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Final Africa Health ExCon 2026

Scientific Program — Public Health Agenda

Panel 1: High-Level Strategic & Political Session

Session Title: African Health Sovereignty: From Dependency to Strategic Autonomy

السيادة الصحية الإفريقية: من الاعتماد إلى الاستقلال الاستراتيجي

Parameter	Specification
Date & Time	June 16, 2026, 10:00 AM – 11:30 AM
Session Duration	90 Minutes (1.5 Hours) — Expanded Version
Session Format	High-Level Plenary Panel & Strategic Keynote Addresses
Target Audience	Ministers of Health and Finance, Heads of African and International Governance Institutions, Development Partners, Healthcare Industrial Leaders, and Clinical Specialists.

I. Concept of the Session

This premier opening session establishes the definitive political and practical mandate for the entire scientific program. Built upon the core premise that health security represents a fundamental pillar of African national security, the session signals a decisive transition from political frameworks to institutionalized, operational delivery.



Africa has entered a new era that requires moving from dependency to strategic autonomy, from consumption to localization, and from fragmented national initiatives to inter-African integration. The session addresses the translation of continental frameworks—including Agenda 2063, the Africa Health Security and Sovereignty (AHSS) agenda, and the Lusaka Agenda—into sovereign, resilient systems capable of sustaining domestic manufacturing, robust workforce development, smart infrastructure, and equitable clinical outcomes.

II. Core Strategic Objectives

- **Setting the Vision:** Anchor African health sovereignty as a practical development, national security, and delivery agenda across the continent.
- **Transitioning to Maturity:** Align regional leadership to bridge the gap between high-level declarations and measurable, accountable system maturity.
- **Resource & Investment Planning:** Champion the implementation of the Digital Smart Health Map of Africa to prevent investment duplication and address infrastructural gaps.
- **Fostering Integration:** Support the full activation of the African Medicines Agency (AMA) and regional manufacturing alliances to ensure biopharmaceutical self-reliance.

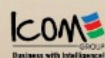
III. Official Session Show-Run & Chronological Agenda (90-Minute Fully Optimized)



Time / Duration	Session Segment & Speakers	Strategic Focus & Core Questions
10:00 – 10:03 (3 Min)	<p>Session Introduction & Welcome</p> <p><i>Moderator:</i></p> <p>Prof. Dr. Maha El Rabbat</p> <p>Professor of Public Health, Cairo University</p> <p>Former Minister of Health and Population, Egypt</p>	<p>Opening of the High-Level Political Session, outlining the core theme of system maturity, setting the stage, and introducing the dignitaries.</p>
10:03 – 10:15 (12 Min)	<p>Opening Strategic Framing Speech</p> <p><i>Keynote Speaker:</i></p> <p>H.E. Prof. Dr. Adel Adawy</p> <p>President of the Scientific Committee, Africa Health ExCon</p> <p>President of the Egyptian Medical Association</p> <p>Former Minister of Health and Population, Egypt</p>	<p>Topic: African Health Sovereignty: From Slogan to Strategic Independence</p> <p><i>Focus:</i> Establishing the overarching political and scientific paradigm. Outlining why health is a non-negotiable component of African national security, addressing the critical medicine-import dependency (importing 90% of pharmaceutical needs), and calling for active cross-border executive contracts and immediate mobilization of African human capital.</p>



<p>10:15 – 10:25 (10 Min)</p>	<p>Ministerial Keynote Address</p> <p><i>Speaker:</i></p> <p>H.E. Prof. Dr. Khaled Abdel Ghaffar</p> <p>Minister of Health and Population, Egypt</p>	<p>Topic: The Egyptian Health System Transformation as a Platform for Inter-African Cooperation</p> <p><i>Core Question:</i> How can the recent milestones in Egypt's healthcare system infrastructure, localized production capacity, and universal health coverage serve as an operational model and accessible gateway for collective African partnership?</p>
<p>10:25 – 10:33 (8 Min)</p>	<p>Ministerial Keynote Address</p> <p><i>Speaker:</i></p> <p>Hon. Dr. Fidèle NKEZABAHIZI</p> <p>Minister of Health, Republic of Burundi</p>	<p>Topic: Overcoming Regional Disparities and Accelerating System Maturity in East & Central Africa</p> <p><i>Core Question:</i> How can African nations leverage regional alliances and technology transfers to bypass traditional supply-chain bottlenecks, secure medical equity, and ensure that locally manufactured biopharmaceuticals reach vulnerable peripheral communities effectively?</p>





