EAST AFRICA HEALTHCARE FEDERATION

13th EAHF Conference & International Health Exhibition 2026

PRESIDENTIAL EDITION

Technical Program Terms of Reference

For Plenary, Breakout & Signature Sessions

Theme: "Resilience: Building the East African Health Economy"

21–23 August 2026

Adwa Victory Memorial Museum, Addis Ababa, Ethiopia

Prepared for circulation to Ministers, the Africa Centers for Disease Control and Prevention (Africa CDC), the World Health Organization, development partners, investors, and sponsors

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Presidential Foreword

Delivered in the voice of the President, East Africa Healthcare Federation

It is with a profound sense of purpose that I welcome you to the 13th EAHF Conference & International Health Exhibition, convening this August at the Adwa Victory Memorial Museum in Addis Ababa.

The choice of venue is not incidental. Adwa stands in African history as the moment the continent proved, decisively and on its own terms that its destiny would be authored by Africans. Today, more than a century later, our federation gathers on that same ground to advance a different but no less consequential form of self-determination: the sovereignty of African health systems over the medicines, capital, talent, and technologies that sustain the lives of our people.

For sixteen years, the East Africa Healthcare Federation has convened the region's health leadership — public and private, ministerial and entrepreneurial, domestic and international — around a shared conviction: that resilient health systems are built not by government alone, nor by the market alone, but by a structured, disciplined partnership between the two. The 2026 edition of our Conference, under the theme “Resilience: Building the East African Health Economy,” is the fullest expression of that conviction to date.

This is East Africa's premier international healthcare conference and exhibition — the one gathering where the region's Ministers of Health, hospital and manufacturing leadership, financiers, regulators, and development partners meet not to observe the health economy from a distance, but to build it together, in the same room, over three working days.

Over the pages that follow, you will find the architecture of that work: four pillars spanning service delivery, local manufacturing, investment, and regional integration; a technical program designed to convert dialogue into commitments; and, at its center, the signing of the Private Sector Demand Aggregation and Pooled Procurement Framework — a concrete demonstration that African institutions can finance, govern, and secure their own supply of medicines.

We close, as we must, with the Addis Ababa Statement and with a renewed Adwa Commitment: a declaration that just as Adwa secured Africa's political sovereignty, this Conference commits us to health sovereignty — through local manufacturing, regional cooperation, sustainable financing, and innovation, sustained not for three days, but for the year that follows.

I invite every delegate, Minister, investor, and partner joining us to treat this Terms of Reference not as a schedule of sessions, but as a shared instrument of accountability. Let us make it so.

[President's Name]
President, East Africa Healthcare Federation

Executive Summary

The 13th EAHF Conference & International Health Exhibition convenes 21–23 August 2026 at the Adwa Victory Memorial Museum, Addis Ababa, under the theme “Resilience: Building the East African Health Economy.” Convened by the East Africa Healthcare Federation across its sixteen member-country federations, hosted by the Ethiopian Healthcare Federation, and co-hosted by the Government of Ethiopia through the Ministry of Health, the Conference brings together more than 2,000 delegates and 80 exhibitors from over twenty nations to set the commercial and policy agenda for East Africa's health economy.

The Conference is organized around four pillars — Excellence in Health Service Delivery, Local Manufacturing & Supply Security, Investment & Health Financing, and Regional Integration & Trade — each carried through a dedicated program of plenary, breakout, and signature sessions culminating in the Vision 2035 Leaders' Dialogue and a resulting Leadership Roadmap.

The technical program is designed against measurable outcomes rather than declaratory ambition, and it concludes in four linked instruments:

- The PS-DAPP Signature Ceremony — the formal signing of the Private Sector Demand Aggregation and Pooled Procurement Framework between the Ethiopian Healthcare Federation and the Ethiopian Pharmaceutical Supply Service, presented as a continental demonstration model for public-private pooled procurement.
- The Addis Ababa Statement, adopted on the final day and carried forward under an Annual Accountability and Monitoring Framework.
- A Conference Legacy Framework, ensuring the commitments of 2026 inform the 2027 edition and beyond.
- The Adwa Commitment, a closing declaration linking the historic symbolism of the venue to a forward-looking commitment to African health sovereignty.

