



# Expanding Reach, Readiness and Resilience

Data-driven health systems across Africa

A large, stylized map of Africa is the central focus, filled with a collage of images related to healthcare. The images include: healthcare workers in full protective suits and masks; a close-up of a person's face; a man in a blue shirt and beige vest holding a blue folder; and hands using a pipette in a laboratory setting. The map is outlined in white and set against a blue background with a white dot pattern.

**2026  
Mid-year  
Impact  
Report**

A world where  
**everyone** lives  
healthy and more  
prosperous lives.



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# List of Acronyms

|                   |                                                                                        |
|-------------------|----------------------------------------------------------------------------------------|
| CAHFSN –          | Climate Adaptation in Health, Food Security and Nutrition                              |
| CO <sub>2</sub> – | Carbon Dioxide                                                                         |
| cVDPV3 –          | Circulating Vaccine-Derived Poliovirus Type 3                                          |
| Cow-WATCH –       | Community Access to Effective Antibiotics (Com-WATCH)                                  |
| DIP –             | Daily Implementation Plan                                                              |
| DPM –             | Disease Prevention & Monitoring                                                        |
| DRC –             | Democratic Republic of the Congo                                                       |
| EOCs –            | Emergency Operations Centers                                                           |
| eHA –             | eHealth Africa                                                                         |
| EPI –             | Expanded Programme on Immunization                                                     |
| FCT –             | Federal Capital Territory                                                              |
| GHM –             | Global Health Monitoring                                                               |
| CCDX –            | Cold Chain Data Interchange                                                            |
| DHIS –            | District Health Information System                                                     |
| GIS –             | Geographic Information System                                                          |
| GTS –             | Geospatial Tracking Systems                                                            |
| HPV –             | Human Papillomavirus                                                                   |
| IMS –             | Inventory Management System                                                            |
| Indigo –          | A vaccine carrier technology or system                                                 |
| LGAs –            | Local Government Areas                                                                 |
| LIPs –            | Laboratory Infrastructure and Procurement Strengthening                                |
| LS&D –            | Laboratory Systems and Diagnostics                                                     |
| M-R –             | Measles Rubella                                                                        |
| NIMR –            | Nigerian Institute of Medical Research                                                 |
| OBR –             | Outbreak Response                                                                      |
| PHEOCs –          | Public Health Emergency Operations Centers                                             |
| PHEM –            | Public Health Emergency Management                                                     |
| POCRs –           | Polio Outbreak Control Rooms                                                           |
| PortaBat –        | A digital solution designed for optimal vaccine maintenance                            |
| RE4PHC –          | Renewable Energy for Primary Health Care                                               |
| RI –              | Routine Immunization                                                                   |
| SARMANN –         | Safety and Antimicrobial Resistance of Mass Administration of Azithromycin on Children |
| SLS –             | Strengthening Laboratory Systems                                                       |
| UNICEF –          | United Nations Children's Fund                                                         |
| VDD –             | Vaccine Direct Delivery                                                                |
| WFP –             | World Food Programme                                                                   |
| WHO –             | World Health Organisation                                                              |

# About eHealth Africa

## Our Mission

Empower vulnerable and underserved communities to achieve healthier, more prosperous lives by strengthening health systems through innovative, data-driven digital solutions and person-centered care.

## Our Vision

A world where everyone lives healthy and more prosperous lives.

## Our Core Values

**Impact and Quality:** We push ourselves to maintain high standards ensuring that we produce the most meaningful results in everything we do, no matter how big or small.

**Innovative Problem Solving:** We maintain a worldview driven by possibilities, not limitations. We take smart risks and foster an environment where creativity and innovation thrive.

**Integrity:** We are honest and truthful in our work. We always do what is right, even when it is not easy. We put our values into practice and hold each other accountable.



# Program Areas

## Public Health Emergency Management (PHEM)

This program strengthens the capacity of governments and health organizations to detect, investigate, and respond to health threats swiftly and effectively. We support the development of emergency operations centers (EOCs), integrate real-time data collection systems, and provide logistical support to ensure timely, coordinated responses; even in remote regions.



## Disease Prevention and Monitoring (DPM)

eHealth Africa strengthens disease prevention and monitoring by providing digital tools and operational support for effective disease surveillance. Our solutions enable timely data collection and analysis, allowing governments and health organizations to detect outbreaks early and take preventive action. By tracking vaccine distribution and monitoring infectious disease cases, eHA helps reduce disease burdens and build healthier communities across Africa.



# Program Areas

## Laboratory Systems & Diagnostics (LS&D)

This program upgrades laboratory infrastructure, provides essential equipment and consumables, and builds the capacity of laboratory personnel, ensuring reliable diagnostics and improved public health outcomes.



## Climate Adaptation in Health, Food Security & Nutrition (CAHFSN)

This program addresses climate smart health infrastructure and resilience. Climate adaptation is crucial for safeguarding health, food security, and nutrition as climate change exacerbates vulnerabilities. Rising temperatures, extreme weather, and ecosystem shifts increase climate-sensitive diseases, disrupt food production, and threaten nutrition for millions. Integrating adaptive strategies into health and food systems strengthens resilience, mitigates risks, and ensures sustainable outcomes for vulnerable communities.



# Key numbers driving impact



**205,020**

Settlements visited across reported campaign rounds



**33,837**

DIPs/catchment area maps developed and distributed to support OBR campaign



**226 PHCs**

generated 277,800 kWh of solar energy



**11 EOCs**

supported and enabled for operational functionality



**17 Public health laboratories upgraded**



**4 LGAs**

in Lagos State where PlanFeld was deployed to support MR Campaign

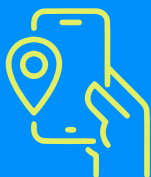
**91%**

Average settlement visit rate



**43,876 Tracking devices**

deployed to monitor settlement visitation.



**20,070**

Recorded visits to 11 EOCs



**9 SARMAAN**

command centers established for efficient data collection operations and issue resolution



**1,980**

Digitized DIPs/Maps produced and distributed during the MR Campaign in Lagos State.



# Key numbers driving impact

18

Laboratories  
already using IMS

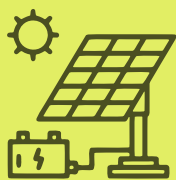


39,647  
Households  
reached



₦166M+

Estimated Cost saved on PHCs solarized



23m+

Children were reached and  
vaccinated against Polio.



546

Public health  
emergency meetings  
hosted



761

Humanitarian  
Consignments managed  
in Ngala



197

State and LGA  
Immunization team  
trained in Lagos  
State on the use of  
PlanFeld



3.41m+

Antigens delivered through Sokoto VDD



31,066

Eligible Children  
Reached



240 tons

... avoiding 240 tons of  
CO<sub>2</sub> emissions



# Africa: a distributed platform for health security

16 countries connected through laboratory, diagnostic and digital systems strengthening



**16**  
Countries

**17**  
Laboratories  
supported

**10/6**  
LoMis deployed  
/active

## WHAT THIS MEANS FOR AFRICAN HEALTH SYSTEMS

The footprint strengthens the connective tissue of regional health security: laboratories that are more functional, commodities that are more visible, data that are more comparable and institutions that are better positioned to coordinate when a threat crosses borders.

## THE CONTINENTAL STORY

In H1 2026, eHealth Africa's African footprint was concentrated in laboratory and diagnostic system strengthening. The reach across 16 countries is more than geographic presence: it forms a distributed network of institutions that can detect threats, maintain critical supplies and learn across borders.

**01**

### REGIONAL READINESS

Laboratory infrastructure, equipment and sequencing capability strengthen the nodes on which outbreak detection and response depend.

**02**

### VISIBILITY & ACCOUNTABILITY

LoMis and common operational data create clearer sightlines into stock availability, use and bottlenecks across participating laboratories.

**03**

### A PLATFORM FOR SCALE

A multi-country delivery base allows tools, standards and lessons to move across countries—reducing reinvention and accelerating government-led adoption.

# Executive Summary

In the first half of 2026, eHealth Africa advanced a connected approach to strengthening public health systems across Africa: expanding reach, strengthening readiness, and building resilience. Across its portfolio; Disease Prevention and Monitoring, Laboratory Systems and Diagnostics, Climate Adaptation in Health Food Security and Nutrition and Public Health Emergency Management, eHealth Africa helped governments and partners extend, strengthen preparedness for health threats, and build systems designed to perform beyond individual interventions.

eHealth Africa played a critical role in bridging the gap between essential health services and the communities that need them. The deployment of Geospatial tracking and PlanFeld has strengthened the planning and visibility of vaccination campaigns, while Vaccine Direct Delivery intervention improved last-mile access to routine immunization commodities. Also, our novel solutions such as Com-WATCH further extended this approach by creating new channels for community-level visibility and accountability.

During the year, eHealth Africa strengthened the systems that enable institutions to detect, coordinate, and respond when public health threats emerge. Public Health Emergency Operations Centers built and managed by eHealth Africa, provided platforms for collective decision-making. Laboratory systems intervention has also consistently strengthened diagnostic and surveillance capacity. Also with support from key partners, our standardized operational and data management systems supported projects around antimicrobial resistance such as SARMAAN II. Across these interventions, the common objective was clear: better information, stronger coordination, and greater capacity to act when it matters.

Similarly, investments in the first half of 2026 also addressed what keeps health systems functioning over time. While renewable energy strengthened the power infrastructure of primary healthcare facilities, ClimateSENSE advanced climate-health preparedness. At the same time, humanitarian logistics helped protect essential commodities in fragile settings, while workforce development strengthened the people and skills required to sustain these systems.

These results show that reach, readiness, and resilience are interconnected. Reaching more communities has limited value without systems ready to respond, and readiness cannot be sustained without resilient infrastructure, institutions, and people. In the second half of 2026, eHealth Africa will focus on consolidating these gains by deepening institutional ownership, strengthening sustained use of deployed systems, completing ongoing investments, and generating stronger evidence of how improved system performance translates into better and more reliable health services.



# What We Delivered in H1 2026

In H1 of 2026, eHealth Africa strengthened the systems that enable vaccines, diagnostics, surveillance data and humanitarian commodities to reach the people and institutions that need them. Across the portfolio, eHealth Africa combined digital technology, geospatial intelligence, infrastructure, logistics and technical support to improve the visibility, reach and reliability of public health operations.

