



HealthTech Hub Africa

2025 Innovation Challenge Winners Report

Public-sector adoption results from nine healthtech companies across seven African countries.

Catalytic funding partner:
Endless Network

June 2026

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Executive summary

In 2025, HealthTech Hub Africa (HTHA) ran its annual Innovation Challenge with catalytic funding from Endless Network. The Challenge awarded a total of USD 200,000 to nine healthtech companies operating across seven African countries. Eight companies received USD 20,000 each, and PanaCare received USD 40,000 across two tranches. Each company used the award to test a practical pathway into the public health sector, spanning primary and community care, chronic disease management, mental health, vision care, pharmacy digitization, medication access, electronic medical records, assistive devices, and community accountability.

All nine winners completed a structured survey on their results and experiences. Together, the cohort reported 19,961,458 patients and end users reached, 1,926 healthcare providers and 1,269 health facilities engaged, 50 public and 33 private partnerships established, USD 621,000 in additional funding reported and 129 new jobs created. The companies achieved an average of 85.8% of their agreed milestones, five of the nine reported that their solution is currently integrated within the public health sector across 47 public facilities, and all nine rated the Challenge 5 out of 5 when asked how likely they were to recommend it to other startups.

One figure needs context. Chefaa, a medication-access platform in Egypt, accounted for 19,842,298 of the reported reach, or roughly 99% of the cohort total. Excluding Chefaa, the other eight companies reached 119,160 patients and end users. This does not diminish the portfolio; it reflects its composition. The 2025 cohort combined a small number of high-volume digital access models with a larger group of deeper, facility-level public-sector pilots where early reach is modest, but system learning is high. Throughout this report, reach is presented both in full and with the outlier separated, so that scale and depth can be read on their own terms.

The results point to a consistent conclusion. Catalytic grants accelerate the work that commercial revenue rarely funds on its own: integration design, regulatory engagement, evidence generation, stakeholder coordination, and the groundwork for public-sector adoption. They do not, by themselves, deliver adoption. Across the cohort, companies repeatedly described licensing that is complex and slow, regulatory pathways that are unclear, government platforms that are not yet ready to connect to, and decision processes that move slowly even when officials are supportive. The clearest lesson of 2025 is that funding works best when paired with structured support for licensing, data governance, interoperability, and a defined route from pilot to procurement or integration.

Portfolio results at a glance

Indicator	Reported result
Catalytic funding awarded	USD 200,000
Companies supported	9
Countries represented	7
Patients or end users reached	19,961,458
Patients or end users reached, <i>excluding</i> Chefaa	119,160
Healthcare providers reached	1,926
Health facilities reached	1,269

Indicator	Reported result
Public partnerships established	50
Private partnerships established	33
Additional funding reported	USD 621,000
New jobs created	129
Average milestone achievement	85.8%
Companies integrated into the public health sector	5 of 9
Public health facilities integrated	47
Average public-sector adoption score	3.0 / 5
Average recommendation score	5.0 / 5

Table 1. Portfolio results. Source: HTHA 2025 Innovation Challenge (IC) Winner Survey & Award Records.

In brief

The 2025 Innovation Challenge is best understood as a portfolio of public-sector adoption tests rather than a single grant program. Small catalytic grants helped innovators cross the gap between a working product and a solution a public system can adopt. They worked best where they were matched with regulatory guidance, government coordination, data-governance support, and a clear path from pilot to integration.

About HealthTech Hub Africa

HealthTech Hub Africa is a pan-African innovation platform that strengthens the role of healthtech in African health systems. Working across the continent, HTHA brings together innovators, governments, funders, investors, and ecosystem partners to support the development, validation, and scale of solutions that respond to public health priorities.

HTHA operates through five connected pillars:

- The accelerator program helps startups refine their business models, build investment readiness, and prepare to scale.
- The Standards and Interoperability Lab promotes the adoption of health data standards that allow systems to exchange data and work together.
- The policy program works with governments and policymakers to improve the enabling environment for healthtech.
- The Innovation Challenges provide catalytic grants for startups to demonstrate their solutions in public health settings.
- The partnerships network connects innovators to public and private actors that can provide financial, technical, or in-kind support.

The Innovation Challenge sits at the centre of this model because most health services in Africa are delivered through the public sector, while many healthtech companies begin with private or donor-funded use cases. The Challenge gives companies a structured opportunity to test whether their solutions can work within public-sector realities of facility workflows, community health structures, government approvals, procurement rules, data-governance requirements, and the day-to-day adoption decisions of frontline health workers.

The 2025 Innovation Challenge

HTHA delivered the 2025 Innovation Challenge with Endless Network as the catalytic funding partner. Endless Network supports digital solutions that modernize primary care, expand access, and equip individuals and local providers with practical technologies, including AI, diagnostics, and digital tools. That focus aligned closely with HTHA's 2025 emphasis on healthtech adoption inside public health systems.

The Challenge awarded USD 200,000 in total. Eight companies received USD 20,000 each, and PanaCare received USD 40,000 disbursed across two tranches against agreed milestones. The award gave each company targeted capital to reduce implementation risk and to fund the activities that commercial revenue rarely covers in the early stages: *integration design, licensing, stakeholder engagement, public-sector onboarding, monitoring and evaluation, training, and technical readiness*.

Applicants addressed one or more of four priority areas defined for 2025: *AI-enabled primary and community care; last-mile diagnostics and remote monitoring; population-health data infrastructure; and workforce enablement and task-shifting tools*. Within those areas, the funded projects also reached into medication access, chronic and non-communicable disease care, mental health, vision care, prosthetics and orthotics, electronic medical records, pharmacy digitization, and community feedback.

Methodology and data notes

All results in this report are drawn from the 2025 Innovation Challenge winner survey, completed by all nine companies. The survey captured quantitative implementation data alongside qualitative experience across policy, licensing, government engagement, stakeholder strategy, evidence generation, and sustainability. Because results are self-reported and were not independently verified, they are presented as program-monitoring evidence rather than as an independent evaluation.

How to read the numbers

Two figures warrant care. Chefaa reported patient and end-user reach far larger than the rest of the cohort, so reach is shown both in full and with Chefaa separated. DPE reported 40 public partnerships, a figure that appears to include a large number of public implementation sites; it is presented as reported, with the caveat that companies may have interpreted partnerships and sites differently.

The winning companies

The nine winners represent distinct routes into the public sector. Some focus on direct service delivery, others on equipping frontline health workers, building data infrastructure, integrating with national systems, or digitizing an entire segment such as community pharmacy. That range is deliberate and instructive because public-sector adoption does not follow one path. Depending on the solution, it can require regulatory approval, professional accreditation, facility onboarding, county-level co-design, national system integration, public procurement, data-access agreements, or behavior change among health workers and patients.

