URGE INTELLIGENCE REPORT

The Future of Digital Health in East Africa 2026–2030

Investment-Grade Strategic Intelligence

for CEOs · Donors · Investors · Government Leaders · Strategy Teams

— FACT-VERIFIED EDITION —

All claims independently verified against primary government sources, official regulatory decisions, and live market data as of June 2026.

Prepared by Urge Communications · June 2026

Inspiring Growth, Shaping Outcomes in East Africa

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INTELLIGENCE BRIEF

This report is structured as a Bloomberg/Reuters Intelligence-equivalent briefing document. It leads with quantified market data and verified primary-source statistics before proceeding to analysis. The Corrections Register (Section 8) documents all seven material changes from the original draft with severity ratings and source authorities. The Scenario Analysis (Section 5) models three distinct outcome trajectories through 2030. The Competitive Landscape (Section 6) provides deal-level intelligence. Sections are self-contained; readers may navigate directly to their area of interest using the headings below.

1. Market Sizing: The Quantitative Baseline

All figures sourced from Grand View Research, Partech Partners, Communications Authority of Kenya, KNBS Economic Survey 2026, Rwanda Biomedical Centre, and WHO Global Health Observatory. Where analyst estimates diverge, both figures are presented with methodology notes.

1.1 Africa Digital Health Market

Africa Digital Health 2023	Projected Market 2030	Conservative Estimate 2029	MEA Telehealth 2030
$3.8B	**$16.6B**	**$7.6B**	**$18.1B**
Grand View Research baseline	CAGR 23.4% (2024–2030) — GVR	CAGR 7.99% — Statista / narrower def.	CAGR 26.8% — Grand View Research

ANALYST NOTE — DIVERGENT MARKET ESTIMATES

The $16.6B (Grand View Research) and $7.6B (Statista) estimates for Africa digital health in 2029–2030 reflect different market scope definitions. GVR includes Digital Public Infrastructure, health insurance digitisation, and government health IT procurement — the dominant growth vectors in East Africa. Statista uses a narrower consumer-facing definition (fitness apps, telemedicine, digital wellness). For East Africa specifically, the GVR framework is more appropriate given that SHA, DHA, and RBC represent institutional (government-side) demand, not consumer demand. Bloomberg Intelligence reports for similar markets use the broader definition. Urge recommends the $16.6B figure for institutional purposes with the caveat noted.

1.2 East Africa Specific: Kenya as the Dominant Market

Kenya VC Raised 2025	Kenya SHA Claims FY24/25	Kenya Telehealth CAGR	Kenya Digital Health 2029
$984M	**KSh 91.5B**	**16.4%**	**$285M**
#1 in Africa; 32% of continent total	~$700M — structural	Forecast 2024–2031 (6WResearch)	Consumer segment only (Statista)

	deficit signal		

Kenya is East Africa's dominant digital health market by every measure. The $984M in 2025 venture capital (32% of Africa's total) reflects investor confidence in Kenya's regulatory maturity (DHA, SHA, ODPC), infrastructure depth (92.9% smartphone penetration, 97.3% 4G coverage), and market scale (29M+ SHA members). Healthtech was Kenya's second-largest VC sector in 2025 at 17% of total equity, behind cleantech at 21%.

Critically, the $285M Statista consumer digital health figure for Kenya 2029 dramatically understates the true opportunity, which includes SHA's KSh 91.5B ($700M) FY 2024/25 claims ecosystem alone. The institutional and infrastructure opportunity—FHIR middleware, biometric systems, claims verification platforms, informal sector enrollment tools—dwarfs the consumer app market and is not captured in consumer-facing analyst estimates.

1.3 The SHA Financial Architecture: Risk and Opportunity

SHIF Premiums Collected FY24/25	Total Claims & Liabilities	Structural Deficit	Informal Sector Monthly Gap
KSh 57.7B	**KSh 91.5B**	**KSh 33.8B**	**KSh 5.1B**
~$440M annual premium income	~$700M — 58% over collected	~$258M gap per year	Formal workers cross-subsidise

The SHA financial architecture reveals the most important investment signal in East Africa's health market. Formal sector workers (3.1M people, 17% of workforce) contributed KSh 5.9B in a representative month. Informal sector workers (16.7M eligible, 83% of workforce) contributed only KSh 780M. This structural asymmetry creates a KSh 33.8B annual deficit that the government currently absorbs via budget supplementation (National Government health spending rose 22.8% to KSh 150.9B in FY 2025/26).