- **Expanded reliable access to routine immunization in Sokoto State.** Through vaccine direct delivery, eHealth Africa-supported facilities immunized 141,593 children and received approximately 3.41 million vaccines and related commodities. All targeted facilities received vaccines on time and within the required temperature range each month, while delivery coverage expanded from 351 to 407 facilities.
- **Improved visibility and accountability across polio campaigns.** eHealth Africa geospatially monitored four national and subnational campaigns, confirming visits to 205,020 settlements, resulting in 91% coverage. The deployment of trackers helped programme teams identify missed locations and take corrective action while implementation was underway. Across the supported campaigns, more than 23 million children were reached, vaccinated

against Polio. eHealth Africa's geospatial tools strengthened visibility into settlement visitation, helping campaign teams identify missed locations and take corrective action during implementation. Every successfully tracked and visited settlement brings Nigeria one step closer to interrupting transmission and achieving a polio-free status.

- **Scaled digital microplanning for vaccination teams.** In H1, PlanFeld was deployed to support campaigns across 253 LGAs in ten northern States. It supported 33,837 vaccination teams with digitized DIPs/catchment area maps. A total of 170,171 of 174,449 planned settlements were reached, strengthening the accuracy and coordination of campaign planning at scale. PlanFeld was also successfully deployed across four LGAs in Lagos State for the MR campaign, with 1,980 digitized DIPs/catchment area maps distributed to support vaccination teams, extending the use of digital microplanning beyond the northern states.
- **Expanded Africa's laboratory diagnostic and surveillance capacity.** eHealth Africa completed and formally handed over five upgraded laboratories in Ghana, Zambia, Nigeria and Cameroon, including the WHO Polio Laboratory in Maiduguri and the Virology Laboratory at University College Hospital,



Across the portfolio, eHealth Africa combined digital technology, geospatial intelligence, infrastructure, logistics and technical support to improve the visibility, reach and reliability of public health operations.

Ibadan. These investments strengthened the infrastructure required for timely diagnosis, disease surveillance and outbreak response.

- **Strengthened large-scale field operations and real-time problem-solving.** eHealth Africa supported SARMAAN II implementing partners with robust data management processes and responsive field support to strengthen azithromycin mass-administration, coverage evaluation, and AMR monitoring activities. AMR monitoring and coverage evaluation activities reached 39,647 households across eight states. Every issue reported to the operational field help desk was resolved, enabling timely troubleshooting and continuity of field operations. The June cycle 2 of AMR monitoring assessment in Kano alone reached 22,819 households across all 44 LGAs, demonstrating the

ability to manage complex, data-intensive field operations while maintaining responsive, real-time helpdesk support.

- **Protected humanitarian supply chains in a fragile setting.** The Ngala common warehouse handled 691 metric tons and 2,527 cubic metres of commodities for 16 humanitarian partners. Monthly physical inventories were completed, with no stock losses recorded, helping partners safeguard essential supplies and maintain continuity of humanitarian assistance.

Together, these results show how eHealth Africa moved beyond delivering stand-alone activities to strengthening the public health ecosystem itself, improving how institutions plan, coordinate, monitor, deliver and sustain essential health services.

## Our Impact in Context

This report presents eHealth Africa's H1 2026 results through the lens of reach, change, scale, and contribution. It examines where eHA worked and who its interventions supported, what changed in public health systems and service delivery, the scale of those changes, and the specific role eHA played in enabling them.

Results are reported using the most appropriate measures for each intervention, including geographic coverage, facilities and institutions supported, settlements reached, commodities delivered, systems deployed, personnel trained, and operational performance. Where activities may reach the same populations more than once—such as multiple vaccination rounds—the report avoids combining figures in ways that could overstate unique reach.

Importantly, eHealth Africa describes its contribution to reported results rather than assuming that all observed outcomes were caused by eHA alone. Many achievements reflect collaboration with governments, funders, implementing partners, health workers, communities, and other stakeholders.

At mid-year, much of the strongest evidence demonstrates improvements in system capacity and operational performance including better visibility, coordination, infrastructure, preparedness, and service reliability. Where downstream health or population-level outcomes have not yet been measured, the report states this distinction rather than inferring impact beyond the available evidence.

# Uniting Stakeholders to Strengthen Response to Public Health Emergencies

When Circulating Variant Poliovirus type 3 (cVPPV3) [was detected](#) in Aliero Local Government Area of Kebbi State, the concern extended beyond the community where the virus was found. Kebbi's connections across Local Government Areas, neighboring states, and international borders meant that population movement could increase the risk of further transmission, particularly among children who remained unvaccinated or inadequately protected.

For public health officials, the detection created an immediate coordination challenge on how quickly the right stakeholders come together, understand where the risks were, and agree on what needed to happen next. This is where the Public Health Emergency Operations Center (EOC) becomes critical.

Following signals such as disease detection or emerging campaign gaps, the EOC provides a platform where surveillance teams, immunization officials, government decision-makers, implementing partners, and other response actors can come together around the same information.

Rather than different institutions responding in isolation, stakeholders are able



**11 EOC**  
locations reporting



**546**  
emergency  
meetings hosted



to review available surveillance and campaign data, identify areas requiring attention, clarify responsibilities, and align on the actions needed to strengthen the response.

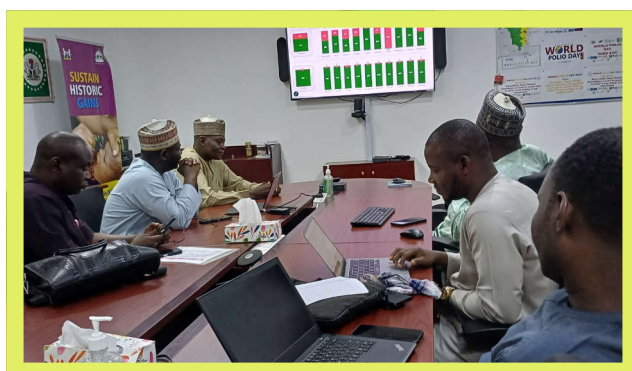
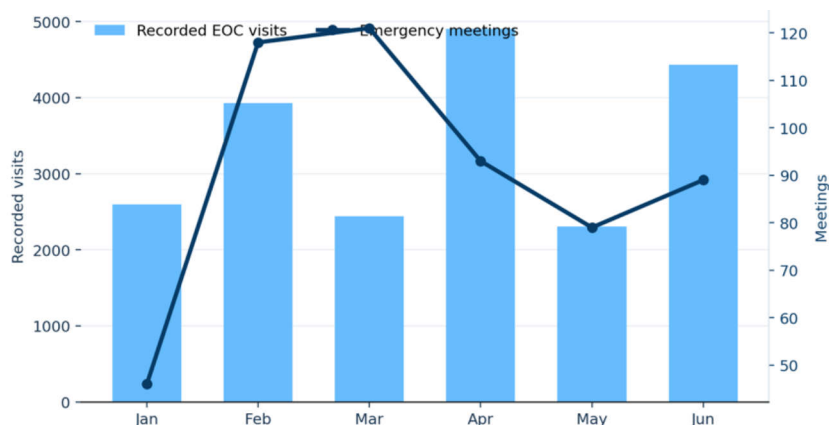
During a polio response for instance, this coordination can mean examining where cases or transmission risks have been identified, reviewing vaccination and settlement-level information, identifying communities that may have been missed, and determining where surveillance or vaccination efforts need to be intensified. Decisions made through these coordination mechanisms can then guide field teams and inform subsequent response activities.

The importance of this shared decision-making extends beyond polio. States across Nigeria continue to respond to public health threats including Diphtheria, Cerebrospinal Meningitis, and other disease outbreaks. These emergencies rarely fall within the responsibility or capacity of one institution alone. Effective response depends on different actors being able to work from shared evidence, assign responsibilities, resolve operational challenges, and act quickly.

Throughout the first half of 2026, the 11 Emergency Operations Centers supported and managed by eHealth Africa continued to provide this coordination infrastructure. Between January and June, the EOCs hosted 546 emergency coordination meetings, supported 102 campaign-related meetings, and produced 74 public health scorecards to support planning and performance monitoring. The centers also recorded 10,851 users, reflecting the range of public health stakeholders using these platforms for coordination and decision-making.

These numbers matter because they represent the activity behind coordinated response: stakeholders convening when action is required,

## EOC utilisation remained active throughout H1 2026



  
**20,070**  
recorded EOC visits

  
**102**  
campaign-support  
instances

  
**74**  
public-health  
scorecards  
produced

  
**10,851**  
monthly unique-  
user counts

## Infrastructure progress was mixed across POCR sites

Across African countries, the Public Health Emergency Operation Center (PHEOC) project continued to strengthen outbreak preparedness and emergency coordination across supported countries during H1 2026. While operational support was sustained across all targeted POCRs, significant progress was made on key infrastructure investments, with two sites completed, two under active implementation, and one awaiting commencement. The table below summarizes the implementation status of major infrastructure and operational support milestones achieved between January and June 2026.

| Site/workstream                                          | Latest H1 status | Interpretation                                                                 |
|----------------------------------------------------------|------------------|--------------------------------------------------------------------------------|
| <b>Renovation of EPI Office, Burundi</b>                 | 100%             | Recorded as complete from April through June                                   |
| <b>Chad POCR, N'Djamena</b>                              | 40%              | Construction progressed from 20% in January to 40% by April and then plateaued |
| <b>Angola light refurbishment - Phase 1</b>              | 100%             | Recorded as complete in May and June                                           |
| <b>Angola light refurbishment - Phase 2</b>              | 60%              | Mid-stage progress recorded in May and June                                    |
| <b>Operational support and emergency-fund priorities</b> | Delivered        | Operational support provided for 100% of targeted POCRs through H1             |



# Strengthening Laboratories for Faster, More Reliable Public Health Response

When an outbreak is suspected, the speed of response depends partly on what happens long before a sample reaches the testing bench: whether the laboratory has functional infrastructure, reliable supplies, appropriate equipment, and systems that make those supplies visible.

These capabilities become particularly important during disease outbreaks, when laboratories must process samples and generate reliable results to inform clinical and public health decisions. In Cameroon, for example, health authorities spent much of 2026 responding to outbreaks including cholera, yellow fever, and mpox. In such settings, gaps in laboratory infrastructure, uneven diagnostic capacity, and fragmented supply systems can affect how efficiently samples are processed and results are made available for decision-making.

Through the Laboratory Infrastructure and Procurement Strengthening (LIPS) intervention, eHealth Africa, working alongside WHO AFRO, governments, and partners with support from the Gates Foundation, is strengthening the infrastructure and systems that enable laboratories to perform these critical functions.

In 2026, Cameroon reached a significant milestone with the completion and handover of a modern laboratory facility, joining a growing network of eight fully operational LIPS-supported laboratories across Africa. The investment provides laboratory teams with improved infrastructure for diagnostic services while strengthening the systems available to support disease surveillance and outbreak response.