This document sets out the Terms of Reference governing every session, deliverable, and ceremony of the Conference, and is intended for circulation to Ministers, Africa CDC, the World Health Organization, development partners, investors, and sponsors.

Conference Narrative

Health, in East Africa, is no longer a sector to be financed from outside; it is an economy to be built from within. This is the premise on which the East Africa Healthcare Federation convenes its thirteenth Conference — and the reason the 2026 theme, “Resilience: Building the East African Health Economy,” is a deliberate act of repositioning.

For much of the past two decades, the region's health narrative has been told through the language of aid: burden, gap, need. The EAHF Conference tells a different story — one of production, investment, trade, and return. It is East Africa's premier international healthcare conference and exhibition precisely because it treats health as what it is: one of the region's largest, fastest-growing, and most strategically consequential economic sectors, generating employment, exports, innovation, and — when well governed — public value at a scale few other sectors can match.

The four pillars of the Conference are not a conference agenda in the conventional sense; they are the four load-bearing walls of the East African health economy itself. Excellence in Health Service Delivery determines whether the region retains, rather than exports, its own health spending. Local Manufacturing & Supply Security determines whether the region's medicines and supplies are produced on the continent that consumes them. Investment & Health financing determines whether capital — domestic and international — finds the health sector a bankable place to commit. Regional Integration & Trade determines whether the gains of any one country can be shared, under the African Continental Free Trade Area, across all sixteen.

These pillars run through every plenary, breakout, and signature session that follows — not as background themes, but as the explicit lens through which each session's questions, speakers, and expected outputs are framed.

The Conference's technical and leadership program converges, on its final day, in the Vision 2035 Leaders' Dialogue: a closed-format conversation among Ministers, federation presidents, and private-sector leadership that produces not a communiqué but a Leadership Roadmap — a sequenced, attributable set of commitments carried forward into 2027. It is from this Roadmap, together with the PS-DAPP signing and the Addis Ababa Statement, that the Conference's Legacy Framework and Annual Accountability and Monitoring Framework draw their substance.

1. Background

The 13th EAHF Conference & International Health Exhibition 2026 is East Africa's premier international healthcare conference and exhibition — convened by the East Africa Healthcare Federation across its sixteen member-country federations, hosted and organized by the Ethiopian Healthcare Federation (EHF), and co-hosted by the Government of Ethiopia through the Ministry of Health. Over three days at the Adwa Victory Memorial Museum, more than 2,000 decision-makers — Ministers of Health, hospital owners and executives, pharmaceutical and medical-supply manufacturers, academics, insurers and financiers, digital health innovators, investors, development partners, and global health agencies — from more than twenty nations, alongside 80-plus exhibitors from Africa, Asia, Europe, the Americas, and Australia, will set the commercial and policy agenda for the East African health economy.

The 2026 edition convenes under the theme “Resilience: Building the East African Health Economy.” The theme reflects a deliberate repositioning: resilient health systems in East Africa will be built not by public financing and public delivery alone, but by a thriving, well-governed private health sector operating in structured partnership with government — investing in service excellence, manufacturing the region's medicines and supplies, mobilizing capital, and trading across borders under the AfCFTA. Every session in this Terms of Reference is accordingly framed as a business-of-health conversation: evidence-driven, commercially literate, and oriented toward bankable commitments rather than declaratory statements.

The technical and leadership agenda is anchored on the four official pillars of the Conference, as set out in the EAHF 2026 Sponsorship Prospectus, and each pillar is carried through the program as a distinct economic proposition:

Pillar 01 · Excellence in Health Service Delivery — Quality of care, patient safety and accreditation, medical tourism, digital health, and service innovation as the engines of a competitive regional health market.