INVESTMENT SIGNAL — THE $258M STRUCTURAL GAP

Any platform that can drive low-friction informal sector SHA enrollment addresses a $258M+ structural deficit. Current contribution mechanisms are not designed for irregular income patterns. Mobile-money-linked, USSD-compatible, means-tested micro-contribution platforms represent the single highest-value investable opportunity in Kenya's health market. This is confirmed by SHA's own data analytics programme currently studying demographic data, income levels, and perceived value to develop targeted interventions. SHA CEO Dr. Mercy Mwangangi has publicly identified this as the system's primary challenge.

1.4 Universal Health Coverage Baseline: Where Each Country Stands

Kenya UHC Index (2021)	Rwanda UHC Index (2021)	Uganda UHC Index (2021)	WHO Africa Region Avg

56/100	**54/100**	**50/100**	**44/100**
WHO SDG 3.8.1; Sub-Saharan Avg: 44	WHO SDG 3.8.1	WHO SDG 3.8.1	Below WHO threshold of 80

All three East African countries score above the WHO Africa regional average (44) but well below the WHO's aspirational threshold and the global average of 71. Africa carries 25% of the global disease burden with only 3% of the global health workforce. The region faces a projected shortfall of 6.1 million health workers by 2030 (WHO), a 45% increase from 2013. Kenya's rural health facilities have a staffing availability index of just 11.1% — meaning only 1 in 9 facilities meets staffing norms in rural areas. This structural under-staffing is precisely what makes digital health, AI diagnostics, and CHW-enabling technology commercially viable and politically supported.

2. The Big Thesis: From Pilot to National Ecosystem

The era of the 'digital health pilot' has ended. Between 2026 and 2030, East Africa's digital health future will be defined by the shift from standalone, proprietary innovations to interoperable national ecosystems that unify clinical care, health financing, logistics, and data infrastructure.

Success in this market no longer depends on building the 'best app' but on integrating with state-led digital health frameworks — Kenya's DHA architecture, Rwanda's RBC-led cEMR infrastructure, and Uganda's evolving national health information system — which serve as the single source of truth for patient and provider data.

A 2025 PMC analysis of 11 African national digital health plans found that more than half did not outline the health system challenges they aimed to address, and most lacked detail on workforce development, financing, and interoperability. This is simultaneously a failure of planning and an opportunity for private sector actors who can fill these gaps with certified, integrated solutions that qualify for government procurement.

CLARIFIED — TERMINOLOGY: DHA VS. DIGITAL SUPERHIGHWAY

Earlier drafts referenced Kenya's 'Digital Health Superhighway.' Precision matters here. The 'Digital Superhighway' is the broader national ICT programme under President Ruto's BETA agenda, which had deployed 2,275km of fibre optic cable under ICT Authority implementation by mid-2025. The specific health framework is the Digital Health Agency (DHA), established under the Digital Health Act 2023 (No. 15 of 2023), with a 2025–28 Strategic Plan. Contracts, grant applications, and compliance documents should reference 'DHA framework' not 'Digital Health Superhighway.'

3. Key Insights

Insight 1 — Institutionalisation via Specialised Agencies

Digital health is no longer a sub-department within Ministries of Health. Autonomous, legislatively mandated agencies now act as both regulators and market gatekeepers:

- Kenya's DHA: Digital Health Act 2023, 2025–28 Strategic Plan, 2025 Regulations (LN 76/2025). Mandatory certification across functionality, HL7 FHIR interoperability, and information security. 35 county activations completed by August 2025.
- Rwanda's RBC: Central implementation since 2011. Manages ~60,000 CHW volunteers, cEMR with d-IDS integration, malaria and TB programmes, and the national drone logistics partnership with Zipline.
- Uganda: The PDPO (under NITA-U) is emerging as a formidable regulator following its July 2025 Google LLC ruling, which confirmed extraterritorial enforcement jurisdiction.

Insight 2 — Insurance Integration as the Primary Adoption Engine

SHA Enrolled Members	Contracted Facilities	May 2026 Claims Cycle	4G Coverage (Kenya)
29M+	**10,000+**	**KSh 12.74B**	**97.3%**
June 2026; 29M is latest confirmed	Public, private & faith-based	~$97M paid in one month	of population, June 2025

SHA's May 2026 claims cycle of KSh 12.74B ($97M) in a single month confirms this is now a genuine national-scale health financing system, not a pilot. SHIF accounted for KSh 7.25B; the Primary Care Network and POMSF KSh 3.03B; Primary Health Care fund KSh 2.02B; and the Emergency, Chronic and Critical Illness Fund KSh 433M.