<p>10:33 – 10:41 (8 Min)</p>	<p>Global Alignment & Health Systems Maturity</p> <p>Speaker:</p> <p>Dr. Adham Ismail</p> <p>Director of Program Management, Eastern Mediterranean Regional Office, WHO</p>	<p>Topic: WHO Perspective on System Maturity and Global Alignment</p> <p><i>Core Question:</i> From WHO’s perspective, what are the critical system capacities African countries need to strengthen in order to move from commitments to measurable implementation, resilience, and preparedness?</p>
<p>10:41 – 10:49 (8 Min)</p>	<p>Continental Health Security Keynote</p> <p>Speaker:</p> <p>Dr. Tolbert Geewleh Nyenswah</p> <p>Director, Center for public Emergencies Management</p>	<p>Topic: Institutionalization of Pandemic Preparedness</p> <p><i>Core Question:</i> How can we move from emergency-driven, reactive response toward institutionalized and sustainable mechanisms to achieve true system maturity?</p>



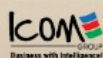


<p>10:49 – 10:57 (8 Min)</p>	<p>Health Diplomacy Keynote</p> <p>Speaker:</p> <p>H.E. Ambassador Mohamed Abu Bakr Saleh</p> <p>Deputy Minister of Foreign Affairs, International Cooperation, and Egyptian Expatriates for African Affairs</p>	<p>Topic: Health Diplomacy and Africa’s Voice in Global Health Governance</p> <p><i>Core Question:</i> How can African countries negotiate more effectively within global health institutions to secure equitable access to vaccines and medical technologies?</p>
<p>10:57 – 11:07 (10 Min)</p>	<p>Social Resilience Keynote</p> <p>Speaker:</p> <p>H.E. Dr. Ghada Waly</p> <p>Former Minister of Social Solidarity, Egypt</p>	<p>Topic: Social Determinants of Health and Protection of African Communities</p> <p><i>Core Question:</i> How can African governments better integrate social protection, public health policies, youth prevention, and community resilience policies to address the root causes of health vulnerability?</p>





<p>11:07 – 11:17 (10 Min)</p>	<p>Smart Infrastructure Keynote</p> <p><i>Speaker:</i></p> <p>H.E. Engineer Ibrahim Mehleb Former Prime Minister of Egypt</p>	<p>Topic: African Health Infrastructure as the Foundation of Health Sovereignty</p> <p><i>Core Question:</i> What are the key principles for designing health infrastructure projects that remain sustainable, functional, and integrated into broader health systems for decades?</p>
<p>11:17 – 11:27 (10 Min)</p>	<p>High-Level Interactive Synthesis & Commitment Round</p> <p><i>Managed by:</i></p> <p>The Moderator</p>	<p>Cross-Panel Synthesis Question: If Africa meets again in five years, what concrete evidence would show that the continent has moved from health commitments to real system maturity?</p> <p>Commitment Round: Each speaker answers in one sentence: What is one concrete action your institution or sector can advance in the next 12–24 months to strengthen African health sovereignty?</p>
<p>11:27 – 11:30 (3 Min)</p>	<p>Official Declaration of Opening</p> <p><i>Presided by:</i></p> <p>H.E. Prof. Dr. Adel Adawy President of the Scientific Committee</p>	<p>Protocol Mandate: Submission of the final session synthesis and the formal pronouncement: <i>"I officially declare the Africa Health ExCon 2026 open."</i></p>





IV. Expected Institutional Outcomes

The deliberations of this High-Level Opening Panel are structured to directly inform a ministerial statement affirming the continent's transition to measurable implementation. Outcomes focus on mapping domestic financial responsibilities, institutionalizing multi-sectoral governance structures, and standardizing indicators to track the operational maturity and sovereign independence of health systems across Africa.