**17**

laboratories supported



**13**

countries supported in lab portfolio



**11 of 14**

tracked sites at 100% completion



**18**

laboratories already using IMS



Progress has extended beyond Cameroon. Laboratories in Côte d'Ivoire, Zambia, Kenya, Ghana, Nigeria, and South Africa have also benefited from upgrades in recent years. Meanwhile, facilities under development continued to advance, with the Central African Republic reaching 91% completion, Uganda at 98%, and the Democratic Republic of the Congo at 93%. Early-stage implementation also progressed in Ethiopia, Senegal, and Tanzania through procurement, planning, and design activities.

But stronger laboratory systems depend on more than physical infrastructure. Laboratories also need visibility into the commodities required to keep diagnostic services functioning.

In the first half of 2026, the project expanded the Inventory Management System (IMS) from 12 to 18 laboratories. Active use of the system for inventory and stock management more than doubled, from four to nine laboratories, with an average of eight laboratories actively using the platform each month.

This shift is important because inventory data gives laboratory teams greater visibility into available supplies and provides a stronger basis for identifying stock needs and planning replenishment. Rather than relying solely on infrastructure upgrades, the project is connecting improved physical laboratory environments with digital systems that can strengthen day-to-day operations.

These investments demonstrate a broader approach to laboratory strengthening: improving the facilities where diagnostics take place while strengthening the systems needed to keep those facilities operational. The next measure of impact will be what these improvements enable. While the infrastructure and digital adoption results demonstrate progress, the available data do not yet establish how much the interventions have reduced diagnostic turnaround times, prevented stockouts, increased testing volumes, or shortened the time between disease detection and public health action.

Tracking these outcomes will be important in demonstrating whether stronger infrastructure and better supply visibility are translating into faster diagnosis, more reliable laboratory services, and more timely outbreak response across the supported countries.



**8**

**laboratories on average  
utilize eIMS every  
month**



**1**

**Laboratory Needs  
Assessment  
Finalized**



**Tracked laboratory sites completed**

**11 of 14**



**Laboratories deploying IMS**

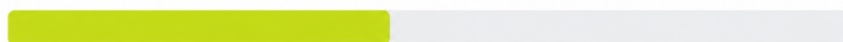
**18**



**Laboratories using IMS**

*(8 on monthly average in H1)*

**8 of 18**





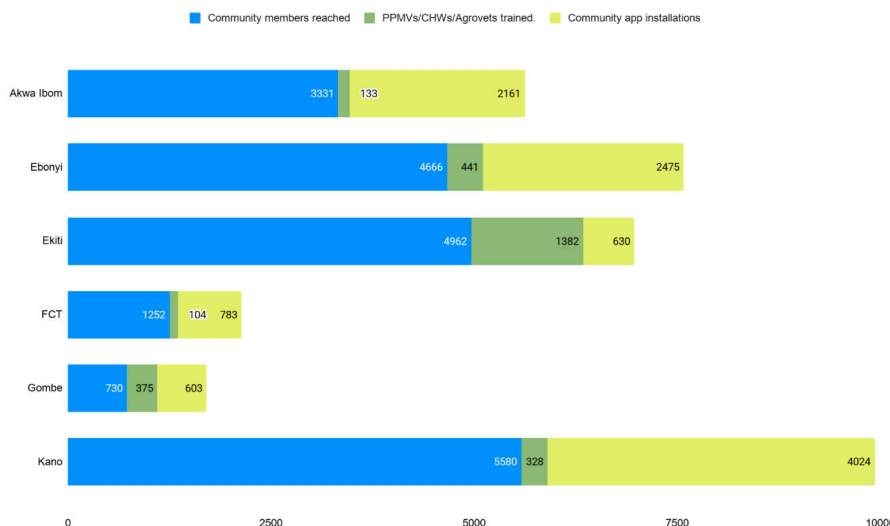
# Building Community Surveillance for Safer Antibiotic Access

For many families, especially in underserved communities, access to antibiotics and other medical supplies via nearby pharmacies is often the quickest and most affordable way to treat illness. Sometimes, these medicines may be unavailable, expired, or counterfeit, leading to potentially devastating consequences. Patients may not recover, drug-resistant infections can spread, and dangerous medicines can continue circulating undetected because no one knows where the problem exists.

To address this challenge, eHealth Africa is supporting the implementation of Community Access to Effective Antibiotics (Com-WATCH), a digital surveillance platform designed to strengthen community-level visibility of antibiotic availability and support the detection and reporting of substandard and falsified medicines. The platform enables Patent and Proprietary Medicine Vendors, community health workers, agroverts and members of the public to report antibiotic stock levels, stock-outs and suspected substandard or falsified medicines.

The information generated is intended to strengthen medicine-supply visibility, post-market surveillance and evidence-based regulatory action. The project is funded by The Trinity Challenge, with Jhpiego serving as the prime implementing partner and eHealth Africa providing digital, technical and implementation support. eHA's role includes supporting the deployment and maintenance of the Com-WATCH application and dashboard, engaging stakeholders, training surveillance actors, enrolling users, conducting community sensitization, monitoring platform use and strengthening the collection and use of community-level surveillance data.

In H1 2026, eHealth Africa established the digital infrastructure and community surveillance network needed to strengthen visibility of antibiotic



**271**

Stakeholder  
engagement meetings



**8,119**

stakeholder  
participations



**2,763**

PPMVs and other  
actors trained



**2,512**

Surveillance actors  
enrolled

availability and support the detection and reporting of substandard and falsified medicines. Through platform deployment, enrolment of 2,512 surveillance actors, training of 2,763 vendors, and sensitisation of over 20,521 community members, eHA created the conditions for routine medicine-supply reporting and post-market surveillance. Early inventory visibility across 977 outlets signals that the network has begun generating usable data. The transition from infrastructure to impact, measured by routine reporting, community SF-medicine detection, and regulatory uptake, is the focus of the next phase."

The intervention is being implemented across Kano, Gombe, Ekiti, Ebonyi, Akwa Ibom and the Federal Capital Territory. These achievements established the community network and digital infrastructure needed to bring information from medicine outlets and households into the wider surveillance system. The next measure of progress will be the extent to which enrolled PPMVs routinely report antibiotic stocks and stock-outs, community members submit suspected substandard or falsified medicine reports, and government agencies use the resulting information for verification, planning and regulatory action.



**20,521**

Community members reached with comwatch sensitization messages



**6**

states/ECT represented



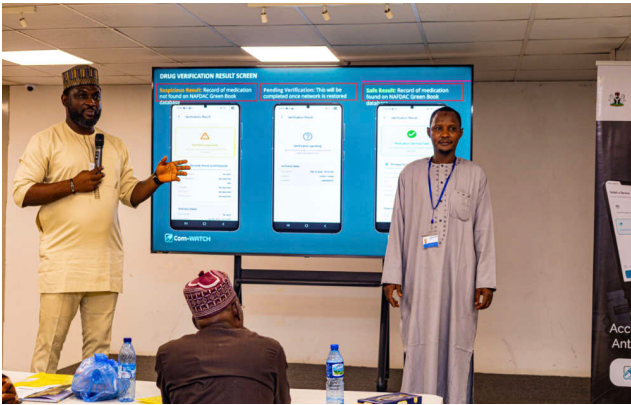
**977**

PPMVs reporting stock through COM-Watch



**10,676**

Community members app installations



# Reaching more children through data-driven campaign systems

During Ramadan, vaccination teams in Kebbi, Sokoto, and Zamfara faced a demanding assignment: travel from community to community while fasting, navigate difficult terrain and adverse weather conditions, and ensure that children in some of the hardest-to-reach settlements were not left behind. For the vaccinators and supervisors involved, the difficulty of the journey was outweighed by its purpose: protecting children and communities from the threat of polio.

The urgency followed the detection of Circulating Variant Poliovirus type 3 (cVDPV3) in Aliero Local Government Area of Kebbi State. Kebbi's connections across LGA, state, and international borders, combined with frequent population movement, increased concerns about the potential for transmission beyond affected communities. The polio program therefore used the Ramadan/Lent period as an opportunity to intensify vaccination efforts across Kebbi, Sokoto, and Zamfara States.

But getting vaccines into a state is only one part of protecting children. Vaccination teams still have to reach settlements—some remote, dispersed, or difficult to navigate—and program managers need to know where teams have gone and, critically, where they have not. This is where eHealth Africa's digital tools supported the last-mile journey.

Through the Geospatial Tracking System (GTS), eHealth Africa worked alongside government and partners to make vaccination team movement and settlement visitation more visible. Tracking data enabled response teams to monitor campaign implementation and identify geographic gaps at state, LGA, ward, and settlement levels, creating opportunities for corrective action while campaigns were still underway.

During Outbreak Response 1 (OBR 1), vaccination teams reached 205,020 of 226,316 planned settlements, representing 91% coverage. By OBR 2, coverage had increased to 94%, with teams reaching 179,871 of 190,713 planned settlements. That three-percentage-point improvement represents more than a change on a campaign dashboard. It meant a greater proportion of planned settlements was reached during the subsequent response round, reducing the geographic gaps where eligible children could potentially be missed. Across the broader campaigns supported by GTS in the first half of 2026, over 23 million children were reached with Polio vaccines.

## Helping Vaccinators Know Where to Go

Before a vaccinator can reach a child, the team needs to know where communities are, how settlements relate to one another, and which areas fall within its assigned



**39,647**  
households reached



**31,066**  
eligible children reached



**9**  
command centres  
established



**390**  
helpdesk issues logged



**390**  
issues resolved



**100%**  
recorded resolution rate

catchment. eHealth Africa's PlanFeld supported this planning process by providing vaccination teams with digitized microplans and catchment-area maps.

In H1 2026, PlanFeld was deployed across 253 LGAs in 10 northern States, supporting 33,837 vaccination teams with digital information to guide campaign planning and field navigation. For teams working across unfamiliar or dispersed communities, these digital microplans provided a clearer geographic picture of the areas they were expected to cover. For campaign managers, combining better planning information with geospatial tracking created a stronger connection between what was planned and what was actually reached.

### **Saving Children While Keeping Azithromycin Antibiotics Effective**

*Can mass administration of azithromycin help reduce childhood mortality without contributing to antimicrobial resistance that could make antibiotics less effective in the future?*

That is the critical question at the heart of the Safety and Antimicrobial Resistance of Mass Administration of Azithromycin in Children (SARMAAN II). Azithromycin has the potential to contribute to efforts to reduce mortality among children aged 1–59 months. But administering an antibiotic at scale requires careful evaluation. Alongside understanding its potential benefits, researchers must monitor whether widespread use contributes to antimicrobial resistance (AMR), a risk that could undermine the effectiveness of antibiotics over time.

SARMAAN II is generating the evidence needed to examine both sides of this equation: potential impact on childhood mortality and the implications for antimicrobial resistance. Generating that evidence at scale, however, requires more than administering an intervention. Researchers need reliable information on which communities have been reached, whether households included in assessments are accurately captured, whether field teams are following implementation plans, and whether data collected across multiple locations are complete and reliable.