Pillar 02 · Local Manufacturing & Supply Security — Regional production of medicines, vaccines, and medical devices, and the demand-side instruments — including pooled procurement and demand aggregation — that make local manufacturing bankable and secure the region's supply lines.

Pillar 03 · Investment & Health Financing — Mobilizing domestic and international capital, sustainable health financing, insurance expansion, and public-private partnership models for health enterprises.

Pillar 04 · Regional Integration & Trade — Cross-border value chains, regulatory convergence and harmonization, and shared markets for health products and services under the African Continental Free Trade Area (AfCFTA).

Every plenary, breakout, and signature session in this ToR is mapped to one of these four pillars and to the official Conference program (21–23 August 2026). The program is structured to build deliberately toward its final day: the Conference culminates in the Vision 2035 Leaders' Dialogue, the Official Signing of the PS-DAPP Framework between EHF and the Ethiopian Pharmaceutical Supply Service (EPSS), and the adoption of the Addis Ababa Statement — converting three days of dialogue into a Leadership Roadmap, binding commercial commitments, and an accountability framework that carries into the year ahead.

2. Objectives

The Conference is designed to deliver six measurable outcomes, each attributable to a named instrument, audience, or follow-up mechanism rather than to the event itself:

1. **Position health as an economy.** Present a defined investment case for the East African health economy to the region's most senior mixed audience of government, private-sector, financier, and development leadership — captured in the Vision 2035 Leaders' Dialogue and its resulting Leadership Roadmap.
2. **Demonstrate service delivery as a bankable business line (Pillar 01).** Showcase quality of care, patient safety and accreditation, medical tourism, digital health, and workforce development as commercially viable enterprises that raise regional standards of care while retaining health spending within East Africa — evidenced by named commitments logged in the session reports and carried into the Addis Ababa Statement.
3. **Make local manufacturing bankable (Pillar 02).** Crystallize the demand-side, regulatory, and financing conditions required for regional production of medicines, vaccines, and devices, anchored in the signed PS-DAPP Framework between EHF and EPSS — the Conference's principal, verifiable deliverable.
4. **Mobilize investment and sustainable financing (Pillar 03).** Surface proven public-private partnership models, blended-finance structures, and insurance-driven revenue pools, and generate attributable deal-flow and partnership leads among delegates, exhibitors, and sponsors — tracked through the post-conference ROI reporting cycle.
5. **Advance regional integration and trade (Pillar 04).** Identify practical, sequenced pathways to regulatory harmonization, cross-border health value chains, and shared regional markets under the AfCFTA, each with a named lead institution and indicative timeline.
6. **Convert dialogue into accountable commitments.** Close the Conference with the PS-DAPP signature session and the adoption of the Addis Ababa Statement, generating named institutional commitments that feed directly into EAHF's Annual Accountability and Monitoring Framework, the delegate/sponsor ROI reporting cycle, and the agenda for the 2027 edition.

3. Expected Deliverables

This chapter sets out what the Conference will produce — as distinct from what it will discuss. Each deliverable is assigned to a Pillar, given a form (instrument, commitment, or relationship), and linked to the accountability mechanism that will track it after the Conference closes.

Pillar 01 · Excellence in Health Service Delivery

- A regional benchmark statement on accreditation and quality standards, drawing on the positions of participating accreditation bodies (JCI, COHSASA) and private hospital leadership.
- Named commitments from private hospital groups and Ministries of Health/Tourism on retaining medical-travel spending within the region, logged by specialty line.
- A set of procurement and reimbursement recommendations for scaling digital health enterprises beyond pilot stage, addressed to Ministries of Health and national insurers.
- A framework statement on workforce retention economics, jointly authored by hospital HR leadership, professional councils, and diaspora clinician networks.