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Panels

Panel 1 — Setting the Stage

From Commitments to System Maturity: Delivering Health Sovereignty in Africa

Date: Monday, 16 June 2026

Time: 11:30 AM – 1:00 PM

Hall: 1A

Session Purpose

This high-level opening session marks a decisive transition in Africa's health agenda—from political commitment toward institutionalized delivery, measurable implementation, and system performance.

Africa has entered a phase where frameworks, declarations, and commitments are no longer sufficient on their own. The central challenge is implementation: how continental priorities translate into functioning systems capable of delivering preparedness, resilience, equitable access, and measurable population outcomes.

The session convenes political leaders, ministers, institutional heads, financing actors, development partners, and technical experts to define what “**system maturity**” means operationally and what political, fiscal, and institutional decisions are required to achieve it.

It positions health sovereignty not only as a political aspiration, but as a practical delivery agenda requiring coordinated action across: government sectors, financing systems, manufacturing ecosystems, workforce development, preparedness architecture, and accountable governance structures.

Recent Ebola developments in the region are again reminding us that preparedness cannot remain reactive or temporary. It must become a permanent system function embedded within national institutions and continental coordination.

The session therefore signals a continental shift toward:

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- **Execution**
- **Accountability**
- **Institutional delivery**
- **Operational readiness**
- **Cross-government ownership of health outcomes**

Strategic Framing Messages

- Africa is not lacking commitments—it is entering a delivery phase.
- Health sovereignty is measured through implementation capacity and system performance.
- Preparedness is not an emergency function; it is a permanent state function.
- Financing, governance, workforce, and manufacturing are political and economic decisions.
- System maturity requires measurable implementation, accountability, and operational readiness.
- Health is not only a sectoral issue—it is a whole-of-government development and security priority.

Speakers

Moderator

Prof. Dr. Maha El Rabbat

Professor of Public Health, Faculty of Medicine, Cairo University
Former Minister of Health and Population, Egypt

Opening Remarks

H.E. Prof. Dr. Adel Adawy

President of the Scientific Committee, Africa Health ExCon
President of the Egyptian Medical Association
Former Minister of Health and Population, Egypt





Recorded Message

H.E. Dr. Mahmoud Mohieldin

UN Special Envoy on Financing the 2030 Sustainable Development Agenda

Key Note

Ms. Shanelle Hall

Advisor to Africa CDC Director General

Panelists

H.E. Dr. Ahmed Kouchouk

Minister of Finance, Egypt

H.E. Dr Aden Duale

Minister of Health, Kenya

H.E. Dr. Hisham Steit

Chairman, Egyptian Authority for Unified Procurement

Dr. Adham Ismail

WHO/EMRO DPM

WHO/EMRO/RD

Amb. Karim Sherif

Assistant Minister of Foreign Affairs for African Affairs, Egypt





Closing Reflection

H.E. Dr. Mohamed Awad Tag El Din

Advisor to the President of Egypt for Health and Prevention Affairs

Former Minister of Health and Population

Panel 2 — PPPR Governance and Financing

Institutionalizing PPPR: From Emergency Response to Permanent System Function

Date: Monday, 16 June 2026

Time: 1:00 – 2:30 PM

Hall: 1 A

Session Purpose

This high-level session advances a fundamental shift in Africa's preparedness agenda by positioning **Pandemic Prevention, Preparedness and Response (PPPR)** as a permanent state function embedded within governance systems, legislation, financing frameworks, and operational delivery platforms.

Recent crises—including COVID-19, mpox, cholera, climate-sensitive outbreaks, and the ongoing Ebola situation in the region—continue to demonstrate that preparedness cannot remain dependent on temporary projects, surge financing, or emergency mobilization.

Preparedness must become institutionalized:

- within **laws**
- within **budgets**
- within **development plans**
- within **public institutions**
- and within **everyday system functioning**





The session focuses on the political, legal, governance, financing, and operational reforms needed to:

- embed PPPR within national systems,
- strengthen domestic ownership and financing,
- operationalize the **Africa CDC PPPR System Maturity Framework**,
- and reinforce Africa's collective leadership in global PPPR governance.