Company	Country	Award	What it does	Public-sector pathway
DPE Company	Kenya	USD 20,000	InfoAFYA Signal, an AI-assisted community feedback system that lets CHVs and households report service issues by SMS or WhatsApp for county health teams to act on.	County Health Management Teams, CHVs and CHPs, KeNAAM, and MoH digital systems (DHIS2/KHIS).
DrugstoreNG	Nigeria	USD 20,000	Pharmacy.ng, a platform that lets licensed pharmacies run compliant online storefronts with inventory, digital prescriptions, payments, and delivery.	Pharmacy Council of Nigeria and the licensed pharmacy network; future NHIS and NAFDAC links.
Jiji Health	Kenya	USD 20,000	Bydii for accredited continuing professional development and Rafiki 360 for hospital and community health management.	KMPDC, NCK, KMLTTB, the Social Health Authority, MoH, and public hospital networks.
PanaCare	Kenya	USD 40,000	An integrated chronic-care model for elderly patients with NCDs, combining clinician decision support, specialist teleconsults, and CHW follow-up.	County health departments, CHWs and CHPs, public facilities, MoH, and KEMRI.
Aide Chemists	Ghana	USD 20,000	Amma AI, a virtual pharmacist assistant, adapted to give Community Health Nurses first-line mental-health screening and referral support.	CHPS compounds, Community Health Nurses, and district health officers.
Dot Glasses	Uganda	USD 20,000	A low-cost vision-screening and glasses model that task-shifts dispensing to trained lower-cadre health workers.	Uganda MoH (existing MoU), the OCO training curriculum, nurses, clinical officers, CHWs, and districts.
RoverLabs	Tanzania	USD 20,000	Customized 3D-printed prosthetic and orthotic devices, enabled by remote 3D	MoH, a public hospital orthopedics department, and national health-insurance discussions.

Company	Country	Award	What it does	Public-sector pathway
			scanning, gait analysis, and generative-AI design.	
Dynasoft	Rwanda	USD 20,000	Medisoft AI, an AI layer that adds clinical decision support and prediction to an established electronic medical records system.	Rwanda Health Information Exchange, RSSB, MoH, and public health centers.
Chefaa	Egypt	USD 20,000	A digital medication-access platform with chronic-refill management, pharmacy fulfilment, delivery, and an AI-powered business-intelligence hub.	Egypt's public health entities, UHI and insurance workflows, and the pharmacy network.

Table 2. 2025 Winners.

What the portfolio shows

Five patterns run through the cohort. First, several companies used the award to bring digital tools closer to primary and community care: DPE, Aide Chemists, PanaCare, and Chefaa each connect patients, frontline workers, facilities, or pharmacies to more structured digital workflows.

Second, workforce enablement is a recurring theme. Dot Glasses, PanaCare, Aide Chemists, Jiji Health, Dynasoft, and RoverLabs all build models in which nurses, clinical officers, community health workers, pharmacists, or facility staff gain new tools, skills, or decision support. Public systems rarely scale digital tools on technology alone; they scale when frontline workers can use them in everyday work.

Third, interoperability sits at the centre of several designs. DPE built toward FHIR-ready exchange with DHIS2 and KHIS, PanaCare designed for DHIS2-aligned data exchange, Dynasoft built Medisoft AI around Rwanda's Health Information Exchange and RSSB workflows, Chefaa proposed public dashboards and claims reconciliation, and DrugstoreNG planned links to NHIS and NAFDAC. These companies were testing not only products but trust, data exchange, and alignment with public systems.

Fourth, the grants financed work that markets do not reward immediately on technical integration, regulatory accreditation, dashboards, data collection, monitoring and evaluation, community activation, training, and stakeholder coordination. This is the role catalytic capital is designed to play.

Fifth, different models need different pathways. A digital pharmacy platform, a mental-health assistant, an EMR AI layer, a chronic-care workflow, a vision-care model, and a prosthetics service cannot be judged against a single integration milestone. Adoption has to be read alongside partnerships, evidence, and policy readiness.

Portfolio-level results

The cohort reported strong implementation progress. Average milestone achievement was 85.8%: three companies reported 100%, one reported 90%, two reported 80%, two reported 75%, and PanaCare reported 72% at the time of the survey. Most companies made substantial progress within

the Challenge period, even where full integration into public health systems was still underway through pending approvals, contracts, system connections, or facility-level adoption processes.

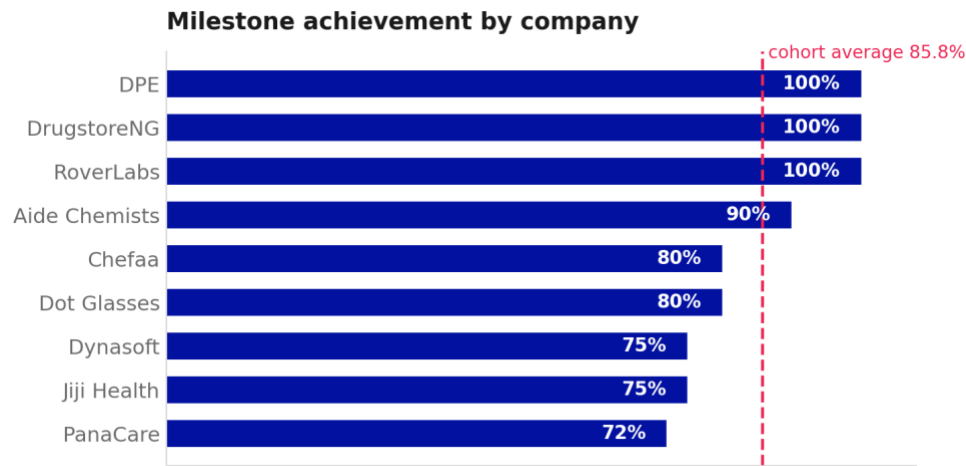


Figure 1. Milestone achievement by company against the cohort average. Source: 2025 IC Winner Survey.

Total reported reach was 19,961,458 patients and end users. The distribution is heavily skewed: Chefaa alone reported 19,842,298, and the other eight companies together reached 119,160. The cohort therefore holds two kinds of impact at once. High-reach access models such as Chefaa, DrugstoreNG, and Dot Glasses move large volumes through digital channels. Deeper public-sector pilots such as PanaCare, DPE, Dynasoft, RoverLabs, and Aide Chemists work with smaller numbers but generate more system-level learning.