The biometric verification rollout (mandatory from August 4, 2025 at Level 4–6 facilities) and Practice 360 geo-tagged app represent a digital identity layer embedded in healthcare access for the first time in Kenya at national scale. This creates a foundation for AI-driven fraud detection, claims analytics, and predictive health spending that will support a new generation of healthtech products.

> **CLARIFIED — SHA COMPLIANCE ROUTES**
> Biometric health ID verification and the Practice 360 app are ALTERNATIVE compliance routes for SHA patient approvals — not cumulative requirements. Healthcare facilities may use either. Designing for both maximises market coverage but misrepresenting them as simultaneous mandates could cause operational confusion.

Insight 3 — The Digital CHW: Rwanda's Scalable and Declining Model

CHW Malaria Coverage FY24/25	Q1 2026 Coverage	National Target	Rwanda CHW Network

50%	45%	60%	~60,000
Down from 57% (FY23/24)	RBC data, April 2026	Gap of 15 pts from Q1 2026	Volunteers — one per village

UPDATED — RWANDA CHW STATISTICS (MATERIAL CORRECTION)

The 57% figure in the original draft was FY 2023–2024. The Rwanda Biomedical Centre confirms 50% of Rwanda's 1,131,314 malaria cases were managed at community level in FY 2024–2025. Q1 2026 data shows 45% — trending in the wrong direction against a 60% national target. Any grant proposal, investor memo, or policy document citing this figure MUST use 50% (FY 2024–2025) and disclose the Q1 2026 trajectory of 45%.

The declining trend is the headline story, not the 50% figure in isolation. Rwanda is actively responding: RBC is transitioning CHWs from paper-based to mobile phone real-time reporting; the d-IDS digital screening tool (TB, malaria, pneumonia, diarrhoeal diseases in a single workflow) is being expanded; and the State Department-backed Zipline expansion ($150M, November 2025) will grow the drone delivery network from 5,000 to 15,000 facilities, with Rwanda expected to sign the first expansion agreement.

For investors and NGOs: the gap between 45% (Q1 2026) and 60% (target) represents a concrete, funded problem — RBC is actively seeking mobile reporting tools, equipment provision, and training infrastructure. This is a high-probability government procurement opportunity.

Insight 4 — AI Diagnostics: Growing Private Sector, Nascent Public Integration

AI-assisted diagnostics are the fastest-growing segment in private healthcare, with documented scale and investment in 2025–2026:

- Delft Imaging CAD4TB: integrated into national TB programmes in 9 countries; World Bank-backed. Reduces radiologist requirements for TB screening in high-burden settings.
- AI Diagnostics (Cape Town): raised $4.6–5.2M in April 2026 for the Ostium AI stethoscope — designed to detect TB from lung sounds for CHWs and frontline nurses without specialist equipment.
- Ilara Health (Nairobi): raised $4.2M for AI malaria diagnostic tools and portable ultrasounds for frontline Kenyan clinics.
- EU EDCTP3 Consortium (June 2025): €10M award to EPFL, Carnegie Mellon Africa, Stellenbosch, and partners for AI-powered ultrasound TB diagnosis across Sub-Saharan Africa.
- Global diagnostic AI market: projected to grow from $1.5B (2024) to $24B by 2037 (Research Nester). East Africa is an early-adoption region for AI diagnostics given its disease burden profile.

Insight 5 — Supply Chain Digitisation: The Zipline Effect

Drone-based medical logistics have moved from pilot to national infrastructure in East Africa. Zipline's documented outcomes represent the most rigorous evidence base for any digital health intervention in the region:

Facilities Served	People with Access	Maternal Mortality Reduction	Stockout Reduction
4,800+	**49M+**	**Up to 56%**	**60%**
Rwanda, Ghana, Nigeria, Kenya, Côte d'Ivoire	Across 5 countries	In supported Rwanda facilities	Medicines & vaccines

In November 2025, the US State Department committed up to $150M to expand Zipline's network from 5,000 to 15,000 facilities, targeting 130M people. African governments will match the investment with up to $400M in utilisation fees. Rwanda is expected to sign the first expansion agreement. Blood delivery times in Kenya's Homa Bay county dropped from 3 hours to 45 minutes after Zipline's integration.

For supply chain vendors: Zipline's expansion creates downstream demand for complementary services—inventory management, cold-chain compliance tracking, national product catalogues, and last-mile demand forecasting. Field Intelligence's Shelf Life model (3,200+ community pharmacies, 1.5M+ patients) demonstrates the commercial viability of adjacent supply chain platforms.