This is where eHealth Africa's role becomes critical. Across eight states, eHealth Africa provided operational

and data-management support for household coverage assessments and antimicrobial-resistance monitoring. This included developing operational maps, configuring tracking devices, training field teams, and supporting command centers that provided visibility into field implementation.

As teams moved through communities, geospatial tracking enabled eHealth Africa and implementing partners to monitor field activity and identify potential gaps. Data-quality checks, dashboards, daily reports, technical support, and a dedicated helpdesk provided additional mechanisms for identifying and resolving operational issues while activities were underway.

### **Making Complex Field Research Visible**

The scale and design of SARMAAN II created different operational requirements across participating states. AMR monitoring in Kano, Sokoto, and Zamfara involved higher household targets than coverage-assessment activities conducted in other states. Among the AMR-monitoring states, Kano recorded the largest reported household reach during H1, followed by Sokoto and Zamfara.

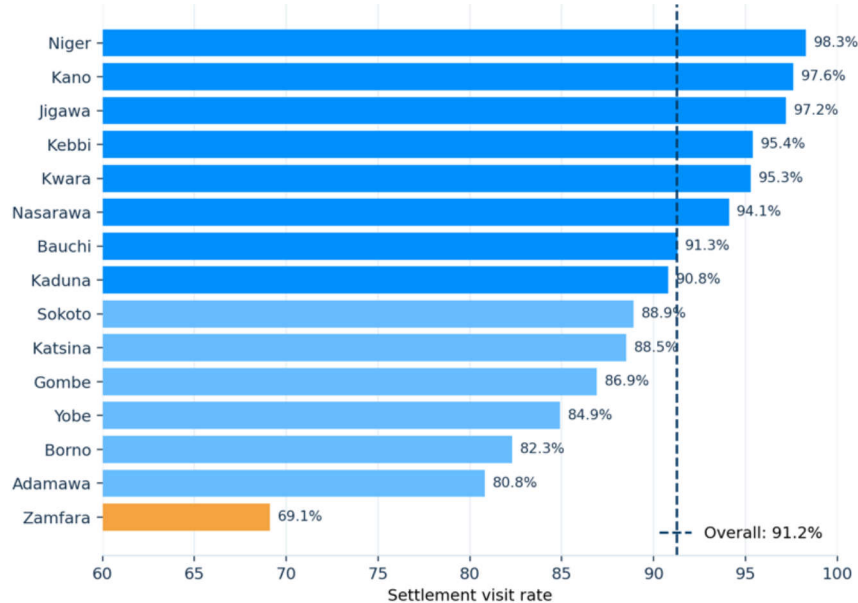
Across reported activities, 1,152 training participations were recorded among field teams, LGA coordinators, and partners. Importantly, this figure represents training participation and should not be interpreted as 1,152 unique individuals. The dedicated data-management component further demonstrates the infrastructure required to support evidence generation at this scale. A total of 7,363 devices had the tracking tool installed, while teams across 44 LGAs received training. Twenty-eight LGAs used the system without critical errors, and six daily reports were generated and shared to support implementation.

Command centers provided a central operational hub where field performance could be reviewed, while the helpdesk turned technical and implementation challenges into trackable issues that could be assigned and resolved. Digital tracking provided additional visibility into where activities were taking place and where attention might be required. Together, these systems helped make a complex, multi-state field operation more observable and manageable.



**Behind every map, dashboard and delivery route was a simple goal:** to reduce the chance that a child or community would be missed. By connecting geospatial planning, real-time monitoring and reliable vaccine logistics, eHealth Africa helped health authorities move from reporting after campaigns to actively managing performance while implementation was still underway.

### Settlement tracking coverage by state



Coverage was strongest in Niger, Kano and Jigawa and weakest in Zamfara. The state-level variation is operationally important: a strong overall average can conceal places where settlements and children remain at greater risk of being missed.



# From 351 to 407 Health Facilities: Taking Lifesaving Vaccines the Last Mile in Sokoto

Every Vaccine Direct Delivery round in Sokoto begins with a practical challenge: how do you move vaccines across thousands of kilometers to hundreds of health facilities and ensure they arrive on time and at the right temperature?

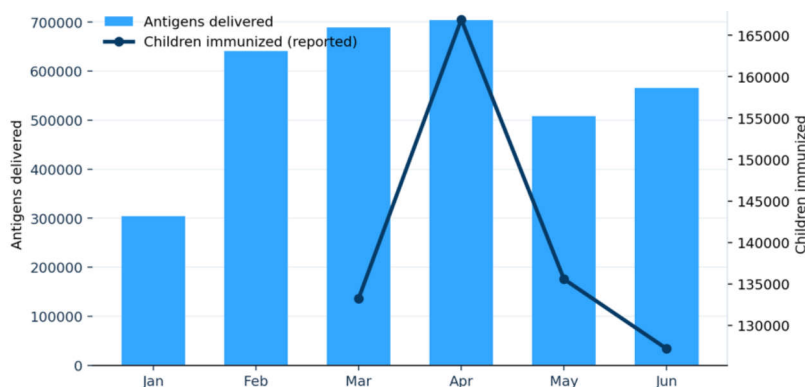
For eHealth Africa's Health Delivery Officers, that means traveling an average of 3,231 kilometers during each reported delivery round, moving between communities and health facilities across the state while protecting vaccines from temperature changes that could compromise their potency.

The challenge matters because Nigeria still has more than [2 million zero-dose children](#); who have not received a single routine vaccine, with Sokoto among the states carrying a [high burden](#). Reaching these children requires more than having vaccines available at a central store. It requires a dependable last-mile supply chain that gets vaccines and related commodities to the facilities where immunization services are delivered.

This is the role of eHealth Africa's Vaccine Direct Delivery (VDD) intervention in Sokoto State. In H1 2026, the project expanded its reach from 351 to 407 health facilities, coordinating scheduled deliveries while maintaining cold-chain requirements throughout transportation. Between March and June alone, eHealth Africa delivered 3,410,993 vaccine antigens and 1,667,075 dry commodities. Every targeted facility received its scheduled delivery on time and within the required temperature range throughout the reporting period.

By June 11, the project had completed its 151st delivery round without a failed delivery or recorded cold-chain excursion. This consistency is particularly significant because vaccines must remain within prescribed temperature ranges throughout transportation to preserve their quality and effectiveness.

## Last-mile vaccine delivery maintained high monthly throughput



**3,410,993**

antigens  
delivered in H1



**1,667,075**

dry goods delivered,  
March-June



**100%**

successful delivery  
recorded each month



**407**

maximum facilities  
served in a month

## From Delivery to Immunization

Getting vaccines to health facilities is not the same as vaccinating children, but reliable delivery creates one of the essential conditions for immunization services to function. Across the four months for which clearly labeled uptake data were available, an average of 141,593 children were immunized per month, with the highest reported uptake occurring in April, alongside the peak in antigen delivery.

The project also maintained a system for reconciling commodities that were not used at facilities. During the four months for which return data were available, 370,450 unused doses were returned to the state cold store, enabling unused stock to be accounted for and recovered rather than left untracked at service-delivery points.

Importantly, reliable delivery does not eliminate every constraint affecting vaccine availability. Where facility stock-outs were reported, rates ranged from 15% to 28%, driven largely by insufficient vaccine allocations at source and insecurity-related access constraints.

This distinction is critical. VDD can strengthen the movement of available vaccines from the supply chain to service-delivery points, but it cannot independently resolve shortages upstream or security conditions that restrict access. Documenting these constraints provides health authorities and partners with greater visibility into where challenges occur and what needs to be addressed beyond transportation.

## Reliability, Round After Round

The significance of Sokoto VDD lies not only in the volume of commodities transported, but in the consistency of the system supporting those deliveries. Across 151 completed rounds, Health Delivery Officers repeatedly traveled long distances between the state cold store and health facilities, while delivery schedules, temperature controls, commodity reconciliation, and field coordination worked together to keep vaccines moving safely.

For a state working to reduce the number of zero-dose children, that reliability matters. A vaccine cannot protect a child if it does not reach the point where that child can receive it. By strengthening this critical link between vaccine availability and service-delivery points, eHealth Africa is helping Sokoto State build a more dependable last-mile immunization supply chain; one delivery round, one facility, and one community at a time.



**141,593**  
average children  
immunized across 4  
clearly labelled months



**3,231 km**  
average distance  
per reported round,  
March-June





# Ngala: Strengthening the Lifeline Between Aid and Communities

At least, 35 million people in Nigeria are projected to face severe food insecurity during the 2026 lean season according to the [World Food Program](#). Across Borno state, conflict, displacement and disrupted livelihoods continue to contribute to severe food insecurity, with children among those at greatest risk. The human cost of these disruptions can be severe. When families cannot consistently access nutritious food, children face a heightened risk of wasting and other forms of malnutrition, which can weaken their immune systems, increase vulnerability to illness and threaten healthy growth and development.

Specifically, for many families in the Ngala community of the state, conflict has disrupted not just their daily life but basic ability to put food on the table. Displacement, insecurity and weakened livelihoods have left vulnerable households, particularly children and women, at greater risk of hunger and malnutrition. Thus in fragile and conflict-affected settings, humanitarian assistance depends on reliable storage systems that keep essential commodities secure, accessible and ready for distribution.

Through the World Food Programme Common Storage facility in Ngala, eHealth Africa supported a shared logistics platform that enabled humanitarian partners to consolidate supplies, maintain accurate inventories and sustain operations. During H1 2026, the Ngala Common Warehouse managed 761 Consignments (inflows and outflows), with a total weight of 691 mT and a volume of 2,527 m<sup>3</sup>. Six monthly physical inventories were conducted, with no stock losses reported.

These included food and non-food items, properly stored and managed to ensure that essential humanitarian supplies remained available and ready for onward delivery to communities in need. 16 humanitarian partners used the facility, while partner satisfaction reached 93% in March.

The facility provides more than storage space. It serves as a shared operational and accountability platform that helps partners protect essential supplies, coordinate logistics, and maintain continuity of humanitarian assistance in a fragile setting.

