eHealth AFRICA

22nd Edition

DIHAD®

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Dubai International Humanitarian Aid & Development Conference & Exhibition

THEME

Designing Fundable Health Systems in Fragile Contexts: What Actually Works for Scale and Investment.

LEARNING BRIEF

Key Insights from eHealth Africa's Strategic Roundtable at DIHAD 2026

The Central Question

Global health does not suffer from a shortage of promising pilots.

Across fragile and underserved settings, governments and development partners have repeatedly demonstrated that innovative interventions can work.

The harder question is:
What happens when the pilot ends?
At DIHAD 2026, eHealth Africa convened leaders across implementation, development finance, humanitarian action, academia, private-sector health technology, and clinical delivery to explore what separates an intervention that succeeds temporarily from a system capable of surviving, scaling, and attracting continued investment.

One conclusion cut across the conversation:
Sustainability cannot be added at the end. It has to be designed from the beginning.

Insight 1:

Design With the People Who Own the Problem

Atef Fawaz grounded the discussion in implementation reality.

Solutions intended for African contexts are still too frequently designed elsewhere and brought into communities with insufficient understanding of local infrastructure, connectivity, culture, language, and operating realities.

His argument was straightforward:
"If we want to solve problems in Africa, they need to be designed in Africa, not overseas."

Local stakeholders should therefore not enter at the implementation stage. They should be **in the room from day one.**

Communities and governments understand the problem differently because they live with it. Their participation can identify barriers earlier, reduce inappropriate design decisions, lower implementation costs, strengthen acceptance, and create ownership.

Implication

Localization is not simply where an intervention is delivered. It is about who participates in designing it.

Insight 2:

A Successful Pilot Is Not Yet a Sustainable System

Ota Akhigbe identified four conditions that move interventions beyond pilot success:

- Local ownership.
- Operational capacity.
- Sustainable financing.
- Decision-grade evidence.

Her distinction was important:
"A successful pilot shows that something can work. A fundable system shows how it will continue, who will carry it, and whom it will serve."

An intervention can achieve every project indicator and still disappear when funding ends.

Sustainability therefore requires answering questions during design that historically have often been postponed:

- Who owns the system?
- Who operates it?
- Who pays recurrent costs?
- What capacity remains locally?
- What evidence will justify continued financing?

Insight 3:

Less Financing Makes Coordination More Important

Dr. Kerri Elgar placed the conversation within a rapidly changing development-financing environment.

OECD projections discussed during the session indicate that aid to health in highly fragile contexts could fall by approximately half between 2024 and 2026.

The implication is not simply that organizations need to find replacement funding.

It means the system has to **use increasingly constrained resources more intelligently.**
Fragmented investments: multiple facilities, platforms, technologies, or initiatives addressing similar problems without coordination, become increasingly difficult to justify.

The challenge is therefore to determine where scarce catalytic financing can absorb early risk and when governments, private-sector actors, or other investors can subsequently carry successful models.

Implication

Funding contraction makes coordination, prioritization, and sustainability design more important, not less.

Insight 4:

Mobilize More Than Money

Elie Dagher demonstrated how humanitarian organizations are adapting to volatile financing environments.

For the Lebanese Red Cross, this has included diversifying relationships across philanthropy, diaspora networks, and private-sector actors.

But his argument went further: Partnerships can mobilize:

- financing;
- in-kind contributions;
- expertise;
- technology;
- digital capabilities; and
- services.

A private-sector partnership supporting solar power for health facilities illustrated how relationships outside traditional calls for proposals can generate practical solutions.

His second major point concerned trust. Evidence, accountability, transparency, and demonstrated impact are what allow financing relationships to endure.

Implication

Resource mobilization should be understood as relationship and capability mobilization, not simply fundraising.

Insight 5:

Fund the Technology Life Cycle, Not the Launch

Agnes Mwagiru challenged one of the most persistent weaknesses in health-technology investment.

Equipment procurement is frequently treated as the intervention.

But an MRI scanner, laboratory platform, digital system, or other technology exists within a wider service-delivery ecosystem.

Her question was:
Are patients still benefiting from the technology five years later?

That requires:
- trained personnel;
- maintenance;
- spare parts;
- referral pathways;
- reimbursement;
- patient affordability;
- infrastructure;
- continued operating expenditure; and
- workforce succession.