The discussion is designed not as a technical review alone, but as a strategic policy dialogue on how Africa transitions from emergency response toward resilient, mature, and continuously functioning preparedness systems.

Strategic Framing Messages

- Preparedness is not an emergency function—it is a permanent system function.
- Donor-dependent preparedness models are not sustainable.
- PPPR must be embedded within laws, budgets, institutions, and development plans.
- System maturity is defined by functionality and operational readiness—not compliance alone.
- Health security is a governance and economic issue, not only a health-sector issue.
- Africa must increasingly move from participation toward agenda-setting in global PPPR governance.
- Preparedness should not only be treated as a health sector capacity issue but also as an economic infrastructure.
- The cost of inaction must be determined in terms of GDP loss, fiscal shock, debt pressure, productivity loss, and human-capital erosion.





Speakers

Moderator

Dr. Lwazi Manzi

Head of Secretariat, AU PPPR Commission

Opening Keynote

Dr. Tolbert G. Nyenswah

Director, Public Health Emergencies Center, Africa CDC

High-Level Opening Intervention

Minister of Health (Africa) (TBC)

Panelists

H.E. Dr. Ali Haji Adan

Minister of Health of Somalia

H.E. Dr. Ahmed Rostom

Minister of Planning, Egypt

Dr. Amro Kandil

Deputy Minister of Health, Egypt

Amb. Amr Ramadan

Former Vice-Chair of the INB Bureau

Prof. Luka Powanga

Head of Finance Department, Anderson College of Business

Dr. Adham Ismail

Director, Department of Health Emergencies, WHO EMRO

Dr. Valerie Bemo

Deputy Director for Emergencies, Gates Foundation





Closing Reflection. Salman Rawaf

Director, WHO Collaborating Centre and Director of the Centre for Health Systems Development, Imperial College London

Panel 3 — Integrated Delivery and System Implementation

From Preparedness to Performance: Operationalizing PPPR Through Health Systems

Delivering Preparedness: Surveillance, Data, and Cross-Border Coordination

Date: 16 June 2026

Time: 2:30 PM – 4:15 PM

Hall: 1A

Session Purpose

While Panel 2 focuses on governance and financing architecture, Panel 3 focuses on the operational systems that make preparedness functional in practice.

Effective PPPR depends on systems that can detect, share, and respond to risks in real time. This includes interoperable surveillance systems, laboratory networks, data governance, workforce readiness, primary healthcare integration, community-based early warning, and cross-border coordination.

The session will examine how preparedness can be embedded into routine systems so that operational readiness becomes continuous, distributed, and sustainable rather than activated only during emergencies.

The discussion will also address Africa's readiness for cross-border threats and the operationalization of regional support functions under Africa CDC leadership.

Central premise:

Preparedness is only real when it functions operationally at the point of delivery.





Strategic Framing Messages

- Preparedness often fails at the last mile — not at policy level.
- Integration within PHC is foundational to resilience.
- Systems must function every day, not only during emergencies.
- Workforce, surveillance, laboratories, and community trust together define operational readiness.
- Implementation is the true test of system maturity.

Speakers

Moderator

Dr. Gasser Gad Al Karim

WHO Country Office

Opening Keynote

Dr. Nima Saeed

Director, WHO Country Office

Panelists

Dr. Ahmed El Sobki

Chairperson, Egyptian Healthcare Authority

Dr. Sameh El-Saharty

Former Program Leader, World Bank

Prof. Goski Alabi

President, Accra Metropolitan University

Prof. Dr. El Sheikh Badr

Executive Director, Center for Health Workforce Development, UAE





Dr. Mohamed Moussif (Virtual)

National Coordinator of Points of Entry, Morocco

Dr . Mohamed Afifi

Regional Advisor PHC,WHO EMRO

Dr. Samar Hamoud

Emergency Care Capacities and Readiness Manager, WHO EMRO

Closing Reflections

ACDC

Panel 4 — One Health & Climate Resilience

From Concept to Coordination: Operationalizing One Health for Climate and Disease Resilience in Africa

Date: June 17

Time: 9:30-11:30

Hall:1A

Session Purpose

Climate change is rapidly transforming Africa's risk landscape—altering patterns of infectious diseases, intensifying zoonotic spillovers, and disrupting food, water, and ecosystem stability. These interconnected risks cannot be addressed through siloed sectoral approaches.