**In fragile and conflict-affected settings, humanitarian assistance depends on reliable storage systems that keep essential commodities secure, accessible and ready for distribution.**



761

Consignments managed



691 mT

commodities handled



2,527 m<sup>3</sup>

storage volume handled

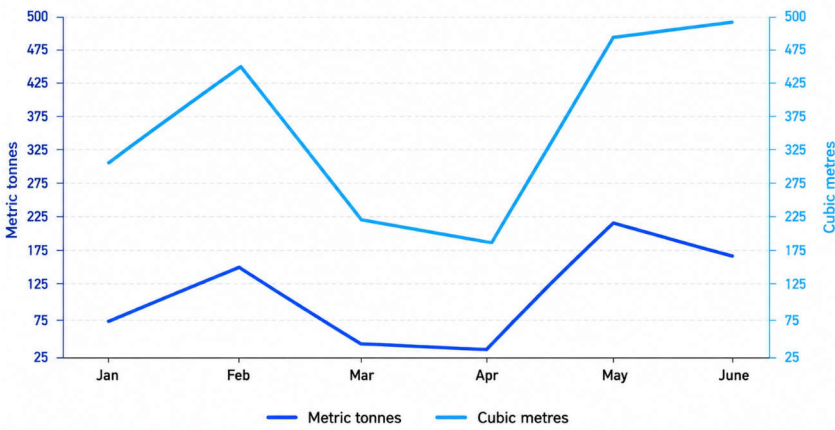


6

monthly physical  
inventories

Warehouse throughput increased markedly in May and June, particularly by storage volume. Six monthly physical inventories were completed, indicating routine accountability processes. Consignment counts are missing for March, so the reported H1 total reflects the five months with recorded values.

Warehouse throughput increased sharply toward the end of H1



The shared warehouse supports more than commodity storage. It provides a physical and accountability platform through which humanitarian partners can consolidate operations, protect supplies, and maintain continuity in a fragile setting.



16

partners reported using the warehouse



93%

partner satisfaction reported in March

# Powering Primary Health Care Facilities in Nigeria



Reliable electricity is a basic requirement for a functional health facility. It keeps essential equipment running, supports vaccine cold-chain systems, and enables health workers to provide services beyond daylight hours. Yet for many Primary Health Care (PHC) facilities in underserved communities, grid electricity remains intermittent or unavailable, while dependence on diesel generators creates additional financial and logistical burdens.

It was against this backdrop that the Renewable Energy for Primary Health Care (RE4PHC) intervention, funded by UNICEF and implemented by eHealth Africa (eHA), was designed to close the gap on two fronts: installing solar power systems at 238 PHC facilities, and building the local technical capacity required to keep those systems running long after project close.

Remarkably, eHealth Africa achieved full installation in the first half of 2026. All 238 targeted PHC facilities

across 12 states were solarized including facilities in Katsina, Zamfara and Sokoto where access and security constraints are significant. This represents 100% achievement of the project target indicating a delivery model that is held up under operating conditions that commonly cause slippage in infrastructure programmes in Nigeria. The final implementation phase concluded in

**All 238 targeted PHC facilities across 12 states were solarized including facilities in Katsina, Zamfara and Sokoto where access and security constraints are significant.**

January 2026 through the commissioning of systems at 61 PHCs in Katsina, Zamfara and Sokoto States.

By the end of the first half of 2026, eHealth Africa had achieved 100% of its planned solarization milestones, successfully solarizing all 238 targeted Primary Healthcare facilities across 12 states.

Of these facilities, 226 were connected to eHealth Africa's Remote Monitoring System, allowing the project to track energy generation and system performance. Twelve facilities could not be connected to the monitoring platform due to insecurity and network connectivity challenges. Consequently, the energy and environmental results presented in this report are based on data from the 226 facilities currently reporting remotely.

Between January and June 2026 alone, these facilities generated approximately 277,800 kWh of solar electricity. Behind that number is a significant reduction in the amount of fuel that health facilities would otherwise need to purchase and transport simply to keep essential services running. Based on the project's assumption that a 10kVA generator operating at 50% capacity consumes at least 0.375 liters of fuel for every kWh generated, producing the same amount of electricity with generators would have required approximately 104,175 liters of fuel.

At a diesel price of approximately ₦1,596 per litre in June 2026, that translates to more than ₦166 million in estimated fuel costs avoided during the first six months of the year. For health facilities, these savings represent more than numbers on a financial sheet. Every litre of diesel that does not have to be purchased is money that does not need to be diverted simply to keep electricity running. It also reduces the logistical burden of transporting fuel to facilities, particularly those serving communities where distance, poor roads or insecurity can make routine supply difficult.

The first-half results form part of a much larger story. Since the project began in 2025, the 226 facilities reporting through eHealth Africa's Remote Monitoring System have generated approximately 692,000 kWh of solar energy. Producing that amount of electricity with generators would have required an estimated 259,500 liters of fuel. At ₦1,596 per litre, this represents more than ₦414 million in estimated fuel expenditure avoided. The environmental return has been equally substantial. The 692,000 kWh of clean electricity generated since project inception is estimated to have prevented approximately 597 metric tons of CO<sub>2</sub> emissions.

Just as importantly, eHealth Africa established the technical capacity to maintain them. A National Training of Trainers certified 18 technical engineers and programme leads as master trainers, equipping them to

supervise the operation, maintenance and long-term sustainability of the installed systems, and through this cascade a further 331 participants were trained in system operation, preventive maintenance, fault diagnosis and corrective maintenance. The effect is to locate maintenance capability within the states and facilities themselves, rather than with the implementing partner alone.

The second, and arguably the more consequential, is that the project's design matters more than the installation figure alone. Solar systems in health facilities typically fail well before the end of their design life, and rarely because the hardware itself gives out; they fail because no one is trained or resourced to clean panels, replace batteries, or diagnose inverter faults. By pairing installation with a structured cascade from 18 master trainers to 331 operators and technicians, eHealth Africa addressed the most common point of failure in comparable programmes, and this is the element most likely to determine whether the investment holds.

The significance of these figures becomes clearer when viewed from the perspective of the communities these facilities serve. Reliable electricity means a health worker can attend to a patient without wondering when the generator will stop. It means essential equipment can remain operational and health services can continue even when fuel is unavailable or unaffordable. Ultimately, solarization is not simply changing how facilities are powered; it is removing one of the everyday barriers that can stand between communities and dependable healthcare.

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**Since the project began in 2025, the 226 facilities reporting through eHealth Africa's Remote Monitoring System have generated approximately 692,000 kWh of solar energy.**

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# Powering Sustainable Healthcare Delivery

## Demonstrating the Financial and Environmental Value of Solarization

Beyond improving health facility resilience, the RE4PHC project has demonstrated significant financial and environmental benefits through the transition from diesel-powered electricity generation to renewable solar energy.

### H1 2026 Achievement



#### 100% Milestones Achieved

238 PHCs solarized across 12 states.



#### 226 Facilities Registered

Registered on eHealth Africa's Remote Monitoring System.



#### 12 Facilities Not Registered

Due to insecurity and network connectivity challenges.

### H1 2026 Impact | January-June



#### 277,800 kWh

Solar energy generated by 226 PHCs.



#### 104,175 liters

Estimated fuel consumption avoided.



#### ₦166 million+

Estimated fuel cost avoided, based on ₦1,596/litre.



#### 240 tons of CO<sub>2</sub>

Estimated emissions avoided.\*

### Overall Project Impact | Inception to Date



#### 692,000 kWh

Cumulative solar energy generated by 226 PHCs.



#### 259,500 liters

Estimated fuel consumption avoided.



#### ₦414 million

Estimated fuel cost avoided, based on ₦1,596/litre.



#### 597 metric tons of CO<sub>2</sub>

Estimated emissions avoided.\*

**Impact:** Reducing reliance on fuel, lowering operating costs and carbon emissions, and supporting more sustainable healthcare delivery.



238

Primary Health Care (PHC)  
facilities across 12 states



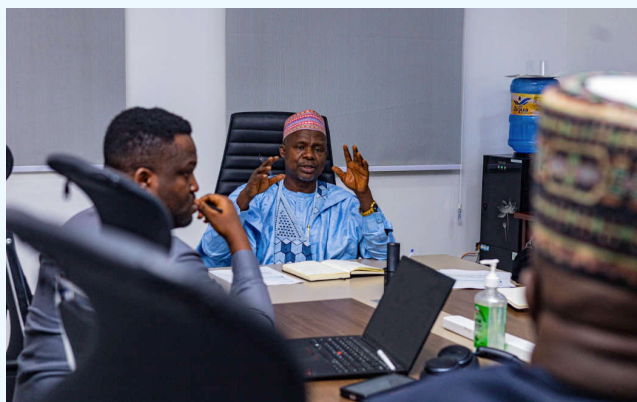
100%

completion of the  
project target



331

Participants trained on  
preventive and operative  
maintenance



# Building Safer, Climate-Smart Healthcare Waste Systems in PHCs

For a health worker giving an injection, dressing a wound or attending to a patient, the care does not end when the procedure is completed. The used needle, safety box or contaminated material left behind must also be safely separated, treated and disposed of to protect health workers, patients and the surrounding community. Unfortunately, many primary healthcare facilities lack the right equipment, trained personnel and systems to manage this waste. This makes the very process of delivering healthcare to create risks for health workers, patients, waste handlers and surrounding communities.

Last year, the World Health organization reported that [2.8 billion people](#) were served by healthcare facilities without basic waste-management services in 2023. The consequences extend beyond the health facility, as unsafe treatment and disposal of healthcare waste can release harmful pollutants into the environment. Practices such as open burning and low-temperature incineration can also generate dioxins, furans and particulate matter.

For these primary healthcare facilities, the challenge is therefore not simply how to dispose of waste, but how to ensure that healthcare delivery does not create additional health and environmental risks. This necessitated the ClimateSENSE intervention; an eHealth Africa-funded initiative to improve climate-smart infection prevention and control and healthcare waste management across selected primary healthcare facilities. The project combines capacity strengthening, sustainable waste treatment technologies, equipment provision, and routine monitoring to promote safer, environmentally responsible, and climate-resilient healthcare delivery.

During the first half of 2026, the project engaged 15 stakeholders, finalized its Results Framework and Measurement Plan, and completed a baseline assessment across four health facilities. The assessment established an overall system-readiness score of 60%, providing evidence to guide targeted interventions and measure future progress. The project trained 39



healthcare workers and volunteers on waste segregation, safe disposal, IPC standards, and autoclave use, resulting in a 21% increase in knowledge. Four enumerators were also onboarded to support baseline data collection.

To strengthen facility-level waste management, the project procured and distributed 8 autoclaves, 8 waste bins, 4 digital weighing scales, 400 safety boxes, 2 smart sockets, job aids, posters, and standard operating procedures across the four supported facilities. Follow-up compliance assessments showed strong performance at EHA Clinics, which recorded 100%

compliance across all assessed domains, while Apo PHC achieved between 67% and 88%. Kagini PHC recorded lower compliance, particularly in sterilization and waste transportation, highlighting the need for targeted mentorship, improved availability of IPC materials, and strengthened supportive supervision.