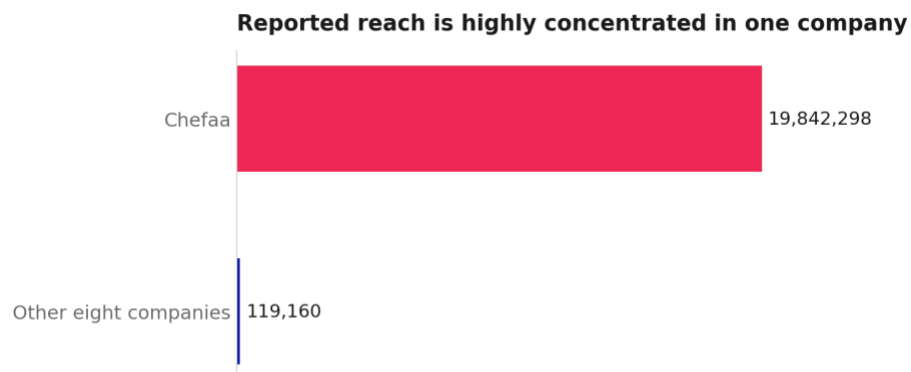


Figure 2. Reported reach is concentrated in a single company. Source: 2025 IC Winner Survey.

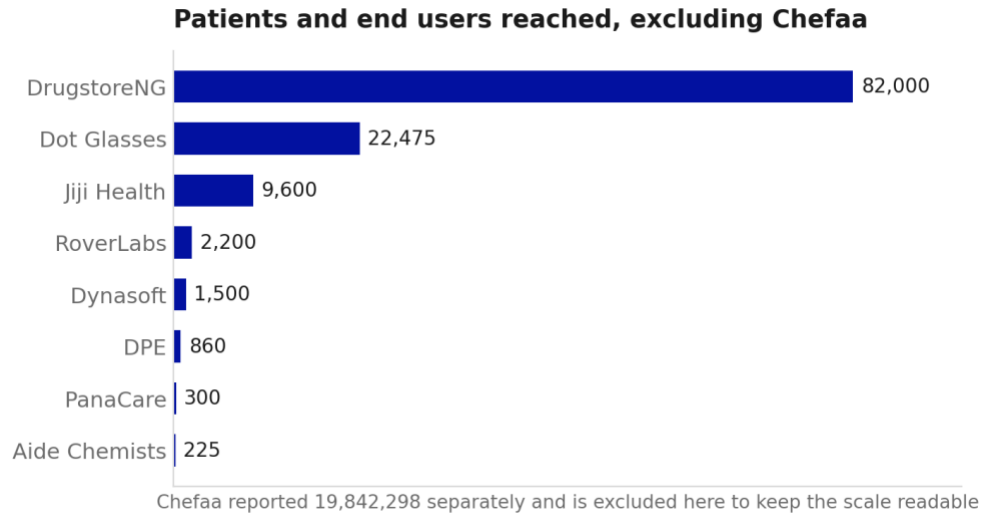


Figure 3. Patients and end users reached by company, with Chefaa separated to keep the scale readable. Source: 2025 IC Winner Survey.

The cohort also reached 1,926 healthcare providers and 1,269 health facilities. Chefaa, Jiji Health, Dot Glasses, DPE, and DrugstoreNG account for most of this engagement. Breadth of facility contact matters because public-sector adoption usually depends on whether a tool fits facility-level workflows, not only on central approval.

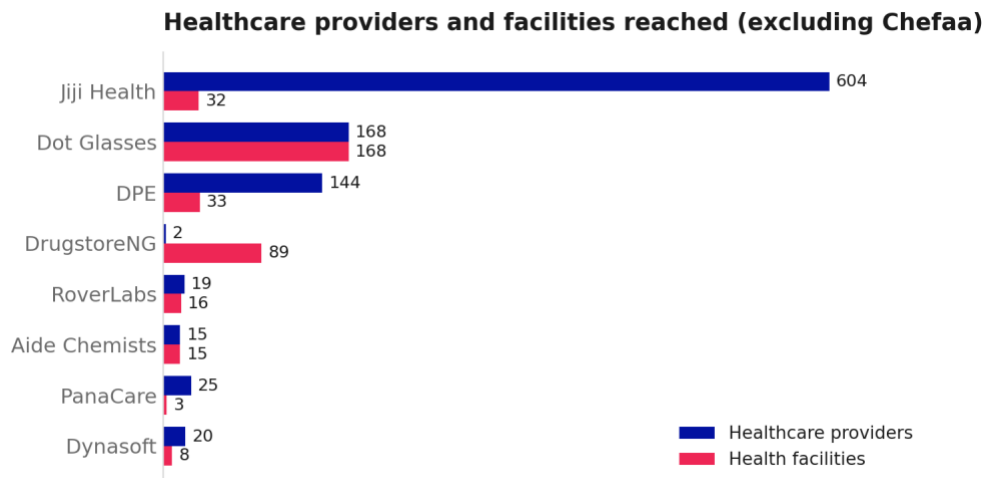


Figure 4. Healthcare providers and facilities reached, excluding Chefaa. Source: 2025 IC Winner Survey.

Partnerships, funding, and jobs

Companies reported 50 public and 33 private partnerships. The spread is meaningful as public-sector adoption rarely rests on a single government relationship; companies need facility partners, professional bodies, county or district teams, national authorities, technical partners, and sometimes insurers or procurement agencies.

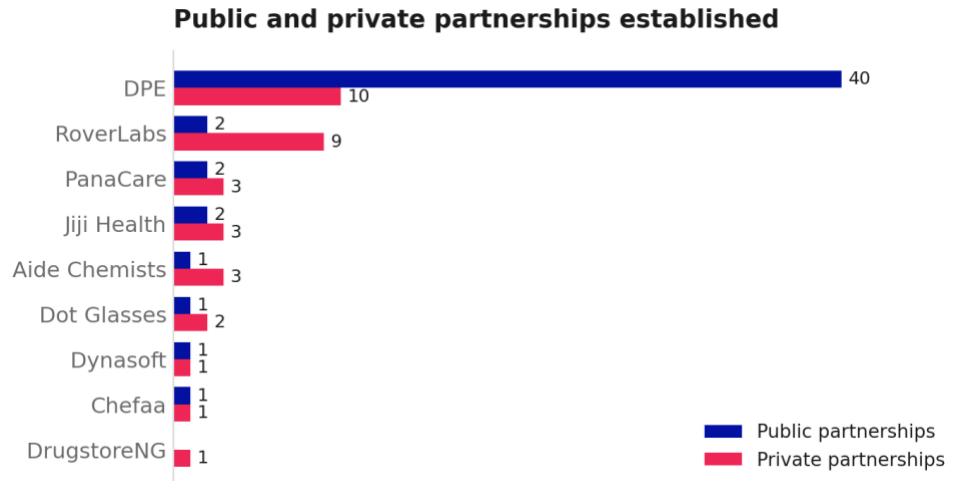


Figure 5. Public and private partnerships established. Source: 2025 IC Winner Survey.