This panel will position One Health as an operational governance framework, moving beyond conceptual commitments toward institutionalized coordination across human, animal, and environmental systems. The discussion will examine how countries can integrate climate-sensitive surveillance, early warning systems, and adaptive response mechanisms into routine public systems.

A central feature of the panel will be the introduction of the proposed One Health Governance and Climate–Health Coordination Platform, led by AUDA-NEPAD in collaboration with Africa CDC. The platform aims to establish minimum governance standards, coordination mechanisms, and operational protocols across African Union Member States, enabling a more coherent and proactive response to climate-driven health risks.

This session marks a strategic shift from coordination toward governed system function.

Strategic Framing Messages

- One Health is not simply coordination—it is governance with authority and accountability.
- Climate risk is not a future threat; it is already reshaping disease patterns and health systems.
- Fragmented systems result in delayed detection and response.
- Integrated data systems enable earlier action and stronger resilience.
- One Health must be institutionalized, budgeted, and measurable.

Speakers

Moderator: Dr. Mohannad Alnasour, CEO, EMPHNET

Opening Keynote

H.E. Laila Iskandar

Former Minister of Environment, Egypt

Dr. Tamer Rabie

Program Manager, Health System Resilience, WB (virtual)





Panelists

Dr. Natalia Windor.

UNICEF Country Representative

Dr. Hanem Ahmed

Director General of Occupational and Industrial Health Department, MoHP Egypt

Dr. M Zee Fula Ngenge

Founder and Chair of Africa GCC

Dr. Prasana Prabhu

Chairperson, The Art of Living Social Project

Dr. Jacquelin Pinat

Program Officer FAO Regional Office

Dr. Anita Soina

Representative of the Maasai community at the forefront of climate change

Closing reflections

Dr. Francine Ntoumi

Foundation Congolaise Pour La Recherche



PANEL 5 — MEDICAL COUNTERMEASURES MANUFACTURING & REGULATION

From Innovation to Access: Building Africa's Diagnostics Ecosystem

Date: 17 June 2026

Time: 11:30 AM – 1:15 PM

Hall: 1A

Session Purpose

Diagnostics are the entry point to health systems—enabling early detection, guiding clinical care, informing surveillance, and underpinning pandemic preparedness. Yet across Africa, access to medical countermeasures (MCMs), including critical diagnostics, remains constrained by fragmented markets, limited innovation ecosystems, inadequate manufacturing capacity, and slow or misaligned regulatory pathways.

This session positions diagnostics and medical countermeasures not as standalone commodities, but as strategic system enablers central to **health sovereignty, resilience, and economic development.**

A central focus of this panel will be:

- the scaling of the African Pooled Procurement Mechanism (APPM)
- the introduction of the African Diagnostics Market & Readiness Initiative
- and the advancement of related continental market-shaping mechanisms under the leadership of Africa CDC and the African Medicines Agency (AMA)

These efforts aim to strengthen regulatory pathways, support African manufacturers, aggregate demand, improve market predictability, and align diagnostics and MCMs with priority public health needs.

This session will explore how Africa can transition from donor-shaped, import-dependent systems to integrated diagnostics ecosystems where:

- manufacturing is viable
- regulation is efficient and harmonized
- demand is predictable and aggregated
- innovation is aligned with public health priorities



This conversation is not about diagnostics alone. It is about building a functioning market ecosystem.