In the next phase, the project will focus on routine monitoring, equipment-use tracking, supportive supervision, and targeted improvement actions to strengthen compliance and generate evidence for potential scale-up.

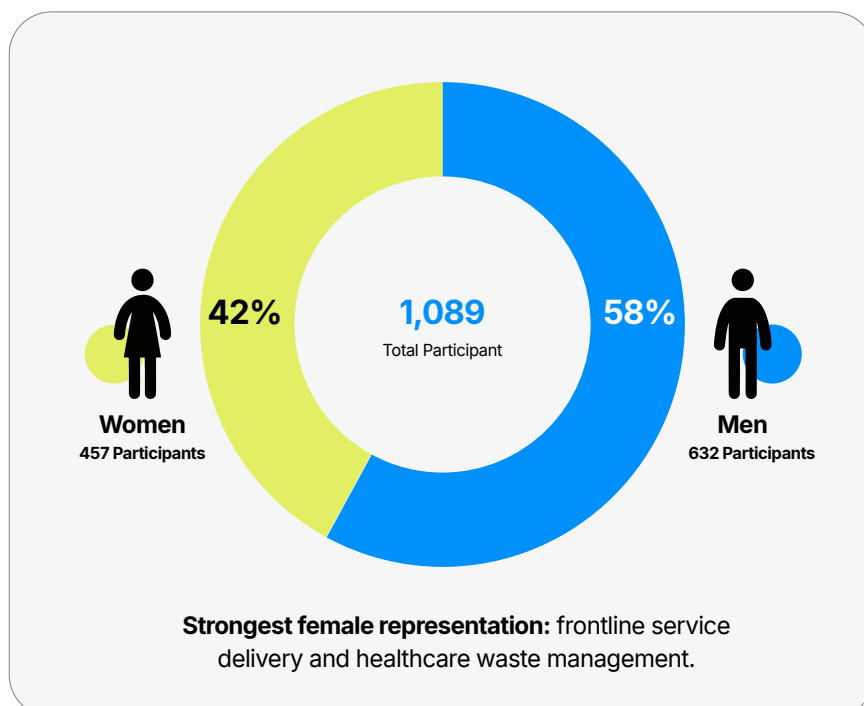


# Connecting Technology, People and Public Health Impact

In the first half of 2026, eHealth Africa drew its digital health investments, programme implementation and workforce development into closer alignment. Digital tools did not arrive on their own. Each was paired with training designed to give frontline workers, healthcare personnel and government counterparts the skills to adopt, operate and sustain them.

Twenty capacity-building activities were delivered over the period, recording 1,089 training participations by 965 unique participants across 15 states and the Federal Capital Territory. Those trained included frontline workers, healthcare workers, primary healthcare personnel, local government officers and state-level technical staff, the people who put health interventions into practice and keep them running. Women accounted for 457 (42%) of the total, with their strongest representation in frontline service delivery and healthcare waste management.

The training sessions concentrated on four connected areas: digital health solutions, mobile data collection, coverage assessment and healthcare waste management. The same logic runs through all four. A platform is only as useful as the people operating it, so rather than deploying systems and leaving adoption to chance, eHealth Africa invested in the knowledge, confidence and operational readiness of users at every level of the health system.



**1,089 training participants**



**965 unique participants**



**20 capacity-building activities**



**16 locations, 15 states + FCT**



**42% of participants were women**

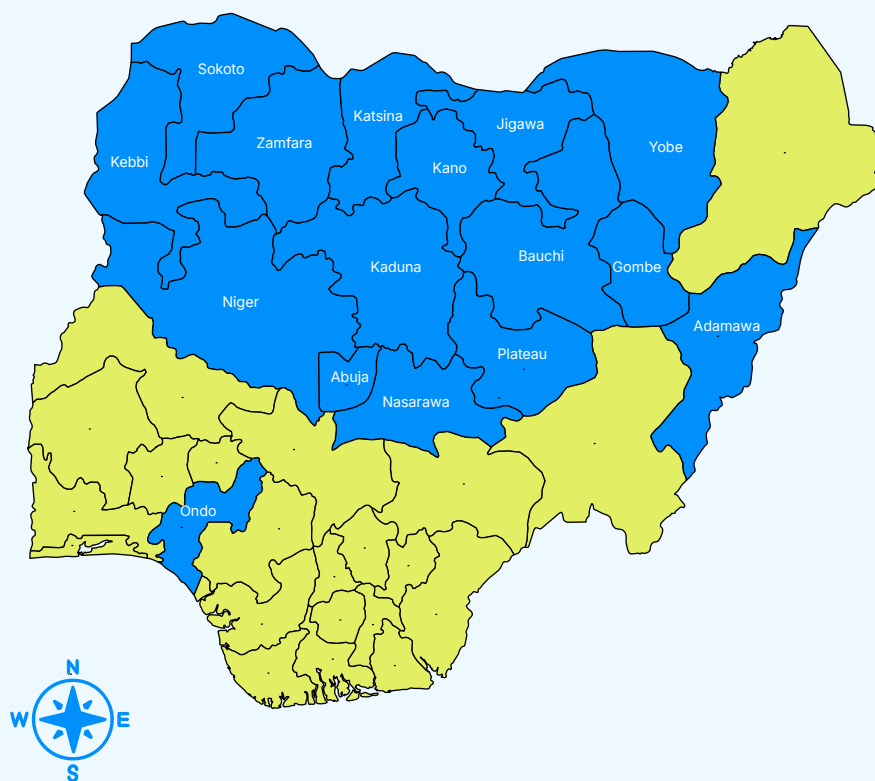


**4 thematic areas**



**100% delivered in person**

## Capacity Building Conducted in 15 States + Federal Capital Territory.



|              |                                                                         |
|--------------|-------------------------------------------------------------------------|
| <b>54</b>    | average participations per activity                                     |
| <b>403</b>   | largest single activity, Bauchi CommCare                                |
| <b>7.4×</b>  | Bauchi activity size relative to the portfolio average                  |
| <b>68%</b>   | share of participations from the two largest workstreams (748 of 1,089) |
| <b>88.6%</b> | of participations were first-time attendees (965 of 1,089)              |
| <b>124</b>   | repeat participations, people attending more than one activity          |
| <b>12</b>    | locations reached by step-down training alone                           |

# GHI: Building Digital Infrastructure for a Healthier, More Resilient Africa

Across Africa, health systems continue to contend with fragmented data, disconnected platforms, limited real-time visibility, and manual processes. These gaps can make it harder for decision-makers to detect unsafe medicines, anticipate commodity shortages, plan vaccination campaigns, manage laboratory supplies, coordinate outbreak response, and maintain continuity of care.

In H1 2026, eHealth Africa strengthened digital systems that help turn health data into timely, actionable information. Across community surveillance, laboratories, immunization programs, research, and outbreak preparedness, the focus was not simply on deploying technology, but on helping institutions see emerging problems earlier, coordinate more effectively, and make better-informed decisions.

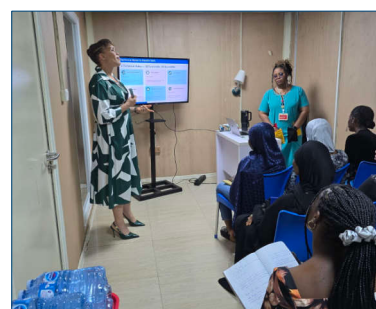
## Making Community-Level Risks More Visible

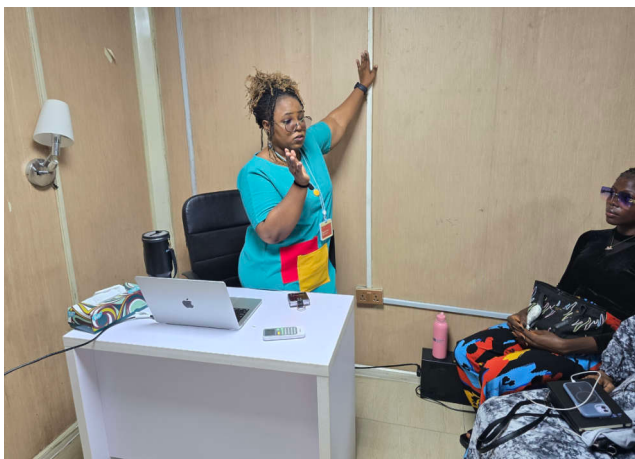
Through Com-WATCH, eHealth Africa expanded community-based visibility of medicine safety and availability across six Nigerian states. The application enables participating pharmacy operators to report

suspected substandard and falsified medicines and provide information on commodity availability. By connecting information generated at the community level with public health monitoring systems, Com-WATCH has the potential to help authorities identify emerging medicine-quality and availability concerns earlier. The next measure of impact will be how consistently the platform is used and how effectively reported information informs regulatory and public health action.

## Strengthening Visibility of Laboratory Supplies

Laboratories cannot provide reliable diagnostic services without consistent access to essential commodities. Yet limited visibility into inventory can make it difficult to anticipate shortages and coordinate replenishment. To address this, eHealth Africa expanded the WHO AFRO Inventory Management System (IMS), enabling more laboratories to manage inventory digitally and giving laboratory teams greater visibility into available supplies. Rather than relying solely on fragmented or manual inventory processes, participating laboratories can use the system to monitor stock levels and strengthen





commodity management. This complements eHA's broader investment in laboratory infrastructure by helping ensure that improved facilities are supported by systems that strengthen their day-to-day operations.

### Connecting Vaccination Plans with Field Implementation

Digital tools also strengthened the ability of immunization programs to answer two fundamental questions: Where do vaccination teams need to go, and where have they actually gone? PlanFeld continued to support digital microplanning by providing vaccination teams with digitized settlement and catchment-area information. Its expansion reflects growing use of digital tools to strengthen campaign planning and reduce dependence on static, manually developed microplans.

During campaigns, eHA's tracking technology complemented this planning by providing program managers with greater visibility into vaccination team movements and settlement coverage. This supported campaigns including Measles-Rubella and Routine Immunization activities in Lagos State and polio vaccination activities in Kwara State. These tools strengthen the connection between planning, implementation, and corrective action, helping program managers identify geographic gaps while campaigns are underway.

### Making Large-Scale Field Operations Easier to Monitor

For complex public health studies and interventions, the challenge is not simply collecting data—it is maintaining visibility across thousands of field activities and identifying problems quickly enough to respond. Under SARMAAN II, eHealth Africa developed a Data Management Toolkit supporting multiple program interventions, including activities in Kano and Sokoto States. The system managed reporting covering largescale household data management, providing program teams with a stronger foundation for monitoring implementation and field performance at scale.

The value lies in making complex operations more observable. By bringing field information into a structured digital environment, implementing teams can more readily monitor activities, identify operational issues, and use emerging data to guide decisions.