Pillar 02 · Local Manufacturing & Supply Security

- The signed PS-DAPP Framework between EHF and EPSS — the Conference's flagship, verifiable deliverable, with named demand-side and supply-side institutional signatories.
- A consolidated position on peacetime procurement and stockpiling commitments required for regional manufacturers to serve as first responders of supply.
- Documented linkages between Pillar 02 outcomes and Africa CDC's regional health-security priorities.

Pillar 03 · Investment & Health Financing

- A published set of financing instruments and risk-mitigation mechanisms identified as most effective at crowding private capital into East African health enterprises.
- Attributable deal-flow and partnership leads among delegates, exhibitors, DFIs, and sponsors, tracked through the post-conference ROI reporting cycle.
- A position on national health insurance expansion as an anchor revenue pool, with named safeguards for equity of access.

Pillar 04 · Regional Integration & Trade

- A sequenced set of integration actions — what, who, by when — for regulatory harmonization and cross-border health value chains under the AfCFTA.
- A compiled set of transferable lessons from cross-border case studies, contributed to the Addis Ababa Statement's integration priorities.

Cross-cutting instruments

- The Leadership Roadmap, issuing from the Vision 2035 Leaders' Dialogue, sequencing commitments across all four pillars through to 2027.
- The Addis Ababa Statement, adopted on the final day, consolidating session commitments and the PS-DAPP Framework into a single position statement.

- Entry of all named commitments into the Annual Accountability and Monitoring Framework, ensuring each deliverable above carries a responsible institution, a timeline, and a reporting checkpoint ahead of the 2027 edition.

4. Technical Program

Table 1 sets out the full session tracker across the three Conference days, mapping each plenary, breakout, and signature session to its Pillar, format, participants, and guiding questions. Every session below is designed as a working session: framed by a moderator, evidenced by named speakers, and closed with a session report feeding the Addis Ababa Statement.

The Vision 2035 Leaders' Dialogue and Leadership Roadmap

Purpose. Where the pillar sessions generate evidence, positions, and named commitments, the Vision 2035 Leaders' Dialogue exists to convert that material into decisions. It is a closed-format conversation, deliberately smaller and more candid than the plenary sessions, among the region's principal decision-makers — Ministers of Health, EAHF and EHF Presidents, and a limited number of private-sector and financing leadership figures invited for their institutional authority to commit, not merely to comment.

Format. Unlike the plenary and breakout sessions, the Dialogue is not audience-facing. It runs under Chatham House–style rules to allow frank exchange on the harder trade-offs — financing gaps, regulatory friction, procurement politics — that rarely surface in open session. A designated rapporteur captures commitments in real time against a standing template: institution, commitment, timeline, accountable owner.

Placement. Held on Day 2, ahead of the closing block, so that its output — the Leadership Roadmap — is ready for presentation at the existing “Vision Presentation” segment of the closing ceremony (Day 2, Pan Africa Hall). This preserves the current closing-block schedule while giving that segment a substantive product to present, rather than a summary address. Final placement within the Day 2 running order is to be confirmed by the Secretariat against room and principal availability.

Output — the Leadership Roadmap. The Dialogue's sole deliverable is a short, sequenced roadmap — not a communiqué — structured across the four pillars, each line carrying: the commitment, the responsible institution, and an indicative date. The Roadmap is:

- presented publicly at the closing Vision Presentation by the EAHF and EHF Presidents;
- folded into the Addis Ababa Statement as its forward-looking, attributable core; and
- Entered as the founding baseline of the Annual Accountability and Monitoring Framework (Section 7), against which progress is reported ahead of the 2027 edition.

Secretariat requirements. Confirm attendee list and institutional seniority at least three weeks ahead; brief the rapporteur on the commitment-capture template; pre-clear the closing Vision Presentation content with the EAHF and EHF Presidents' offices no later than two weeks before the Conference.