Insight 6 — Data Sovereignty: Enforcement Has Arrived

Data protection is no longer aspirational in East Africa. It is actively enforced with extraterritorial reach:

- Kenya (ODPC): Data Protection Act 2019. Local storage required. Cross-border transfers require documented adequate safeguards. Vendors must register at odpc.go.ke before processing Kenyan health data.
- Uganda (PDPO under NITA-U): July 2025 Google LLC ruling ordered Google to register within 30 days and provide evidence of cross-border transfer safeguards. Annual PDPO registration is mandatory for all entities processing Ugandan citizens' data — including offshore entities. Register at pdpo.go.ug.
- Regional: EAC's EARDIP supports cross-border digital integration but national data laws take legal precedence. Multi-country platforms must maintain country-specific compliance architectures.

4. Top Opportunities: Sized and Prioritised

Opportunity (Ranked by Priority)	Market Intelligence, Size Indicators & Entry Logic
#1 Informal Sector Health Financing	SHA's structural deficit: ~$258M/yr (KSh 33.8B). 16.7M eligible informal workers contributing minimally. Mobile-money-linked, means-tested, USSD-compatible contribution platforms. Lowest friction: integrate with existing M-Pesa rails (98% mobile money penetration). Market creation opportunity of $258M+ annual recurring contributions if even 30% of eligible informal workers enrol. This is the highest-priority institutional addressable market in East Africa health.
#2 FHIR Interoperability Middleware	Kenya's 2025 DHA Regulations mandate HL7 FHIR-compatible interoperability for all certified vendors. 16,700 operational health facilities (up 4.6% in 2025), the vast majority on isolated EMR systems. Vendors providing automated data migration, FHIR API orchestration, and certified interoperability layers face low competition, high switching costs, and mandatory government procurement pathways. Rwanda's cEMR integration model provides replicable architecture.
#3 CHW Digital Enablement (Rwanda + Region)	RBC actively seeks: mobile phone real-time reporting tools, d-IDS expansion infrastructure, equipment provision for 60,000 CHWs. 15pp coverage gap (45% Q1 2026 vs. 60% target) is a funded, quantified problem. Zipline's $150M expansion creates demand for complementary logistics analytics. Rwanda's model is being replicated in Tanzania, Ethiopia, and Ghana — vendors with Rwanda RBC integration have a replicable reference case for the region.
#4 AI Diagnostics — DHA Certification Track	AI tools that achieve Kenya DHA certification unlock mandatory government procurement. Private sector market is growing: $4.2M (Ilara), $4.6–5.2M (AI Diagnostics), €10M EU EDCTP3 (TB ultrasound). Global AI diagnostics market: $1.5B (2024) to $24B by 2037. East Africa's disease burden (TB, malaria, maternal mortality) is structurally aligned with AI's current diagnostic strengths. First-mover advantage in DHA certification creates durable procurement relationships.
#5 Drone-Adjacent Supply Chain Tech	Zipline's expansion to 15,000 facilities ($150M US commitment + $400M government utilisation fees) creates demand for cold-chain compliance, national product catalogue integration, and demand forecasting platforms. Field Intelligence model (3,200+ pharmacies) proves the commercial template. KEMSA (Kenya Medical Supplies Authority) reforms and SHA's National Product Catalogue (integrated with PPB) create procurement entry points for supply chain vendors.
#6 Uganda Post-Sovereignty Act Compliance Services	The Protection of Sovereignty Act, 2026 (enacted May 17, 2026) creates immediate demand for: compliance assessment services,

Opportunity (Ranked by Priority)	Market Intelligence, Size Indicators & Entry Logic
	legal advisory on ‘agent of foreigner’ classification, data architecture restructuring to separate foreign-funded from domestic operations, and Ministry of Internal Affairs registration support. This is a high-value, high-urgency market that has emerged in the last 30 days.

5. Scenario Analysis: Three Trajectories to 2030

Investors and programme designers should stress-test plans against all three scenarios. The base case reflects current policy trajectories. The bull case requires successful execution of specific catalysts listed. The bear case models funding shocks, regulatory overreach, and implementation failure.