### Creating a Stronger Foundation for Organizational Data

As eHealth Africa's digital portfolio grows, so does the need to ensure that data generated across different programs can be managed securely and used consistently. In H1, eHealth Africa established a governed enterprise data platform designed to bring

information from different parts of the organization into a more secure, scalable, and standardized environment.

The significance of this investment is not the underlying cloud architecture itself. It is what that architecture enables: stronger governance of organizational data, more consistent access to trusted information, reduced fragmentation between systems, and a foundation for analytics and responsible AI applications across eHealth Africa and EHA Clinics.

This creates an opportunity for teams that previously worked with information distributed across different systems to increasingly work from governed and reusable data assets, while maintaining clearer controls over how information is accessed and managed.

### Using Data to Anticipate Public Health Risks

Beyond understanding what is happening now, eHealth Africa is also exploring how existing data can help public health institutions anticipate where threats may emerge. A cholera environmental prediction model developed for the Nigeria Centre for Disease Control and Prevention (NCDC) is supporting investigations into potential water-source contamination in Adamawa and Borno States.

This demonstrates the potential of predictive analytics to complement traditional surveillance by helping public health teams investigate environmental risk signals and direct attention toward areas that may require further assessment.

### Strengthening the Digital Infrastructure Behind Public Health Institutions

Digital transformation also depends on the physical and ICT infrastructure that allows institutions to communicate

securely and operate effectively. Through laboratory infrastructure investments, eHealth Africa completed ICT deployments at polio laboratories in Cameroon, Nigeria, and Zambia, strengthening connectivity, physical security, communication, and collaboration capabilities. Preparatory assessments and implementation activities also progressed in Tanzania, Senegal, and Ethiopia. Similarly, investments under the public health operations center program strengthened ICT and communication infrastructure in Chad and Burundi, supporting the environments in which national public health teams coordinate and make decisions.

### From Technology Deployment to Institutional Value

Across these interventions, the technology differs—from inventory platforms and geospatial tools to enterprise data systems and predictive analytics—but the objective is consistent: give institutions better information and stronger systems for acting on it. The next challenge is to move beyond measuring deployment toward measuring sustained institutional value. In H2, this means tracking whether digital tools are routinely used, whether data inform decisions, whether institutions maintain and own deployed systems, and whether greater visibility translates into faster, safer, and more reliable public health services. Ultimately, the measure of digital transformation is not how sophisticated the technology is. It is whether the people and institutions using it can see more clearly, decide more confidently, and act more effectively.

# EHA GHM: Keeping Health Commodities Safe, From Storage to Delivery

For a vaccine to protect a child, or a laboratory sample to produce a reliable result, it must remain within the required temperature conditions throughout its journey. Yet health commodities and specimens can travel long distances between storage, transportation, and delivery. When temperature conditions change unexpectedly, their quality can be compromised. Without timely visibility, health programs may not know that something has gone wrong until after the commodity or specimen has reached its destination.

During the first half of 2026, eHealth Africa Global Health Monitoring (EHA GHM) continued to strengthen this critical layer of visibility. Its remote monitoring technology supported vaccine distribution and cold-chain compliance across active deployments, giving program teams greater visibility into the conditions in which temperature-sensitive commodities are stored and transported. This visibility enables teams to move beyond simply transporting commodities to monitoring whether the conditions required to protect their quality are being maintained throughout the journey.

## Extending Monitoring Beyond Vaccines

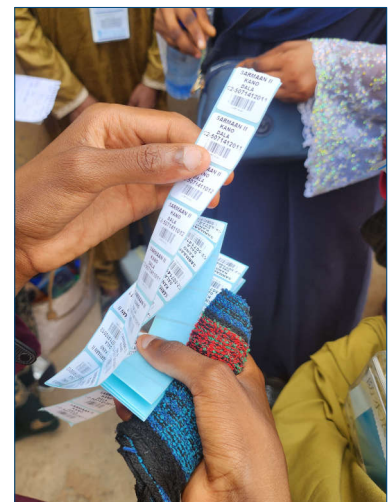
In H1, EHA GHM also demonstrated how temperature and location monitoring can support public health applications beyond the traditional vaccine cold chain. In Kano, the technology was deployed to support

household assessments and antimicrobial monitoring, demonstrating its adaptability to different field operations. A calibration study was also completed through EHA GHM's collaboration with the Nigerian Institute of Medical Research (NIMR), strengthening the evidence required for accurate monitoring during sample transportation.

This potential was further demonstrated in Abuja through the Institute of Human Virology Nigeria (IHVN)/Global Fund pilot, where EHA GHM showcased the use of temperature monitoring during the transportation of tuberculosis samples. For laboratories and disease programs, this creates an important opportunity. Greater visibility into conditions during sample transportation can help teams determine whether required temperature conditions were maintained during transit, strengthening confidence in the integrity of specimens arriving for testing. The pilot also generated interest in extending the technology into sample-transport monitoring.

## Making Monitoring More Connected and Traceable

Behind these applications, EHA GHM continued to strengthen the systems required to make remote monitoring more interoperable, traceable, and sustainable at scale. Progress on CCDX/DHIS2 integration is creating a pathway for monitoring data to



connect with wider health information systems. This is important because temperature data becomes more useful when it can contribute to the systems health authorities already use to monitor programs and make decisions, rather than remaining isolated in a separate platform.

Improvements to serial- and lot-level tracking through Odoo also strengthened the traceability of monitoring devices. This provides greater visibility into individual devices and their movement through the system, supporting more accountable management as deployments expand.

At the same time, legacy gateways were deactivated, reducing recurring operational and SIM-related costs. This helps create a leaner operating model and directs resources toward infrastructure that remains relevant to current deployments.

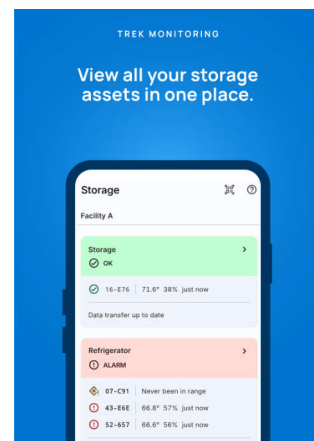
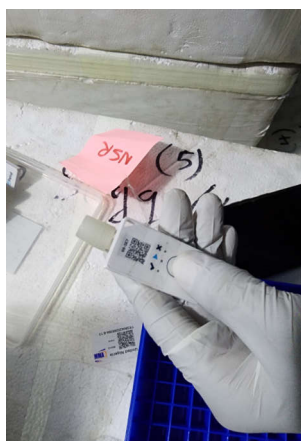
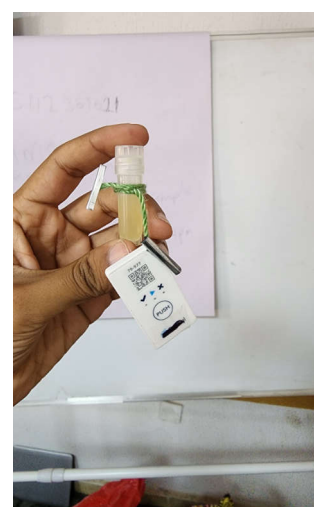
During the reporting period, WHO PQS compliance was renewed for Trek Pro and Remote Temperature Monitoring Systems (RTMS), reinforcing the readiness of the technology for use within vaccine and cold-chain environments.

The value of remote monitoring ultimately lies not in the

devices themselves, but in what health programs can do with the information they provide. For vaccine programs, this means greater visibility into whether temperature-sensitive commodities remain within required conditions during storage and distribution. For laboratories, emerging applications could provide similar visibility as specimens move from collection points to testing facilities. For program managers, stronger interoperability can make monitoring information more accessible within broader health information environments.

As EHA GHM moves into the second half of 2026, the opportunity is to turn this stronger foundation into greater public health value: deepening interoperability, expanding partnerships, strengthening operational sustainability, and extending proven monitoring capabilities into more areas where timely information about the condition and location of critical health commodities and specimens can support earlier action.

The next measure of impact will be how consistently this visibility translates into action—whether monitoring enables programs to identify temperature risks earlier, respond to excursions more quickly, reduce preventable commodity or specimen losses, and strengthen the reliability of the services that depend on them.



# A Journey of Growth and Giving Back: Abba Daniel's eHA Academy Story



When [Abba Daniel Frederick](#) first discovered eHA Academy, he was searching for direction. With a background in engineering and a strong interest in software development, Daniel knew he wanted to build a career in technology.

He had curiosity and ambition. What he needed was structure, mentorship, and a learning environment that could help him move from aspiration to action. That search led him to eHA Academy. *"I wanted more than just theory,"* Daniel said. *"I wanted hands-on experience, mentorship, and a community that would challenge me to grow."*

For him, being selected into Cohort 4 of the Academy was more than an admission into a training programme. It felt like the beginning of a new chapter. Daniel credits much of his growth to the Academy's mentorship structure and learning community. Throughout the programme, mentors were available to guide learners, answer questions, and share their own experiences. The environment encouraged collaboration rather than competition, making it easier for learners to stay motivated and support one another.

Daniel now works as an Associate Software Engineer. His typical day includes collaborating with team members, designing and developing software solutions,

troubleshooting issues, and continuously improving his skills.

Daniel is also a mentor with eHA Academy, supporting learners who are starting the journey he once took. It is a role he describes as rewarding because it allows him to share knowledge, encourage aspiring tech professionals, and contribute to the same learning community that helped shape him.

*"Mentoring has been a rewarding part of my journey because it allows me to share knowledge, support aspiring tech professionals, and contribute to the same learning community that helped shape my growth,"* he said.

In many ways, Daniel's journey has come full circle. He entered the Academy as someone looking for opportunity and direction. Today, he is helping others find theirs. Balancing his work as a software engineer and mentor has strengthened his technical, leadership, and communication skills. It has also deepened his understanding of growth as something that does not stop when a program ends.

*"The mentors and community played a huge role in my journey,"* Daniel said. *"They were always willing to guide, answer questions, and share their experiences."*

This has been the story of eHA Academy graduates over the years. In 2026 alone, the Academy successfully onboarded 220 total mentees and 28 technical mentors, completing foundational learning modules and transitioning Design, Data Analytics, and Data Science mentees toward their mid-year capstone project preparations.

Beyond delivering its planned activities, the Academy also pursued opportunities to strengthen partnerships, expand pathways for learners, improve access to digital learning, and establish stronger institutional systems that can continue to benefit future cohorts. On 17 April 2026, eHealth Africa signed a Memorandum of Understanding (MoU) with Skyline University, establishing a foundation for long-term academic and technical collaboration. The partnership represents an opportunity to connect the Academy more closely with academic institutions and strengthen learning and knowledge exchange. The Academy also initiated discussions with potential

partners to explore internship opportunities for graduates, creating pathways for learners to gain practical experience beyond their training. In parallel, opportunities are being explored to improve learners' access to technology and computing facilities, helping to address practical barriers to digital learning and skills development.