Table 1 · Session Tracker by Conference Pillar — Type, Topics, Speakers, Moderators and Leading Questions

Tracker (Pillar · Session)	Type / Slot	Session Topics	Speakers / Panelists	Leading & Probing Questions	Moderator (session)
Pillar 03 · Investment & Health Financing **Health Care Financing Plenary**	Plenary Day 1, 10:45–12:30, Pan Africa Hall	Financing the Health Economy: Domestic Capital, Insurance Expansion and Innovative Instruments	• Minister of Health, FDRE (host) or State Minister • Senior Ministry of Finance official (health financing) • DFI executive — IFC, AfDB, Afreximbank or TDB • National health insurance chief executive (e.g., EHIS; Rwanda CBHI leadership) • Private hospital group CEO/CFO • Private-equity or impact investor active in African health	L1: Which financing instruments have proven most effective at crowding private capital into East African health enterprises — and what is blocking their scale-up? Probe: What must change in risk perception, currency-risk cover or guarantee instruments to unlock institutional capital for health? L2: How can national health insurance expansion become the anchor revenue pool that makes private investment in service delivery and manufacturing bankable? Probe: What safeguards keep equity of access intact while the private health market grows?	• Senior DFI regional lead or health-finance executive • Regional business broadcast journalist (e.g., CNBC Africa health/finance anchor)
Pillar 01 · Excellence in Health Service Delivery **Medical Tourism Plenary**	Plenary Day 1, 1:30–3:10, Pan Africa Hall	Medical Tourism and the Competitive Regional Health Market: Retaining and Attracting Health Spending	• Private tertiary/quaternary hospital owners and CEOs (Ethiopia, Kenya, Rwanda, Tanzania) • Ministry of Health and Ministry of Tourism representatives • International accreditation body (JCI / COHSASA) • Regional health insurer / international payer • Medical travel facilitator; national airline partnership lead	L1: What will it take for East Africa to retain, within the region, the hundreds of millions of dollars in annual outbound medical-travel spending? Probe: Which specialty service lines are most winnable first, and on what quality and price evidence? L2: What combination of accreditation, pricing transparency, referral pathways and patient experience builds the trust that medical tourism requires? Probe: What is the specific role of government facilitation — medical visas, air connectivity, destination promotion?	• Hospital federation leader or healthcare business journalist with regional profile
Pillar 01 · Excellence in Health Service Delivery **Quality & Safety Breakout**	Breakout Day 1, 3:30–4:50, Breakout Room 1	Quality, Patient Safety and Accreditation as Market Infrastructure for the Health Economy	• Accreditation body executives (COHSASA, JCI, national programs) • Private hospital quality and clinical-governance directors • EFDA / national regulator representative • Health professional council leader • Patient-safety advocate	L1: How do quality systems and accreditation move from being a compliance cost to a competitive asset for private providers? Probe: Which accreditation pathways are realistically affordable and achievable for mid-size facilities in the region? L2: What shared regional quality benchmarks would enable cross-border patient flows, insurer confidence and medical-tourism credibility? Probe: Who should own and audit such benchmarks?	• Senior quality/accreditation authority or private hospital-group chief medical officer
Pillar 01 · Excellence in Health Service Delivery **Primary Health Care Breakout**	Breakout Day 1, 3:30–4:50, Breakout Room 2	Primary Health Care as an Investable Service Platform: Private and Social-Enterprise Models for UHC	• Private PHC chain / franchised clinic-network executives • Ministry of Health PHC directorate representative • Health insurer with capitated PHC products	L1: Which business models are proving that private and social-enterprise PHC can be simultaneously affordable, high-quality and financially sustainable? Probe: What role do capitated insurance contracts and digital patient panels play in sustainability?	• Private PHC network leader or health-systems financing specialist