2. STRATEGIC FRAMING

- Diagnostics are not commodities—they are system enablers
- The challenge is not supply alone—it is market structure
- No sustainable manufacturing without predictable demand
- Regulation must move from bottleneck to enabler
- Diagnostics are both a health priority and an industrial policy agenda
- Health sovereignty requires resilient ecosystems linking innovation, regulation, procurement, financing, and access

SPEAKERS

Moderator

Prof. Dr. Amany El Sharif
Professor of Microbiology & Immunology

Keynote Speaker

Dr. Nkaelang Modutlwa

Technical Lead, AMA

Dr. Hisham Oumzil

Faculty of Medicine and pharmacy Mohammed V university Raat

Panelists

H.E. Prof. Dr. Ashraf Hatem

Member of Parliament; Former Minister of Health & Population, Egypt

Dr. Tamer Hussein

Vice Chair, Egyptian Drug Authority





Dr. Sherine Helmy

Executive Director, Pharco Corporation

Prof. Luka Powanga

Head of Finance Department, Anderson College of Business

Dr. Janet Byaruhanga

Senior Programme Officer, Health, AUDA-NEPAD

Closing Reflection

Dr. Hisham Badr

Vice President; Egyptian Authority for Unified Procurement

PANEL 6 — MARKET SHAPING & ACCESS TO MEDICAL COUNTERMEASURES (MCMs)

Creating Sustainable Markets: Procurement, Demand and Scale

Date: 17 June 2026

Time: 1:15 – 3:00 PM

Hall: 1A

Session Purpose

Following Panel 5 on innovation, manufacturing and regulation, this session focuses on the market conditions required to sustain that ecosystem.

Without stable and predictable markets, manufacturing cannot survive.





This session examines the demand-side architecture required to create viable and sustainable markets for diagnostics and priority medical countermeasures across Africa, including:

- pooled procurement;
- demand aggregation;
- procurement reform;
- financing mechanisms;
- long-term purchasing arrangements;
- and regional market coordination.

A central focus will be the continental mechanisms already underway:

- African Pooled Procurement Mechanism (APPM)
- African Diagnostics Market & Readiness Initiative
- Africa's Market Shaping Council (proposed)

These mechanisms aim to align:

procurement + demand forecasting + financing + manufacturing incentives + equitable access

under the leadership of Africa CDC and the African Medicines Agency.

This session reframes procurement and demand not as administrative functions, but as strategic policy tools that shape markets, reduce investment risk, strengthen African manufacturing, and sustain equitable access.

This panel moves the conversation from: ecosystem design → market activation

STRATEGIC FRAMING MESSAGES

- Without a market, there is no manufacturing.
- Procurement is not administrative—it is a strategic market-shaping function.
- Demand predictability drives investment and scale.
- Regional coordination is essential to overcome fragmentation.
- Access is determined by how markets are designed and governed.
- Health sovereignty depends on Africa shaping its own demand architecture.
- Political leadership and country ownership are essential to operationalise continental mechanisms.





SPEAKERS

Moderator

Prof. Nicaise Ndembu

Deputy Director General, International Vaccine Institute

Opening Keynotes

Dr. Mariatou Tala Jallow

Director, African Pooled Procurement Mechanism, Africa CDC

H.E. Dr. Hisham Steit

Chairman, Egyptian Authority for Unified Procurement, Medical Supply and Technology Management

Recorded Strategic Intervention

Dr. Mohamed Maait (recorded message)

Executive Director, IMF

Panelists

Dr. Spike Nowak

Global Program Director, Diagnostics, PATH

Dr. Yassin Ragaey

Assistant Chairman, Egyptian Drug Authority





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Dr. Ahmed Shawky

CEO, Afaq Mediterranean

Dr. Daniel Ndima

CEO, CapeBio, South Africa

Dr. Ahmed Khalifa

Health Economics Specialist, WHO Country office

Dr. Heba Wali

Vice CEO Vaccines and Biotechnology City

Closing Reflections

H.E. Dr. Mohamed Ali Ali Ghouj

Minister of Health Libya

Dr. Karim Bendahou

Africa Engagement Committee Chair, IFPMA

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Panel 7

The Return on Research: Quantifying What African R&D Investment Returns to Health Systems, Economies, and Sovereignty

Date: 17 June 2026

Time: 3:00 – 4:30 PM

Hall: 1A

Session Purpose

Africa continues to carry a disproportionate burden of disease while contributing only a limited share of global health research financing, product development, patents, and innovation ownership.