The cohort reported USD 621,000 in additional funding after the award. Dot Glasses reported the largest amount at USD 399,000, followed by Chefaa at USD 112,000, DrugstoreNG at USD 28,000, DPE and Dynasoft at USD 25,000 each, Jiji Health at USD 20,000, and RoverLabs at USD 12,000. Aide Chemists and PanaCare reported no additional funding raised, though both noted gains in visibility, partnerships, or revenue pathways.

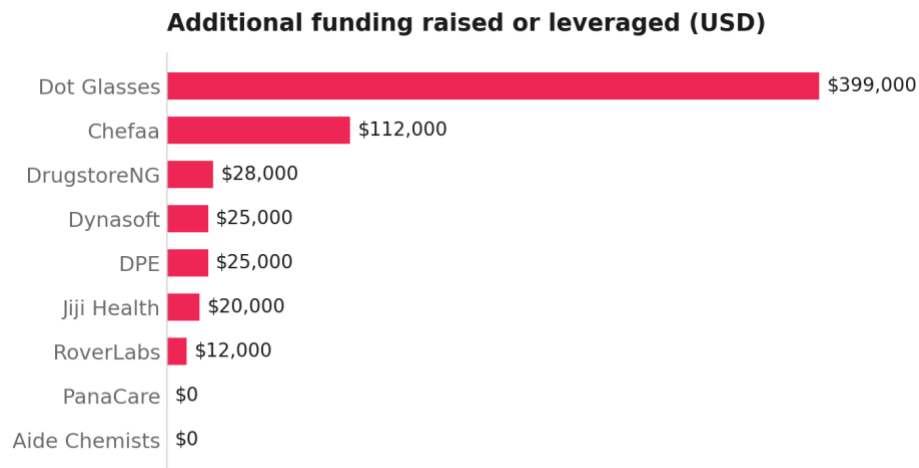


Figure 6. Additional funding reported. Source: 2025 IC Winner Survey.

Companies reported 129 new jobs, concentrated in Chefaa, PanaCare, Dot Glasses, Aide Chemists, and DPE. Even modest grants can create operational capacity where companies need field teams, trainers, and technical or implementation staff to deliver in public settings.

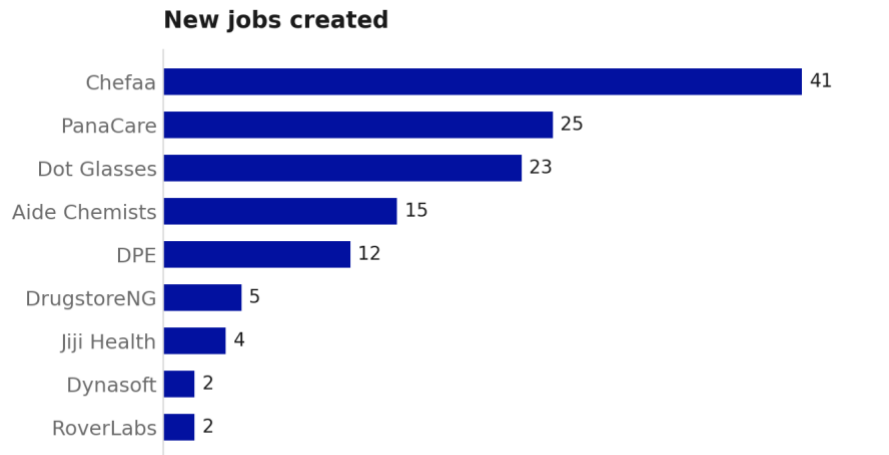


Figure 7. New jobs created. Source: 2025 IC Winner Survey.

Public-sector integration

Five of the nine companies reported that their solution is currently integrated within the public health sector: DPE, Jiji Health, Dynasoft, PanaCare, and RoverLabs. Together they reported integration across 47 public facilities, led by DPE with 33, then Dynasoft with 8, PanaCare with 3, RoverLabs with 2, and Jiji Health with 1.

Public-sector integration status

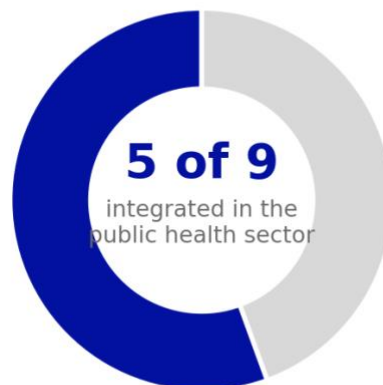


Figure 8. Public-sector integration status. Source: 2025 IC Winner Survey.

The four companies that are not yet integrated explained why, and the reasons sit largely outside their own readiness. *DrugstoreNG* is waiting for the government to finish building its platform before it can connect. *Aide Chemists* points to the absence of clear interoperability pathways and still-evolving digital health policy. *Dot Glasses* notes that full integration depends on public procurement or donor funding, and on a way for primary-care facilities to handle payment, which most East African systems lack at that level. *Chefaa* reports that the public provider portal is not yet API-enabled and that a contract is pending board approval. The pattern is clear that integration depends as much on

government platform readiness, procurement routes, formal agreements, and interoperability standards as it does on company readiness.

Business models and sustainability pathways

Dot Glasses built cost recovery into its model from the start. Glasses are sold at an affordable price, and repayment of starter kits feeds a revolving fund that equips more health workers, while embedding the model in public training curricula is intended to secure government ownership over time. RoverLabs framed sustainability around formal agreements on an MoU-based route to scale with public hospitals, under which it supplies scanners and training, alongside discussions with national health insurance to underwrite growth. Jiji Health described a layered revenue model in which learners pay for accredited CPD, educators earn from the content they create, and patients pay for care through Rafiki 360, with Social Health Authority and UHC claims integration as the public-sector anchor.

Others designed for low switching costs and public-sector fit. Dynasoft positioned Medisoft AI as an API-driven layer that augments existing EMRs rather than replacing them, which lowers the barrier to adoption and keeps insurance-claims processing within familiar systems. Chefaa proposed to use its existing delivery infrastructure as a plug-and-play access point for government, giving public entities real-time control over a verified pharmacy network while the business-intelligence hub provides continuing analytical value. DrugstoreNG proposed a co-governed model with the Pharmacy Council of Nigeria, using discounted onboarding to drive adoption and a shared medicine-visibility function as a public good.