Tracker (Pillar · Session)	Type / Slot	Session Topics	Speakers / Panelists	Leading & Probing Questions	Moderator (session)
			• Community-health social enterprise leader • Development partner engaged in private PHC (e.g., PharmAccess, Amref private-sector engagement)	L2: How should public purchasers contract private PHC networks to extend UHC coverage rather than fragment it? Probe: What accreditation and data-reporting conditions should such contracts carry?	
Pillar 01 · Excellence in Health Service Delivery **Digital Health & AI Breakout**	Breakout Day 1, 3:30–4:50, Breakout Room 3	Digital Health and AI: From Pilots to Scalable, Revenue-Generating Health Enterprises	• Digital health company founders/CEOs (regional) • Ministry of Health digital health / HIS lead • Telecom or fintech executive (health payments, connectivity) •CEO - Ethiopian Artefficial intelligence institute • Venture investor in African health-tech	L1: What separates the digital health ventures that scale commercially in East Africa from the far larger number that remain donor-funded pilots? Probe: What procurement and reimbursement pathways would let governments and insurers buy digital products at scale? L2: Which data-governance and interoperability rules would give both investors and governments the confidence to scale AI in clinical and supply-chain settings? Probe: What can be harmonized regionally rather than solved country-by-country?	• Digital health investor or ecosystem convener with commercial track record
Pillar 02 · Local Manufacturing & Supply Security **Health Security & Pandemic Preparedness Plenary**	Breakout Day 1, 3:30–4:50, Breakout Room 4	Human Capital: Building, Retaining and Monetizing the Health Workforce as an Economic Asset	• Private medical and nursing college leadership • Hospital group chief human-resources officer • Health professional council representative • Diaspora clinician network leader • Ministry of Health human-resources-for-health lead	L1: How can the region turn health-workforce education and specialist training into a growth sector in its own right — while stemming the loss of clinicians it can least afford? Probe: What retention economics (pay, progression, practice environment) actually move the needle, and who pays for them? L2: What financing and academic-industry partnership models can expand specialist and biomedical training at the pace the regional health economy requires? Probe: Where do managed-migration and ethical-recruitment agreements fit?	• Academic-industry leader in health professional education
Pillar 02 · Supply Security **Health Security & Pandemic Preparedness Plenary**	Plenary Day 2, 9:15–10:15, Pan Africa Hall	Health Security and Pandemic Preparedness: Supply Resilience as the First Line of Defense	• Africa CDC senior representative (health security / PAVM linkage) • Ethiopian Pharmaceutical Supply Service (EPSS) leadership • Private pharmaceutical or medical-device manufacturer CEO • Ministry of Health emergency-preparedness lead • Regional logistics / cold-chain company executive	L1: What did recent public-health emergencies reveal about the region's dependence on imported medicines, vaccines and supplies — and what would it take for regional manufacturers to serve as the first responders of supply? Probe: What procurement and stockpiling commitments must exist in peacetime for surge capacity to exist in a crisis? L2: How should health-security investment be structured so that it simultaneously builds everyday supply-chain resilience and strengthens the regional manufacturing market? Probe: Where do pooled procurement and demand aggregation fit in the region's security architecture?	• Africa CDC senior official or regional supply-chain authority

