to help connect and broker opportunities into his network of clients interested in African markets.
- **Several participants** - including the team at Emergency Response Africa, committed to partnership over competition, designing solutions together and welcoming others into the work.
- The room reached a shared commitment to **stay connected and keep the momentum going.**

Next steps

1. This outcome report is shared with all participants and speakers.
2. eHealth Africa will **follow up directly** with those who named commitments, to convert them into concrete workplans within the next 90 days.
3. Please **stay connected** - share your contact details with the eHA team so we can keep this cohort engaged.
4. This conversation continues at the **Insights Learning Forum (ILF) in Abuja, 28th - 29th July 2026**, where financing, interoperability, and systems integration anchor the agenda in an African policy and implementation context. You would be warmly welcome.



A closing word

Our thanks to every speaker and participant who stayed in the room and stayed honest about the realities of scale. The strongest takeaway is also the simplest - successful digital-health scale is about systems, trust, coordination, and long-term commitment - building solutions that governments and communities can sustain long after the pilot ends. eHealth Africa is proud to play its part as a trusted implementation and systems-integration partner, and we look forward to the partnerships that emerge from this room.

*With appreciation, **Ota Akhigbe** · Director, Partnerships & Programs, eHealth Africa*