For the deeper pilots, sustainability is tied to public financing and procurement. PanaCare is working through a procurement pathway with Kisumu County under public procurement rules, while embedding its model in facility workflows and extending care through community health workers. DPE used the grant to generate continuity-of-care evidence and pointed to a future link with a health insurance payer to support value-based care. Aide Chemists framed its pilot as a step toward a pilot-to-policy transition with the Ghana Health Service.

Challenges, barriers, and opportunities

The 2025 cohort made progress inside demanding operating environments. Companies reported a recurring mix of bureaucratic, regulatory, technical, financial, and operational barriers, and these were not confined to one country or one type of solution. They appeared across pharmacy digitization, chronic care, AI-enabled decision support, facility workflows, vision care, mental health, and assistive technology.

The most consistent barrier was the distance between positive government engagement and formal public-sector adoption. All nine companies had engaged government agencies or policymakers; five rated those interactions as positive and progressive, and four rated them as mixed. Yet companies still cited slow approvals, bureaucratic hurdles, unclear pathways, limited support, and difficulty formalizing agreements. **Openness to innovation, in other words, does not automatically produce a practical adoption route.** A company may receive introductions, letters of support, or verbal interest and still be blocked by procurement, licensing, data access, API readiness, or the absence of a signed agreement.

Barrier	What companies reported	What it means
Bureaucratic delays	Seven companies cited bureaucratic hurdles as a barrier to government support.	Good relationships still require predictable processes, timelines, and clear decision rights.
Complex, slow licensing	Eight described licensing as complex and seven as time-consuming.	Digital health models often span several regulatory categories that current systems handle poorly.
Limited support and guidance	Five cited limited availability of support; three cited a lack of clear information.	Innovators need named points of contact, guidance notes, and staged approval pathways.
Data and interoperability gaps	Companies cited data access, consent, APIs, integration, and standards.	Adoption needs data-governance and interoperability support, not only product validation.
Government platform readiness	DrugstoreNG and Chefaa linked integration delays to government platform or API readiness.	Public digital infrastructure can be the bottleneck even when a private solution is ready.
Funding and procurement	Several companies asked for funding routes and clearer PPP pathways.	Grants help pilots; scale needs procurement, reimbursement, insurance, or donor transition.

Table 3. Cross-cutting barriers and interpretation. Source: 2025 IC Winner Survey.

The opportunity inside the barriers

Each barrier marks a place where HTHA can add value. Future Challenges can pair the grant with regulatory navigation, ready-made public-sector partnership templates, interoperability and data-governance support, and a defined evidence plan, turning recurring friction into a structured support package.

Policy, laws, and regulations

Policy familiarity was high. Eight of the nine companies said they knew the policies, laws, and regulations affecting their work very well; one reported being somewhat familiar. The barriers companies faced were not caused by ignorance of policy. They understood the landscape and still ran into practical obstacles because implementation guidance, approval pathways, and coordination mechanisms remained unclear.

The policy environment affected the four adoption dimensions unevenly. Market entry was viewed most positively, with six companies reporting facilitation and three reporting hindrance. Scalability was more contested, with five reporting facilitation and four reporting moderate hindrance. Sustainability drew the most positive responses, with six reporting facilitation, two reporting no impact, and one reporting moderate hindrance. Integration into health systems was the most uneven, with five reporting facilitation and four reporting hindrance.

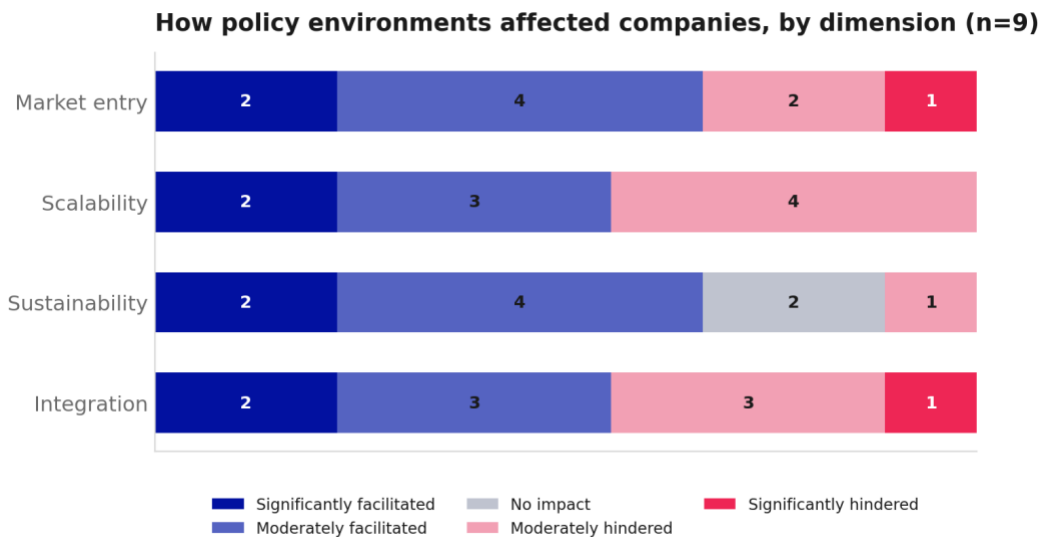


Figure 9. How policy environments affected companies across four dimensions. Source: 2025 IC winner survey.

Dimension	Sig. facilitated	Mod. facilitated	No impact	Mod. hindered	Sig. hindered
Market entry	2	4	0	2	1
Scalability	2	3	0	4	0
Sustainability	2	4	2	1	0
Integration into health systems	2	3	0	3	1

Table 4. Policy impact response distribution. Source: 2025 IC Winner Survey.

Integration is where the implementation gap shows most clearly. *Companies can enter markets, run pilots, and build partnerships, but still struggle to connect to public systems, access data, comply with overlapping requirements, or secure formal adoption.*

What companies are asking for

The strongest policy signal is that *companies are asking less for new policy ambitions and more for practical tools to act on the policies that already exist*. Across their responses they asked for clearer published guidance, easier public-private partnership pathways, telehealth-specific licensing routes, workable data-sharing protocols, regulatory sandboxes, interoperability frameworks, and more predictable approval timelines. Several pointed to specific needs: a unified, telehealth-specific licensing pathway that avoids separate sign-off across multiple bodies; national guidance for AI in healthcare with clear approval routes for testing and scaling; and consistent rules for handling health data across multi-party care models. Many African markets now have digital health, data protection, primary care, or health financing reforms that set a supportive direction. The bottleneck is operational: who approves what, how long it takes, what evidence is required, which standards apply, and how a successful pilot moves into procurement or integration.

Licensing experience

Licensing was one of the clearest barriers of 2025. Eight of the nine companies described it as a complex process and seven described it as time-consuming. Only one cited a lack of awareness, and one described a different experience. Licensing is not a peripheral issue for these companies; it is a core adoption barrier for solutions that span clinical services, AI, data systems, pharmacy, medical devices, telehealth, and community health.