Tracker (Pillar · Session)	Type / Slot	Session Topics	Speakers / Panelists	Leading & Probing Questions	Moderator (session)
Pillar 03 & 04 · Investment & Regional Trade **PPP Model & Investment Plenary**	Plenary Day 2, 10:15–11:15, Pan Africa Hall	Local Manufacturing and Production: Making Regional Production of Medicines, Vaccines and Devices Bankable	• Pharmaceutical manufacturer CEOs (e.g., Kilinto Pharmaceutical Industrial Park firms and regional peers) • EPMSMISA / national manufacturers' association leadership • EFDA and regional regulator representative (bioequivalence, GMP, regulatory reliance) • EPSS / national procurement agency leadership • AU–Africa CDC (PAVM) or AUDA-NEPAD manufacturing lead • DFI manufacturing-finance lead; industrial park authority	L1: Which demand-side guarantees — pooled procurement, offtake agreements, framework contracts, local-preference rules — are genuinely decisive in making manufacturing investment bankable? Probe: What minimum volume and duration must such commitments carry before lenders treat them as security? L2: What are the priority regulatory and infrastructure steps to move the region from packaging and fill-finish toward full-value-chain production, including APIs? Probe: How far can regional regulatory reliance and bioequivalence-capacity pooling shorten the path?	• EPMSMISA President or AU/Africa CDC pharmaceutical-manufacturing lead
Pillar 03 & 04 · **PPP and Investment: Financing & Regional Trade,** **PPP Model & Investment Plenary**	Plenary Day 2, 11:35–12:35, Pan Africa Hall	Public-Private Partnership Models and Investment: From Frameworks to Deal Flow under AfCFTA	• Ministry of Health / Public-Private Partnership directorate • National investment commission leadership • Private operators of successful health PPPs (diagnostics, dialysis, hospital services) • DFI or transaction adviser with closed health deals in Africa • AfCFTA Secretariat or regional trade-integration expert	L1: Which health PPP models have actually delivered in East Africa — and what allocation of risk, tariff design and payment discipline made them work? Probe: Where have PPPs failed, and what should the region stop replicating? L2: What pipeline of investable health PPPs and cross-border health-trade opportunities can the region credibly put before investors within 24 months? Probe: What must governments do — de-risking, regulatory convergence, AfCFTA protocols — for that pipeline to close?	• Senior PPP/investment authority or DFI regional head
Signature Session · Pillars 02–04 **PS-DAPP Official Signing**	Signature ceremony (30 minutes) Day 2, 2:30–3:00, Pan Africa Hall — immediately before the closing block	Official Signing of the Private Sector Demand Aggregation and Pooled Procurement (PS-DAPP) Framework between the Ethiopian Healthcare Federation (EHF) and the Ethiopian Pharmaceutical Supply Service (EPSS)	• Signatories: EHF President; EPSS Director General • Witnesses: H.E. the Minister of Health; EAHF President; AHF President • Front-row participation: private health-facility owners (demand side) and pharmaceutical/medical-supply manufacturers (supply side)	Format (30 minutes): context-setting remarks on the Framework's commercial logic (5 min); formal signing (10 min); witness remarks and named institutional commitments (10 min); official photograph and press moment (5 min). Objective: convert the Conference's manufacturing, financing and integration dialogue into a binding institutional instrument that aggregates private-facility demand into pooled procurement channeled toward quality-assured, locally manufactured products.	• Conference MC with the Protocol Office; press office coordinates media
Closing Block **Vision, Recognition & Addis Ababa Statement**	Plenary ceremony Day 2, 3:00–4:00, Pan Africa Hall	Vision presentation; Recognition and Awards; adoption and handover of the Addis Ababa Statement	• EAHF and EHF Presidents; Guest of Honor; sponsors and award recipients	The closing consolidates the Conference's commitments — including the PS-DAPP Framework — into the Addis Ababa Statement, recognizes sponsors, exhibitors and contributors, and hands over toward the 2027 edition.	• Conference MC; EAHF Secretariat

5. Roles and Responsibilities

Table 2 sets out the criteria for selecting panelists and moderators, and the corresponding responsibilities each holds within a session, by Conference pillar. These criteria exist to protect the commercial, evidence-driven register of the Conference: every speaker and moderator is expected to arrive prepared to speak in specific, attributable terms.

Table 2 · Roles and Criteria for Selecting Moderators and Speakers/Panelists — by Conference Pillar