Driver	Bull Case — Best	Base Case — Expected	Bear Case — Risk
SHA Sustainability & Informal Enrollment	Fintech wallet + USSD enrollment platforms close the informal gap by 2028. SHA reaches break-even. Digital health market expands to $1B+ in Kenya alone.	Deficit persists at KSh 20–30B/yr. Government supplements with budget transfers. Market grows but unevenly — urban overserved, rural underserved.	SHA restructures tariffs; reimbursement delays exceed 90 days. Private facilities exit SHA. Healthtech vendors dependent on SHA revenue face existential crisis.
Uganda Sovereignty Act Enforcement	Guidance published Q3 2026: narrow scope, ordinary commercial entities exempt. Foreign investment resumes. Uganda tech sector rebounds.	Compliance uncertainty persists 12–18 months. Multi-nationals restructure Uganda entities. Deal flow slows but doesn’t stop.	Aggressive enforcement; major donors and investors exit Uganda. MOU ratification fails. $2.3B programme disbursements stall. Sector loses 2–3 years of momentum.
Rwanda CHW Coverage (target: 60%)	Mobile reporting fully deployed; equipment gap closed by RBC-State Dept drone expansion. Coverage rises to 65%+ by 2028. Rwanda becomes global CHW benchmark.	Coverage stabilises at 50–55%. Mobile reporting partially rolled out. Gap to 60% narrows but not closed by 2030. Rwanda malaria-free target delayed.	Equipment shortages and training gaps cause CHW attrition. Coverage falls below 40%. Digital tools underutilised. Donor fatigue after MOU uncertainty.
AI Diagnostics Certification & Scale	DHA certifies 5+ AI diagnostic tools by 2027. Public-sector procurement unlocks. AI diagnostics market reaches $500M+ regionally by 2030.	AI pilots scale in private segment. DHA certification takes 18–24 months. Market grows to $150–200M by 2030, primarily private sector.	Regulatory fragmentation stalls AI certification across 3+ jurisdictions. High-profile misdiagnosis event triggers public backlash. Donor fatigue reduces pilot funding.
Cross-Border Data	EAC adopts adequacy standard; EARDIP enables	Country-by-country compliance remains norm.	Data localisation tightens further. Multi-country

Driver	Bull Case — Best	Base Case — Expected	Bear Case — Risk
Harmonisation	regional health data exchange by 2028. Multi-country epidemic analytics become feasible.	Bilateral data agreements (Kenya–Rwanda, Kenya–Uganda) provide limited pathways. EARDIP progresses slowly.	healthtech platforms restructure as country-siloed entities. Cross-border research effectively halted by 2027.

6. Competitive Landscape: Active Companies & Deal Intelligence

The following table documents verified deal activity and company positions in East Africa digital health as of June 2026. Funding figures and metrics are sourced from company announcements, Partech Partners 2025 Africa Tech VC Report, Disrupt Africa, and verified news sources.

Company	Segment & Geography	Verified Data Point (June 2026)
Zipline	Drone medical logistics — Kenya, Rwanda, Nigeria, Ghana, Côte d'Ivoire	$150M US State Dept expansion (Nov 2025). Network to grow 5,000→15,000 facilities. 49M people served. 4,800+ facilities. 1.8M autonomous deliveries. Maternal mortality reduction up to 56% in supported Rwanda facilities. Stockouts −60%. Rwanda signs first expansion agreement.
Helium Health	EMR digitisation — Kenya + 4 other countries	3M+ patient records digitised across 1,000+ hospitals in Kenya, Nigeria, and 3 other markets. Hospital billing efficiency +200%. Operates in Kenya under DHA framework.
Field Intelligence (Shelf Life)	Pharmacy supply chain — Kenya, Nigeria	3,200+ community pharmacies supported. 1.5M+ patients with improved access by June 2024. Inventory management and financing service. Replicable model for SHA's National Product Catalogue integration.
Ilara Health	AI diagnostics — Nairobi, Kenya	$4.2M raised for portable ultrasounds and AI malaria diagnostic tools for frontline Nairobi clinics. Key integration candidate for DHA certification pathway.
AI Diagnostics	AI TB stethoscope — South Africa, Sub-Saharan Africa	Pre-Series A: $4.6–5.2M (April 2026). Ostium digital stethoscope + AI.TB model. Designed for CHWs and frontline nurses without specialist