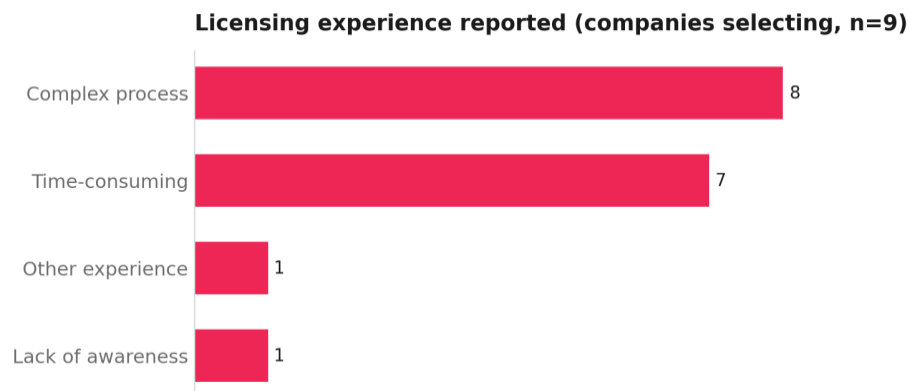


Figure 10. Licensing experience reported by companies. Source: 2025 IC Winner Survey.

The specific accounts explain why. PanaCare found that licensing requirements were built around single-facility, single-provider models, which left its three-way structure of specialist doctors, local clinicians, and patients in an ambiguous position. Dynasoft pointed to unclear approval routes for AI-enabled innovations that combine EMR data, clinical decision support, interoperability, and AI. Jiji Health reported limited support from licensing bodies. Dot Glasses found that device registration and the rules on who may distribute glasses vary widely by market. RoverLabs described permit processes as difficult and slow. The common thread is a mismatch: **licensing systems are still designed for traditional service models, while these companies operate hybrid digital ones that existing categories do not capture well.**

Data governance and interoperability

Data is central to the Challenge, and it is both an opportunity and a constraint. All nine companies collect data, insights, or market information tied to their solution. Between them they gather patient health data, medicine availability and refill data, inventory and sales data, customer feedback, clinical workflow data, system usage data, consultation volumes, demographic data, and implementation learning. They use it to improve products, follow up with patients, support clinical decisions, optimize operations, report to stakeholders, generate evidence, inform public-health planning, and raise funds. Data is one of the main ways these startups generate public-sector evidence and build the case for scale.

It is also a major constraint. Companies cited authorized access to health data, patient consent, anonymization, data quality, cybersecurity, interoperability with government systems, APIs, national standards, and unclear rules for testing AI models. PanaCare highlighted the difficulty of data protection in a multi-party telehealth model where specialist doctors, local clinicians, CHPs, and elderly rural patients all share information, since most rules were written for single-institution records. Dynasoft called for national guidance on health data use in AI. Aide Chemists asked for clearer interoperability frameworks and secure integration routes. Chefaa noted that Egypt's data-access and privacy laws are drafted but need fuller implementation and clearer interpretation. The lesson is that public-sector adoption needs more than data-protection compliance: it needs practical data-sharing protocols, secure APIs, interoperability standards, guidance on AI and clinical decision support, and a way for innovators to test data models with regulators before scaling.

Evidence and analytical capacity

Seven companies reported in-house capacity to analyze, interpret, monitor, evaluate, and visualize their data; two reported that they do not yet have it. Across the cohort, four have a product analyst, four a data analyst, three a monitoring-and-evaluation specialist, two a data scientist, and two other forms of capacity. The relatively small number of data scientists matters because several projects involve AI, prediction, clinical decision support, or business intelligence.

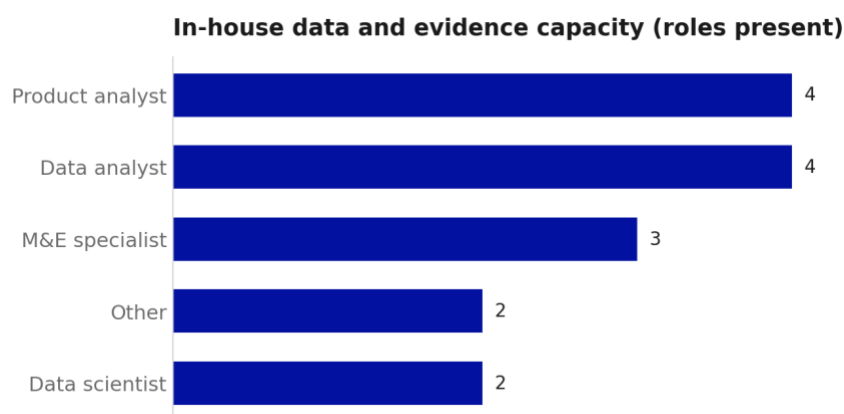


Figure 11. In-house data and evidence capacity across the cohort. Source: 2025 IC Winner Survey.

A stronger evidence-and-analytics support layer would help future cohorts with support for baseline and endline design, data-quality plans, dashboards, interoperability mapping, AI validation, and outcome measurement.

Government interaction and collaboration

All nine companies had engaged government agencies or policymakers. *Five rated the engagement as positive and progressive, and four rated it as both positive and negative.* None rated it as purely negative or as having made no progress. Government actors are clearly open to healthtech, but the open-ended responses reveal a gap between engagement and adoption. Companies described useful introductions, technical assistance, policy discussions, letters of support, and partnership opportunities; in the same breath they reported slow decisions, bureaucratic hurdles, unclear information, limited support, procurement complexity, pending contracts, and delays in formalization.

The most beneficial government resource was partnership and networking opportunities, cited by eight companies. Technical assistance was cited by five, and funding grants by one. The public sector's current contribution to adoption is mainly relational and facilitative rather than financial. *That is valuable, but on its own it is rarely enough to move a solution from pilot into sustained public-sector use.*



Figure 12. Most beneficial government resources and main barriers to accessing support. Source: 2025 IC Winner Survey.