At the same time, the continent continues to import most pharmaceutical products and nearly all vaccines—transferring billions of dollars abroad annually while remaining vulnerable to supply disruptions, currency fluctuations, and geopolitical pressures.

Recent experiences—from COVID-19 and mpox to advances in genomics, digital health, vaccine development and locally led implementation research—have demonstrated clearly that investment in African research and development is not a luxury.

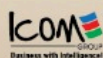
It is a strategic driver of health security, economic resilience, industrial growth, workforce development, innovation ownership, policy autonomy, continental sovereignty.

This session repositions health R&D from a primarily academic or donor-driven activity toward a strategic investment for national development and health system transformation.

It will examine how African countries can move beyond fragmented and externally dependent research ecosystems toward coordinated, sustainable and mission-oriented innovation systems capable of generating measurable returns for health systems, economies, manufacturing, workforce development, policy sovereignty, preparedness and resilience.

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A central focus will be the need to quantify and communicate the return on investment of African R&D, including:

- reduced dependency during crises
- accelerated access to innovations
- stronger health system performance
- industrial and manufacturing growth
- workforce retention
- improved policy autonomy
- long-term economic returns

Strategic shift

Research as expenditure → Research as strategic sovereign investment

STRATEGIC FRAMING

- Research is not an academic luxury—it is strategic infrastructure.
- Health R&D is a sovereignty issue, not only a science issue.
- Innovation ecosystems drive resilience, manufacturing and economic growth.
- Research must translate into products, policy, implementation and systems.
- Domestic financing determines research independence.
- Data, intellectual property and innovation ownership are strategic assets.
- Research investment reduces dependency during crises.
- Sovereign health systems require sovereign innovation systems.

Speakers

Moderator

Dr. Susan Lin

Regional Policy Lead, PATH

SPEAKERS

Keynote Intervention

Dr. Elvis Temfack

Head, R&D and Clinical Trials Division, Africa CDC

Strategic Research Perspective (TBC)

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Dr. Vanessa Candeia

Director of Research, GHE

Panelists

Prof. Francine Ntoumi

Executive Director, Congolese Foundation for Medical Research

Dr. Mosoka Fallah

Ag. Director, Science & Innovation / Program Manager, Africa CDC

Major General Dr. Tarek Taha

Egypt Center for Research and Regenerative Medicine

Dr. Ahmed Khalifa

WHO Country Office / Health Economics

Prof. Heba Nassar

Professor of Economics and Head of the Economic and Political studies at Higher Council of Universities

Prof. Dr. Eman Mahfouz

Professor of Public Health, El Minia University

Dr. Daniel Ndima

CEO, Cape Bio, South Africa

Closing Reflection

Prof. Dr. Abd El Majid Kassem

Vice Dean for Higher Education & Research
Faculty of Medicine, Cairo University



Mr. Miguel Campo Llopis

Policy Officer

DG INTPA

Panel 8 — People-Centered Systems, Trust and Inclusion

Rare and Under-Prioritized Diseases as a Test of Health System Maturity

Date: 18 June 2026

Time: 9:30–11:30 AM

Hall: 1A

Session Purpose

Across Africa's health reforms, a central question persists:

Do our systems truly work for everyone — or only for the majority?

This session positions rare and under-prioritized diseases as a test of health system maturity, revealing whether systems can deliver:

- early diagnosis;
- coordinated referral pathways;
- financial protection;
- specialized care.
- continuity of care;
- and equitable access for populations most often left behind.

These conditions expose gaps not only in diagnostics and financing, but also in workforce capacity, governance, accountability, trust, regulation, and meaningful inclusion of patients and communities.

The panel will examine how African health systems can move beyond high-volume service delivery models toward people-centered systems capable of ensuring continuity of care, responsiveness, dignity, and trust for underserved populations.

A central policy outcome will be to advance discussion around the:



People-Centered Health Systems and Social Trust Charter under African Union stewardship.

Strategic Framing Messages

- System maturity is defined by how well systems serve the few — not only the many.
- Rare and under-prioritized diseases expose whether systems are truly equitable.
- Trust is a measurable system outcome — not simply a perception.
- Equity is a system design principle — not an add-on.
- People-centered systems require alignment of governance, financing, workforce, accountability, regulation, and community engagement.
- Inclusion and dignity are core performance indicators of health system maturity.