Company	Segment & Geography	Verified Data Point (June 2026)
		equipment. Targeting Sub-Saharan Africa rollout including East Africa.
Delft Imaging (CAD4TB)	AI TB screening — Regional	Integrated into national TB programmes in 9 countries. World Bank-backed. Reduces radiologist requirements for TB screening. Most mature AI diagnostics platform in the region.
EU EDCTP3 AI-Lung Ultrasound Consortium	AI TB diagnosis — Research/Rwanda, S. Africa, Mali, Benin	€10M (June 2025). Partners: EPFL, Carnegie Mellon Africa, Stellenbosch, Swiss TPH, FIND. AI-powered ultrasound TB diagnosis. Carnegie Mellon Africa based in Kigali provides East Africa anchor.
Zuri Health	Telemedicine — Kenya + multi-country	$1.1M seed (2023). Jaza Rift Ventures-backed. Kenya telemedicine platform expanding across Africa. Relevant to Kenya's SHA telehealth integration roadmap.
mPharma	Digital pharmacy — Africa (Kenya included)	Online pharmacy platform. Listed as key player in Grand View Research Africa Digital Health market report. Focuses on quality pharmaceutical access at reduced cost.

7. Top Risks: Rated and Quantified

Risk 1: Uganda's Protection of Sovereignty Act, 2026

SEVERITY: CRITICAL | IMMEDIATE ACTION REQUIRED

ENACTED LAW as of May 17, 2026. This is not a bill. Criminal penalties of up to 20 years imprisonment and fines of up to UGX 2 billion (~$530,000) apply NOW to entities classified as 'agents of foreigners.' Scope: NGOs, private corporations, and partnerships receiving foreign funding or operating under foreign direction. The Uganda Bankers' Association warned the Act could 'undermine investment and stall economic growth.' Implementation guidance has NOT yet been published by the Ministry of Internal Affairs, meaning compliance uncertainty is maximum. IMMEDIATE ACTIONS: (1) Retain qualified Ugandan legal counsel. (2) Conduct a Protection of Sovereignty Act compliance assessment. (3) Register proactively with the Ministry of Internal Affairs if there is any doubt about classification. (4) Do not proceed with new Uganda market entry until legal counsel has advised.

Risk 2: SHA Structural Deficit — $258M Annual Gap

SEVERITY: HIGH | MONITOR MONTHLY

SHA collected KSh 57.7B in premiums in FY 2024/25 but paid out KSh 91.5B in claims and liabilities — a 58% overspend. The system depends on informal sector contributions that are structurally low and behaviorally resistant to formalisation. For vendors: model payment delays of 60–120 days. For investors: stress-test SHA-dependent revenue models against restructuring scenarios. The government's 22.8% health spending increase in FY 2025/26 signals political commitment but does not resolve the structural problem. SHA's May 2026 claims cycle of KSh 12.74B ($97M) confirms scale but also confirms the monthly cash requirement that must be funded.

Risk 3: US–Uganda MOU Continuity

SEVERITY: HIGH | LIVE POLITICAL PROCESS

The $2.3B MOU (signed Dec 10, 2025, Joint Health Steering Committee launched May 8, 2026, $410M committed Year 1) faces two live political risks: (1) Uganda's Parliament has been directed to review whether the MOU requires parliamentary ratification — unresolved as of June 2026; (2) data-sharing provisions are under scrutiny under Uganda's Data Protection Act. The MOU is structured under the US America First Global Health Strategy and is subject to US geopolitical continuity. Programmes dependent on MOU disbursements should maintain minimum 6-month operating reserves.

Risk 4: Rwanda CHW Coverage Declining

SEVERITY: MEDIUM | UPDATED DATA

Rwanda's CHW malaria coverage has declined from 57% (FY 2023–2024) to 50% (FY 2024–2025) to 45% (Q1 2026) against a 60% national target. This declining trend, not the absolute figure, is the primary risk. If the trajectory continues, Rwanda's malaria-free 2030 goal is materially at risk. Programmes citing Rwanda's CHW model as a scalable benchmark should factor in this deterioration and the resource gap it implies.

Risk 5: Digital Exclusion Gaps in SHA Rollout

Kenya's rural internet penetration (48.6% versus 64.6% urban) and SHA biometric barriers for 2.2M citizens with disabilities represent both ethical and commercial risks. 52% of Kenya's population remains offline (DataReportal, early 2025). The Practice 360 app and biometric systems assume smartphone access that 7.1% of Kenya's population do not have (those without mobile phone ownership at all). Systems that cannot serve these populations at scale face political pressure and potential policy reversal, particularly in the context of Kenya's Universal Health Coverage commitments.

8. Corrections Register: All Material Changes from Original Draft

Provided in the interest of full transparency. Stakeholders who received earlier versions should treat this register as the definitive record of what has changed and why.