Where companies want deeper collaboration

Eight companies named policy development as a valuable area for collaboration, seven named regulatory process guidance, and six named funding opportunities. *The cohort is asking government to play three roles: to help set policy and regulatory direction, to provide practical guidance for navigating approvals and compliance, and to create or enable financing routes that help proven solutions move beyond grants.* This points to a concrete design choice for future Challenges: *build in structured government-engagement checkpoints, a regulatory pathway-mapping exercise, and a public-sector adoption plan for each company before funds are disbursed.*

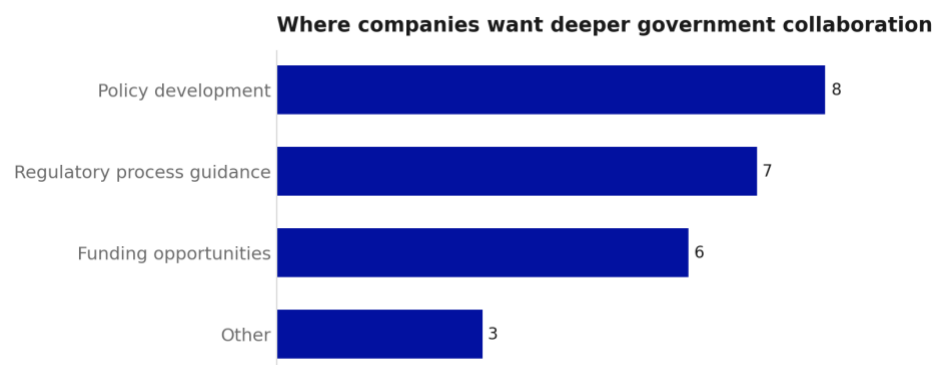


Figure 13. Where companies want deeper collaboration with government. Source: 2025 IC Winner Survey.

Stakeholder engagement

Stakeholder engagement was one of the strongest features of the 2025 cohort. All nine companies identified patients and healthcare providers as key stakeholders; eight identified investors and funders, six identified government agencies, five identified implementing partners, and two identified others. All nine reported that stakeholder engagement significantly shaped the development and success of their innovation.

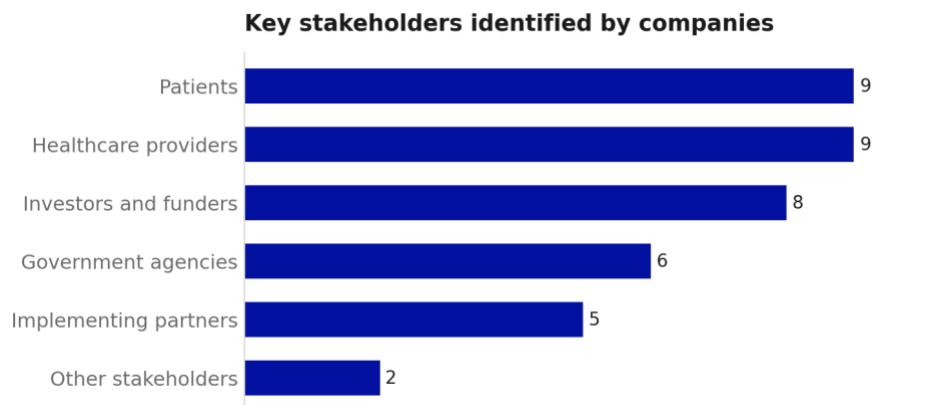


Figure 14. Key stakeholders identified by companies. Source: 2025 IC Winner Survey.

The most common methods were regular meetings and user testing or feedback sessions, each used by eight companies, followed by workshops and surveys, each used by five. Companies are not only deploying products; they are adapting them through engagement with users, providers, government, and partners.

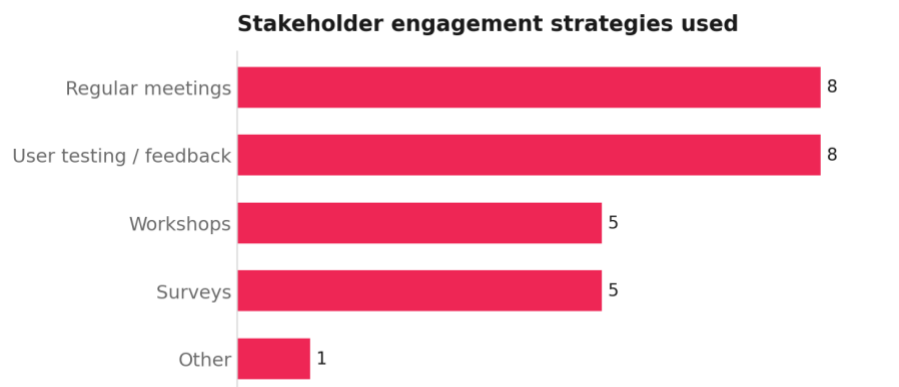


Figure 15. Stakeholder engagement strategies used. Source: 2025 IC Winner Survey.

The most valuable engagement is the kind that changes the design. PanaCare's model was reshaped by conversations with local clinicians and CHPs, who showed that elderly and rural patients needed a trusted local point of contact rather than a direct-to-patient app. DPE used engagement to align with public-sector adoption needs. Jiji Health built with health workers rather than only for them. Dot Glasses used feedback to understand customer pain points and refine its rollout. The companies that adapted in response to stakeholders tended to report the most credible public-sector traction.

Evidence generation

Evidence generation is central to the Challenge because public-sector adoption requires proof that a solution works in real health-system conditions. All nine companies collect data, insights, or market information. Their sources include platform usage data, patient data, provider feedback, inventory and sales data, clinical workflow data, consultation data, implementation observations, stakeholder meetings, surveys, and dashboards. They use this to refine products, improve service delivery, monitor medicine availability, support clinical decisions, track follow-up, identify adoption barriers, demonstrate impact to funders, inform public-sector discussions, and strengthen the case for scale.

The cohort also shows where evidence generation falls short. Companies asked for support with advanced analytics, visualization, market research, integration with provider systems, county-level health data systems, and the staff to analyze what they collect. HTHA can respond by making evidence generation a more structured part of the Challenge, with standard indicators, dashboards, baseline and endline guidance, and support to turn data into policy and investment narratives.

Case study: PanaCare milestone-based funding

PanaCare offers a useful case because it received a larger award in two tranches (for 2 key milestones) and submitted a detailed Milestone 1 report (they are currently working on their Milestone 2 report). That report describes Milestone 1 as a technical-integration and community-activation phase. Its purpose was not to maximise patient enrolment immediately, but to establish the technical, operational, and stakeholder foundations needed for public-sector deployment.

PanaCare completed all approved Milestone 1 activities. The system was live, facilities were technically ready, devices were deployed, and county-level engagement had begun. These outcomes were designed to enable Milestone 2, which focuses on expanded facility rollout, clinician training, patient enrolment, and DHIS2 integration.

Area	Milestone 1 evidence	Why it matters
Technical readiness	Cloud hosting, FHIR-based data synchronisation, SMS and OTP authentication, tablets configured and deployed, and validation in public-facility workflows with critical bugs resolved.	Confirms the technical foundation was in place before any expansion of facility rollout.
Community activation	Early engagement around participating facilities, patient-segmentation insights, perceptions of vulnerability, and identified leverage points.	Shows adoption depends on patient trust and local context, not only platform readiness.
Data governance	Legally permissible mechanisms for data collection, storage, and use clarified for public-sector contexts.	Links public deployment directly to data-protection and governance readiness.
Bridge to Milestone 2	Next phase set for DHIS2 integration, facility expansion, clinician training, and patient enrolment.	Provides a staged, fundable pathway from readiness to scale.