Looking ahead to H2 2026, the Academy will focus on turning learning into tangible opportunities for its participants by completing capstone evaluations, transitioning learners into the Advanced Cohort, and facilitating internship placements for 2025 graduates. These efforts will culminate in a phased graduation programme, including a joint graduation and alumni induction in December, celebrating learners' achievements while connecting them to a growing community of graduates equipped to apply their skills beyond the classroom.

## Alumni Testimonials



**"eHA Academy refined my problem-solving approach and strengthened my ability to apply technology effectively in real-world projects".**

- Salisu M Indabawa



**"The eHA Academy program provided me with the advanced architectural foundation to build award-winning software, as evidenced by my project receiving the Excellence Award, which ultimately empowered me to transition into a high-impact developer capable of launching sophisticated security platforms".**

- Christopher Dondo Loho



**"I can finally relate to website development! The eHA Academy Web Development Design Phase (UI/UX) Cohort gave me the practical skills and confidence to understand and contribute meaningfully to real projects".**

- Titilope Otuogbai



**"The Academy program strengthened my practical skills in digital health and data-driven problem-solving, enabling me to apply technology to address real-world public health challenges".**

- Lawan Adamu



**"The program impacted my career in many ways. Having already been in tech, I could now confidently address issues in web development. Soon after completing the program, I tutored and instructed a class of students at Aptech Computer Education, where I was already working".**

- Kwaghfan Aondover Amos



**"The eHA Academy has significantly improved my tech skills and broadened my understanding of different aspects of technology".**

- Okem Chidiebere

# Expanding Impact Through Strategic Partnerships and Engagement



## REACH -Extending Impact Beyond Boundaries

Achieving greater reach, readiness and resilience requires more than strong programmes and technical expertise. It requires the right partnerships to extend impact to new communities and sectors, the right capabilities to respond to emerging needs, and strong local institutions to sustain progress over time. eHealth Africa's strategic partnerships and engagement consistently connects technical expertise with government ownership, research with implementation, innovation with communities, and programmes with the institutions and capabilities needed to sustain them.

During the first half of 2026, eHealth Africa's partnerships moved beyond expanding geography to redefining how we work. This is evident in the various partnerships built and strengthened during the year. The collaboration with the Kano State Investment Promotion Agency (KANINVEST) is the strongest example. Building on the successful partnership in 2025, we renewed the engagement in January 2026 to scale ambition. This led to the deployment of a predictive analytics dashboard that integrates investment data into actionable insights.

Beyond technology, the partnership is strengthening institutional capacity for better data interpretation,

system management and making evidence-based decisions independently. This partnership demonstrates how eHealth Africa's digital infrastructure expertise can transform readiness into tangible capability, empowering Kano State to plan, promote, and sustain investments with unprecedented clarity and accountability.

Partnerships also expanded eHealth Africa's reach by connecting its expertise to new groups and opportunities. Through the Khalilu Foundation's EveryGirl 3.0 FemTech & Career Pathways Course, eHealth Africa co-designed and facilitated sessions for 15 fellows, opening pathways into health technology for young women previously excluded from digital skills tracks. This partnership extended eHealth Africa's reach into gender equity and youth empowerment, demonstrating that health innovation is not only about the systems being built, but also about who has the opportunity to shape them.

Similarly, the successful transition of the LUMANA intervention, a community-focused initiative piloted with local partners, marked another dimension of eHA's reach. The initiative demonstrated how digital health tools can be embedded within grassroots settings to improve access and accountability. The lessons learned from this initiative were shared across networks, the consortia (KIRCT, Blueroomcare and EHA Clinics), while

ensuring that its innovations could be replicated and scaled. Thus, by documenting outcomes and convening stakeholders, eHealth Africa ensured that the reach of LUMANA extended beyond its immediate beneficiaries into broader health system strengthening.

Strategic collaborations with organisations such as APIN Public Health Initiatives and Institute of Human Virology (IHVN) strengthened opportunities to combine expertise in outbreak detection and response, creating pathways for broader health security impact. In humanitarian settings, eHealth Africa's collaboration with WFP through the Ngala Common Warehouse demonstrated the value of partnership in extending essential logistics support to fragile and hard-to-reach areas.

Through these partnerships, eHA's reach was no longer defined by geography alone but by influence, expertise, and network. Convening digital health actors via the African Digital Health Network, aligning with the Nigeria INGO Forum, and embedding itself in continental governance conversations demonstrated that eHA's reach is as much about shaping systems as it is about expanding territory.

## READINESS - Partnerships that built capability

So far in 2026, readiness is not just about preparing for opportunities; it is about building the institutional muscle to deliver impact at scale. The official signing of three formal Memorandum of Understanding (MoU) defined this shift. The strategic signing of Memorandum of Understanding (MoU) with **Orodata Science** created a framework for data democratization and transparency in public health. Importantly, combining Orodata's civic technology expertise with eHealth Africa's digital infrastructure, the partnership provides opportunities for joint interventions in health surveillance, Primary Healthcare monitoring and supply chain management.

More than technical collaboration, it was about capacity: investigative reporting and data storytelling now became tools for accountability, while geospatial mapping merged with eHealth Africa's logistics capabilities to

create comprehensive health-facility databases. This MoU ensured that readiness meant not only having systems in place but also the ability to tell compelling, evidence-based stories that drive policy and reform.

The case is similar with our new Academia and research partners Academia and research partners as we continue to build intellectual scaffolding. The MoU with **Skyline University**, signed 17 April, anchored the Academy in a recognized institution. The MoU executed with AFREHealth and its resultant workplan strengthened academic and health systems collaboration across African networks.

Meanwhile, consortium discussions with RTI International, John Snow, Inc. (JSI), and McKinsey & Company brought technical expertise into submissions to the U.S. Centers for Disease Control and Prevention (CDC) and Global Health Security and Diplomacy (GHSD), helping to strengthen governance and operational frameworks. Also, partnerships with Heidelberg, Kenya Medical Research Institute (KEMRI), Redeemer's University, and AFREHealth expanded our research credibility, embedding eHealth Africa in scientific networks that validate and extend our work.

The MoU with the **Khalilu Foundation**, through the EveryGirl 3.0 FemTech & Career Pathways Course, strengthened readiness in another critical area: **human capital**. The fellows' unanimous 5/5 facilitator rating and interest in deeper engagement reflected the value of the initiative. Beyond the positive feedback, the partnership is helping equip a new generation of young women with the skills, exposure and opportunities to contribute meaningfully to health innovation and strengthen the talent pipeline for the future.

Beyond formal MoUs, strategic engagements with key partners also strengthened eHealth Africa's readiness. For instance, engagements with the Against Malaria Foundation (AMF) explored opportunities in malaria prevention and outbreak response, positioning eHealth Africa to scale interventions in endemic regions. At the same time, discussions with Schneider Electric led to its support for the Insights Learning Forum (ILF 2026) and engagement around PHC solarisation, bringing valuable



expertise in sustainable energy solutions. Together with engagements focused on disease prevention, these partnerships strengthened eHealth Africa's readiness across critical enablers of health delivery, from effective prevention systems to reliable and sustainable power for health facilities.

Similarly, eHealth Africa's partnership with Save the Children International Nigeria created an opportunity to strengthen climate-resilient health systems across two states in Nigeria, further positioning health facilities and systems to respond to the growing impacts of climate-related challenges.

If reach was about where we could go, readiness was about what we could do once we got there. Government partnerships anchored this capability. The Nigeria Center for Disease Control (NCDC), National Primary HealthCare Development Agency (NPHCDA) and the Kano and Bauchi State PHC Development Agencies ensured that data and systems were not external to eHealth Africa but owned by the state. Without them, our work would have remained pilot projects; with them, it became embedded infrastructure. In Niger State, the Primary Health Care Development Agency engagement on solarization of health centres, with an MoU under final review, showed how partnerships can strengthen the very foundations of health delivery.

Our engagement with Multilateral partners also added depth to our reach. Following a late-June delegation, **UNICEF** acknowledged the strength of the collaboration, noting that its *"impact is already highly visible."* That external validation confirmed readiness in a way our own words never could.

Beyond institutional and technical collaborations, the continued support of the World Food Programme (WFP) for the Ngala Common Warehouse helped sustain humanitarian supply chains in a fragile setting, demonstrating how operational partnerships strengthen the systems needed to maintain essential services. Readiness was also strengthened through strategic visibility and engagement. eHealth Africa's participation in the Humanitarian Finance Summit, Skoll World Forum, Sankalp Africa Summit and Africa CEO Forum created opportunities to engage decision-makers, exchange knowledge and build relationships across the health, development, humanitarian and investment ecosystems.

Together, these partnerships and engagements strengthened the networks, expertise, institutional relationships and operational capabilities that positioned eHealth Africa to respond to emerging opportunities and challenges. Readiness, therefore, was not simply about being prepared for what comes next, but about deliberately building the relationships and capabilities required to deliver greater impact when the opportunity arises.

## RESILIENCE – Partnerships designed to outlast us

The ultimate measure of partnership is whether the work survives our departure. In the first half of 2026, that measure was met. Vaccine Direct Delivery (VDD), designed and run by eHealth Africa, transitioned to the Bauchi State Government. This was not a funding strategy but an exit strategy: proof that resilience is achieved when local institutions take ownership.

The same logic applied elsewhere to the Renewable Energy for Primary Healthcare (RE4PHC) with a training cascade transferring maintenance capability to local technicians, ensuring systems did not collapse when external support ended.

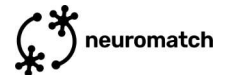
Also, through the African Digital Health Network, Ministries and Ministries Department and Agencies across Africa were convened into governance structures that endure beyond eHA's leadership. Resilience was also institutional. Partnerships with the Bay Area Global Health Alliance, Healthcare Federation of Nigeria, Infectious Disease Alliance, African Digital Health Network with eHA as the Board Secretary were not about visibility but about survival embedding governance, skills, and systems that last.

Partnerships so far in 2026 enabled eHealth Africa to reach further, build readiness, and embed resilience in ways impossible alone. The story is not of deals signed or funding secured, but of impact: convening actors that transform the healthcare sector, embedding systems in government, validating readiness through multilateral and academic partners, and ensuring resilience through local ownership. The true measure of these partnerships is that they made possible what eHA could not have achieved alone, and that their outcomes will endure long after eHA steps aside.



# Our Partners

BILL & MELINDA  
GATES foundation



Nigerian Institute of Medical Research  
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