Type	Original Claim	Corrected Statement	Primary Source	Severity
CORRECTED	*Uganda's Protection of Sovereignty 'Bill' described as 'emerging.'*	**ENACTED LAW as of May 17, 2026 (Protection of Sovereignty Act, 2026). Not a bill. Criminal penalties apply immediately.**	Parliament of Uganda; Presidential Assent May 17, 2026	CRITICAL
UPDATED	*Rwanda CHWs provide timely treatment for 57% of uncomplicated malaria cases.*	**50% in FY 2024–2025 (RBC). The 57% figure is FY 2023–2024 only. Q1 2026: 45%. National target: 60%.**	Rwanda Biomedical Centre; Top Africa News, April 2026	HIGH
UPDATED	*US–Uganda MOU framed as hypothetical future geopolitical risk.*	**MOU active (Dec 10, 2025). Parliamentary ratification review and data scrutiny are LIVE processes, not hypothetical.**	US Embassy Uganda; The Observer Uganda, May 2026	HIGH
UPDATED	*SHA's 25.1M enrolled members cited.*	**29M+ enrolled members as of June 2026; 10,000+ contracted facilities. May 2026 claims cycle: KSh 12.74B.**	SHA portal; allAfrica June 2026	MEDIUM
CLARIFIED	*Both biometrics AND Practice 360 app described as simultaneously mandatory.*	**They are ALTERNATIVE compliance routes under SHA. Either satisfies the approval requirement.**	Kenya MoH announcement Aug 4, 2025	MEDIUM
CLARIFIED	*DHA framework called 'Digital Health Superhighway.'*	**Digital Superhighway is the broader BETA ICT programme. Health framework is DHA under Digital Health Act 2023.**	DHA official website; Kenya MoH	MEDIUM
CLARIFIED	*PDPO recommended without noting parent body.*	**PDPO operates under NITA-U. Register at pdpo.go.ug. Annual renewal required. Offshore entities subject to same obligations.**	PDPO ruling vs Google LLC, July 18, 2025	MEDIUM

9. Strategic Recommendations

For Investors

- Informal sector enrollment platforms: The $258M SHA structural deficit is the highest-value investable problem in East Africa health. Target mobile-money-linked, USSD-compatible contribution platforms integrated with M-Pesa (98% penetration).
- FHIR interoperability vendors: Kenya's 16,700 health facilities need certified FHIR middleware to connect to the national data warehouse. DHA certification creates a mandatory procurement pathway with low competition.
- Uganda: Do not proceed without legal clearance on the Sovereignty Act (enacted May 17, 2026). Budget for compliance restructuring costs in any Uganda-operating deal.
- AI diagnostics with DHA certification path: Tools that can pass Kenya's 2025 certification unlock public procurement at national scale. Delft Imaging, Ilara, and AI Diagnostics provide the peer-deal context.
- Drone-adjacent supply chain: Zipline's $150M expansion to 15,000 facilities creates demand for inventory management, cold-chain tracking, and demand forecasting platforms. $400M in government utilisation fees creates large anchor customers.

For Healthtech Companies

- Register as data handlers first: ODPC (Kenya, odpc.go.ke) and PDPO (Uganda, pdpo.go.ug, under NITA-U, annual renewal) before any data processing. The PDPO Google ruling confirms enforcement is real and extraterritorial.
- Design for SHA integration: HL7 FHIR interoperability is now a DHA certification requirement, not optional. Build for biometric ID AND Practice 360 as alternative compliance routes. Target SHA's claims analytics need.
- Target the informal sector gap: Build mobile-money-linked micro-contribution mechanisms. SHA's data analytics programme is studying this problem and actively seeking solutions.
- Uganda: Conduct a Protection of Sovereignty Act compliance assessment immediately. This is not optional — penalties are criminal, not administrative.

For Governments

- Kenya: Address SHA's informal sector enrollment structurally. A 58% claims overspend is politically unsustainable. The problem requires simplified contribution mechanisms and mobile-money integration, not just enforcement.
- Uganda: Publish Sovereignty Act implementation guidance urgently. Every week of uncertainty costs investment capital that is currently redirecting to Kenya and Rwanda.
- Rwanda: Close the CHW coverage gap immediately. Q1 2026 at 45% vs. 60% target requires equipment provision and mobile reporting rollout, not just training. Quantify the resource gap and fund it.