Speakers

Moderator

Dr. Muftah Etuelab

Director of International Relations, International Libyan University

Opening Keynotes

Dr. Landry Tsague

Director, Primary Health Care and Health Systems, Africa CDC

Prof. Mimmie Watts (Virtual)

Chair, The Australia Africa Institute

Chairperson Hwebu ABL, The African Continent

Chair, Australian Chapter, ASRIC, African Union Commission

Professor of Research (Adjunct), Fiji National University.





Panelists

Prof. Mohamed Hassany

Assistant Minister of Health and Population, Egypt

Dr. Goski Alabi

President, Accra Metropolitan University

Prof. Nivine Soliman

Professor of Pediatrics and Rare Diseases Expert, Cairo University

Dr. Ibtihal Fadel

NCD Alliance

Dr. Manal Hamdy

Professor of Pediatrics, Hepatology

Dr. Asma Fouad

Head of Central Administration for Biological and Innovative Products and Clinical Trials, Egyptian Drug Authority

Mr. John Gikonyo

Patient Advocacy and Health Equity Advocate

Closing Reflections

Prof. J. Wendell Addy

Founder, Chair Emeritus and Member, Advisory Board, Diaspora Ambassador



PANEL 9 — WOMEN'S, CHILDREN'S & ADOLESCENT HEALTH FINANCING

Ending the Funding Gap That Kills

Date: 18 June 2026

Time: 12:00 – 2:00 PM

Hall: 1A

Session Purpose

Women, children, and adolescents continue to account for a substantial share of preventable mortality and morbidity across Africa. Yet financing for reproductive, maternal, newborn, child and adolescent health (RMNCAH) remains fragmented, underfunded, and highly vulnerable to external shocks.

A rapidly contracting global financing environment—combined with declining ODA—is exposing major structural gaps in RMNCAH financing.

At the same time, external pressures including:

- disruptions in global food and fertilizer supply chains
- inflation
- climate shocks
- conflict and displacement

are intensifying food insecurity, worsening maternal undernutrition and child wasting, and placing additional pressure on already fragile health systems.

These are not only health losses. They are losses in:

- human capital
- productivity
- economic growth
- national resilience

This panel reframes RMNCAH from a donor-supported agenda to a core domestic investment priority requiring sustainable financing through:

- domestic resource mobilization
- financing reform



- innovative financing mechanisms
- coordinated investment pathways

A central focus will be the co-delivery of services—integrating:

- antenatal care
- nutrition
- malaria vaccination
- adolescent health services
- primary health care

through integrated delivery platforms at point of care.

The discussion will examine how political alignment can translate into sustainable financing and implementation at country level.

STRATEGIC FRAMING

- RMNCAH is a strategic investment in human capital, productivity and resilience
- Fragmented and donor-dependent financing is no longer sustainable
- Co-delivery is essential for efficiency in constrained fiscal environments
- Nutrition and food security risks must be integrated into financing frameworks
- Domestic financing must be complemented by innovative financing approaches
- Political commitment must translate into budgeted and measurable investment

Speakers

Moderator

Dr. Lwazi Manzi

Head of GLN Secretariat, PMNCH

SPEAKERS

Legacy Presentation

Ms.KadidatouToure





Keynote

H.E. Dr. Mounira Managna

Panelists

Dr. Abla El Alfy

Deputy Minister of Health & Population, Egypt

Prof. Sindi Mzamo

Global President, Circle of Global Business women

Prof. Dr. Lamia Mohsen

Professor of Pediatrics, Cairo University

Dr. Naeema Al-Gasseer

Public Health Specialist

Dr. Helen Rees (*Virtual*)

Executive Director, Wits Reproductive Health & HIV Institute

Prof. Dr. Rehab Abdel Hai

Chairperson of Public Health, Faculty of Medicine, Cairo University

Dr. Khalid Siddeeg

WHO/EMRO Regional Advisor – Newborn, Child & Adolescent Health

Closing Reflections