Table 5. PanaCare Milestone 1 readiness summary.

The case shows why milestone-based funding can be valuable for complex public-sector innovations. It lets HTHA distinguish system readiness from scale, and it recognises that the first milestone may need to focus on architecture, devices, data governance, stakeholder engagement, and workflow validation before patient enrolment can credibly expand.

Alignment with the HTHA Policy Blueprint

The 2024 Innovation Challenge mapped company experiences to the priority areas of the HTHA Policy Blueprint. The 2025 evidence validates those priorities and sharpens them and points to where implementation support is most needed.

Mechanisms for dialogue and coordination

All nine companies engaged government, but the quality of engagement varied and formalization was difficult. This supports the Blueprint's call for structured platforms that bring innovators, regulators, health ministries, public facilities, and payers together around concrete adoption pathways, and it strengthens the case for dedicated coordination points, such as a healthtech liaison function within Ministries of Health, to reduce delay and confusion.

Access to, hosting, and interoperability of health data

Companies are collecting useful data and using it for evidence, but they need clearer rules on data access, consent, APIs, cybersecurity, AI validation, and interoperability with public systems. This reinforces the Blueprint's focus on health-data access, hosting, and interoperability, and the value of harmonized standards and data co-creation forums that involve startups, regulators, and public institutions.

Streamlined and transparent licensing

With eight companies describing licensing as complex and seven as time-consuming, licensing remains one of the most important barriers to scale. The Blueprint's recommendations apply directly: digitized licensing with real-time tracking, clear guidance, regulatory sandboxes, and, over time, aligned regional frameworks that ease cross-border operation.

Value-driven collaborations and public-private partnerships

Companies value government networks but need partnerships that move beyond relationship-building into structured adoption: procurement routes, reimbursement models, performance metrics, and a defined transition from grant-funded pilot to public-sector use. This is the area where the gap between engagement and adoption is widest, and where the Blueprint's emphasis on value-driven collaboration is most actionable.

Recommendations

The recommendations below follow directly from the 2025 evidence and are grouped by the actor best placed to act.

For	Recommendation	Why it matters
HTHA	Pair each future grant with a structured public-sector adoption plan covering approvals, partners, evidence, and a route to integration.	Companies need more than capital; they need a defined path from product readiness to system readiness.
HTHA	Run a regulatory and licensing navigation clinic for winners.	Licensing complexity and delay were among the strongest barriers across the cohort.
HTHA	Provide a standard evidence-generation package, including indicators, dashboards, and baseline and endline guidance.	All companies collect data; many need help turning it into policy, investment, and procurement evidence.
HTHA	Add an interoperability and data-governance workstream to the Challenge, and a short business-model question to the winner survey.	Data access, APIs, and integration are recurring bottlenecks, and sustainability is currently under-measured.
Governments	Publish clear digital-health engagement pathways: which agency approves what, what evidence is required, and how long approvals take.	Companies understand the policy but lose time to unclear operational routes.
Governments	Develop practical regulatory sandboxes for AI, telehealth, pharmacy digitization, and digital care, and accelerate readiness of public platforms and APIs.	Sandboxes allow safe testing while standards mature; platform readiness is often the binding constraint on integration.
Governments	Clarify procurement, reimbursement, and PPP routes for proven solutions.	Pilots only scale sustainably when they connect to financing and adoption mechanisms.
Funders	Provide flexible catalytic funding that covers non-commercial adoption costs, and invest in shared infrastructure for evidence and interoperability.	Integration, licensing, M&E, and data-governance work are essential but hard to finance commercially, and should not be solved company by company.
Innovators	Engage public stakeholders early and document the path from pilot to adoption; strengthen data governance and evidence narratives from the start.	Early engagement improves alignment, and public-sector adoption depends on trust, data quality, and proof of value.

Table 6. Recommendations by actor.

Conclusion

The 2025 HealthTech Hub Africa Innovation Challenge shows what catalytic funding can do for public-sector healthtech adoption. With USD 200,000 from Endless Network, nine companies advanced implementation across seven countries and reported solid progress on reach, partnerships, funding leverage, job creation, milestone achievement, and public-sector engagement. Every company would recommend the Challenge to others.

It also shows how much adoption depends on factors beyond the grant. Companies need practical guidance on licensing, data governance, interoperability, procurement, reimbursement, public-sector workflows, stakeholder coordination, and evidence generation. **The strongest performers are not simply those with the largest reach; they are the ones that learned to align with public systems, build trust with providers and government, produce usable data, and adapt their models to local realities.**

The opportunity for HTHA is clear. Future Innovation Challenges can be more powerful still if they combine catalytic funding with structured adoption support: regulatory navigation, interoperability help, public-sector partnership design, data-governance guidance, and stronger evidence systems. Designed this way, the Challenge can keep moving healthtech companies from promising solutions to credible public-sector adoption that strengthens health systems across Africa.

Annex A. Source notes

Source	Use in this report
2025 Innovation Challenge Winner Survey	All quantitative results and the analysis of policy, licensing, data governance, government engagement, stakeholder engagement, and evidence generation.

Survey responses are self-reported and were not independently verified by the report team.

Annex B. Detailed company results

The table below reports every metric exactly as submitted in the 2025 winner survey. Chefaa's reach is shown in full; see Figures 2 and 3 for the cohort with the outlier separated.

Company	Patients / users	Providers	Facilities	Milestones	Public ptns	Private ptns	Funding (USD)	Jobs	Integrated
RoverLabs	2,200	19	16	100%	2	9	12,000	2	Yes
DrugstoreNG	82,000	2	89	100%	0	1	28,000	5	No
DPE Company	860	144	33	100%	40	10	25,000	12	Yes
Aide Chemists	225	15	15	90%	1	3	0	15	No
Jiji Health	9,600	604	32	75%	2	3	20,000	4	Yes
Dot Glasses	22,475	168	168	80%	1	2	399,000	23	No
Chefaa	19,842,298	929	905	80%	1	1	112,000	41	No
Dynasoft	1,500	20	8	75%	1	1	25,000	2	Yes
PanaCare	300	25	3	72%	2	3	0	25	Yes
Total	19,961,458	1,926	1,269	85.8% avg	50	33	621,000	129	5 of 9

Table 7. Company results as reported. Source: HTHA 2025 Innovation Challenge Winner Survey.