For NGOs and Donors

- Align with five-year national roadmaps: DHA 2025–28 Strategic Plan and Rwanda's malaria-free 2030 roadmap. Project-based grants that cannot demonstrate interoperability compliance face increasing government resistance.
- Blended finance for informal enrollment: This is the market failure that blended finance is best designed to address — de-risk private investment in informal sector SHA contribution platforms with first-loss capital.
- Uganda MOU contingency: Programmes dependent on the $2.3B MOU should maintain 6-month operating reserves and engage Uganda MoH directly on the parliamentary ratification timeline.

10. Compliance Quick Reference (June 2026)

Informational only. Not legal advice. Retain qualified local counsel before making compliance decisions in any jurisdiction.

Jurisdiction / Topic	Requirement and Action (June 2026)
Kenya — DHA Vendor Certification	Mandatory under Digital Health (Health Information Management Procedures) Regulations 2025 (LN 76/2025). Tests: functionality, HL7 FHIR interoperability, data quality, information security. Apply via DHA at dha.go.ke.
Kenya — SHA Integration	Biometric health ID OR Practice 360 geo-tagged app (either, not both) required for patient approvals. Level 4–6: mandatory since Aug 4, 2025. Level 2–3: rollout underway. 29M+ enrolled; 10,000+ contracted facilities.
Kenya — ODPC Registration	Data Protection Act 2019. Register at odpc.go.ke before processing Kenyan health data. Local storage required. Cross-border transfers require documented adequate safeguards.
Uganda — Sovereignty Act	The Protection of Sovereignty Act, 2026 (ENACTED May 17, 2026). Entities receiving foreign funding or direction may be classified as 'agents of foreigners.' Penalties: up to 20 years; UGX 2B fine. Register with Ministry of Internal Affairs. Implementation guidance PENDING — retain Ugandan counsel NOW.
Uganda — PDPO	Register at pdpo.go.ug (under NITA-U). Annual renewal mandatory. Applies to ALL entities processing Ugandan citizens' data, including offshore entities. Cross-border transfers require documented legal basis and evidence of equivalent protection (confirmed July 2025 Google ruling).
Uganda — US Health MOU	Active ($410M Year 1, JHSC launched May 8, 2026). Parliamentary ratification review ongoing. Data-sharing provisions under scrutiny. Maintain 6-month operating reserves for MOU-dependent

Jurisdiction / Topic	Requirement and Action (June 2026)
	programmes.
Rwanda — RBC Engagement	Engage Rwanda Biomedical Centre (rbc.gov.rw) for cEMR and CHW system integration. Data framework governed by Ministry of ICT and Innovation. CHW coverage declining (45% Q1 2026; target 60%) — active procurement opportunity.
Regional — EARDIP	EAC's EARDIP supports cross-border digital integration but national data laws take precedence. Maintain country-specific compliance architectures.

11. Methodology and Legal Disclaimer

Data Sources

Primary government sources: Kenya Digital Health Agency (dha.go.ke); Kenya Ministry of Health (health.go.ke); Kenya National Bureau of Statistics — Economic Survey 2026; Social Health Authority (sha.go.ke); Communications Authority of Kenya Q3 and Q4 2025 Sector Statistics Reports; Rwanda Biomedical Centre (rbc.gov.rw); Rwanda Ministry of Health (moh.gov.rw); Uganda Parliament (parliament.go.ug); Uganda PDPO (pdpo.go.ug); NITA-U; US Embassy Uganda (ug.usembassy.gov); US Department of State (state.gov).

Market data: Grand View Research Africa Digital Health Market Report; Statista Digital Health Market Forecast — Kenya and Africa; Partech Partners 2025 Africa Tech VC Report; Africa: The Big Deal 2025 Funding Data; 6WResearch Kenya Telehealth Market. WHO data: Global Health Observatory UHC Service Coverage Index; WHO Africa Region UHC Fact Sheet 2022; WHO 2025 Global Monitoring Report on UHC; WHO Africa health workforce shortage projections.

Deal intelligence: Disrupt Africa; TechMoran; The East African; Tech In Africa; AllAfrica; verified company press releases. All deal figures verified against minimum two independent sources.

Legal Disclaimer

This report does not constitute legal, financial, or regulatory advice. Regulatory environments described are subject to change. The Protection of Sovereignty Act 2026 (Uganda) is newly enacted with implementation guidance pending — qualified Ugandan legal counsel is required before taking any compliance action. SHA financial data reflects KNBS Economic Survey 2026 and SHA-published monthly payment data, subject to quarterly revision. Rwanda CHW statistics are updated quarterly by RBC and should be verified at moh.gov.rw before use in grant applications or investor materials. Market size projections reflect third-party analyst estimates with inherent uncertainty.

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