Her formulation captured the problem succinctly:
"We need to fund the life cycle of the system, not just the launch."
And on workforce sustainability:
"Train teams, not heroes."

Implication

A technology investment should be evaluated based on the **service ecosystem required to keep producing patient outcomes,** not the equipment delivered.

Insight 6:

Evidence Must Travel

Dr. Shadi Saleh introduced a framework connecting:

Design → Evidence → Policy → Politics

Design determines whether the intervention reflects the context.

Evidence demonstrates whether it works. Policy translates evidence into institutional choices.

Politics ultimately influences whether those choices are adopted.

A critical problem is that evidence is frequently produced for researchers rather than decision-makers.

If policymakers cannot understand and use the evidence, technical rigor alone will not produce scale.

Sustainability now needs to become a lens across all four dimensions.

Implication

Evidence is valuable not simply when it is rigorous, but when it can support a decision.

Insight 7:

Financial Viability Is Also an Access Question

Dr. Ifunanya Ilodibe brought the conversation to frontline healthcare operations.

Her framing was deliberately practical: sustainability can mean making payroll, keeping electricity running, and keeping healthcare affordable on an ordinary Tuesday morning.

The central tension is real. Healthcare providers need financial viability while serving populations that may have limited ability to pay.

Cross-subsidization offers one potential model: margins from paying customers help sustain services in underserved communities, while development funding can support programs through infrastructure that remains operational after individual grants end.

Her statement captured an often overlooked reality:
"A clinic that isn't open is a clinic that people don't have access to."

Implication

Commercial viability and health equity should not automatically be treated as opposing concepts.
Provider solvency can be a prerequisite for sustained access.
What Makes a Health System Fundable?
Taken together, the session suggests that a scalable health-system investment needs at least six characteristics:

1. Local ownership
The people expected to sustain the system participate in designing it.

2. Operational viability
People, infrastructure, maintenance, and institutional capability exist beyond launch.

3. Sustainable financing
The model explains who pays after catalytic funding ends.

4. Decision-grade evidence
Impact can be demonstrated credibly and communicated to decision-makers.

5. Demand
The solution addresses a problem for which governments, patients, or other actors have sufficient incentive to sustain it.

6. Adaptability
The model can respond to political, humanitarian, financial, and operational change.

The Core Takeaway
The central lesson from the discussion was not that pilots are unimportant.
Pilots prove possibility.
But the financing environment increasingly demands something more:
A credible pathway from possibility to permanence.

That means asking sustainability questions before implementation begins, not after funding is about to end.

What eHealth Africa Is Taking Forward

The conversation at DIHAD 2026 reinforced that building health systems that last requires more than successful interventions. **Local ownership, sustainable financing, operational capacity, decision-grade evidence, and long-term implementation thinking must be designed in from the start.**

For eHealth Africa, these insights strengthen our commitment to working with governments, communities, funders, private-sector actors, and development partners to build health systems that are **locally grounded, operationally viable, responsive to context, and capable of sustaining impact beyond individual funding cycles.**

We are taking forward three priorities: strengthening **co-design and local ownership across our work; continuing to generate and translate implementation evidence that can inform investment and policy decisions;** and deepening partnerships that connect **financing, technology, implementation capability, and government priorities** to move proven solutions toward sustainable scale.

The discussion does not end with DIHAD. We look forward to continuing these conversations and translating shared insights into **practical partnerships and stronger, more resilient health systems across Africa.**

Participating Organisations

The roundtable brought together perspectives from **eHealth Africa, EHA Clinics, the Organization for Economic Co-operation and Development (OECD), Lebanese Red Cross, Siemens Healthineers, and the Global Health Institute at the American University of Beirut.**


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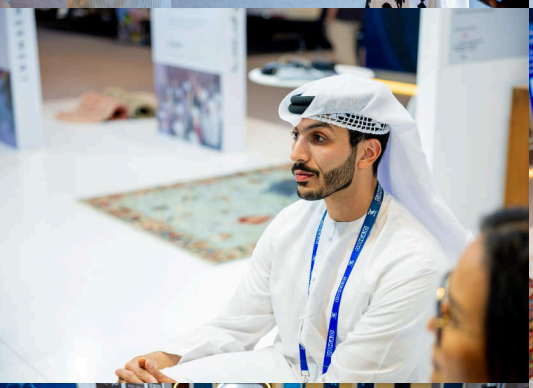


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