Tracker (Pillar)	Criteria for Selecting Panelists	Criteria for Selecting Moderator	Role of Moderator	Role of Speakers / Panelists
Pillar 01 · Excellence in Health Service Delivery **(Medical Tourism plenary; Quality & Safety, PHC, Digital Health & AI, Human Capital breakouts)**	• Demonstrated operating or investment track record in private health service delivery, accreditation, digital health or workforce development. • Ability to speak to commercial performance (volumes, revenue models, quality outcomes), not only policy intent. • Balanced representation across countries, genders, and provider sizes (large groups and mid-size facilities). • No purely promotional participation; evidence and transferable lessons required.	• Senior figure credible to both business and clinical audiences. • Experience moderating executive panels; strong time discipline. • Sufficient market knowledge to challenge claims and press for numbers. • Commercially neutral — no conflict with panelist companies.	• Frame the session within the health-economy theme and Pillar 01. • Hold panelists to evidence: prices, volumes, quality data, deals closed. • Ensure balanced airtime across countries and company sizes. • Capture 3–5 actionable, attributable takeaways for the Addis Ababa Statement. • Submit a session report to the Secretariat within three working days.	• Submit biography, headshot and a 5–7 minute evidence-based presentation two weeks before the Conference. • Participate in the pre-session briefing. • Disclose commercial interests; avoid product promotion. • Speak to what is replicable and bankable across East African settings. • Contribute named commitments where applicable.
Pillar 02 · Local Manufacturing & Supply Security **(Health Security & Pandemic Preparedness plenary; LMP plenary)**	• Senior leadership from manufacturers, regulators (EFDA and peers), procurement agencies (EPSS and peers), Africa CDC/AU (PAVM) and DFIs. • Direct experience in GMP manufacturing, regulatory pathways (bioequivalence, reliance), pooled procurement or supply-chain finance. • Regional representation across producing and importing member states. • Ability to speak in bankability terms — volumes, tenors, guarantees.	• Recognized authority in pharmaceutical manufacturing, regulation or health supply chains. • Credibility with both public procurement agencies and private manufacturers. • Skilled at steering technically dense discussion toward decisions. • Diplomatic handling of sensitive procurement and market-share issues.	• Anchor the discussion in the Conference's supply-security agenda and the forthcoming PS-DAPP signing. • Press for the specific demand-side commitments that make investment bankable. • Keep public and private perspectives in balance; manage commercial sensitivities. • Summaries concrete commitments feeding into the PS-DAPP session and the Addis Ababa Statement. • Submit a session report within three working days.	• Submit biography and technical focus two weeks before the Conference; share data and materials in advance. • Prepare a 5–7 minute evidence-based presentation (market data, plant-level evidence, and regulatory metrics). • Respect commercial confidentiality while being concrete on terms and volumes. • Support the drafting of the manufacturing commitments carried into PS-DAPP and the Statement.

Tracker (Pillar)	Criteria for Selecting Panelists	Criteria for Selecting Moderator	Role of Moderator	Role of Speakers / Panelists
Pillar 03 · Investment & Health Financing **(Health Care Financing plenary; PPP Model & Investment plenary)**	• C-suite or principal-level figures from DFIs, banks, insurers, PE/impact funds, PPP units and finance ministries. • Track record of closed transactions or operational financing programs in health. • Capacity to discuss instruments in specific terms — pricing, tenor, guarantees, risk allocation. • Balanced mix of capital providers, capital seekers and public counterparts.	• Senior finance or investment professional with health-sector fluency. • Experience moderating deal-oriented panels and investor forums. • Able to translate between government, banking and provider vocabularies. • Firm time management across a large panel.	• Direct the session toward pipeline and deal flow, not abstraction. • Elicit specific, quotable financing commitments and interest indications. • Ensure equity-of-access safeguards are addressed alongside returns. • Consolidate investment leads for the sponsor/delegate ROI reporting cycle. • Submit a session report within three working days.	• Submit biography and a concise 5–7 minute presentation two weeks ahead. • Come prepared with real transaction examples and terms (within confidentiality limits). • Identify what they would finance, under what conditions, within 24 months. • Follow up on partnership leads generated during and after the event.
Pillar 04 · Regional Integration & Trade **(cross-cutting across the PPP & Investment plenary and Pillar 02 sessions)**	• Officials and experts on AfCFTA, EAC/COMESA/IGAD trade frameworks and regional regulatory harmonization. • Private-sector exporters/importers of health products and services with cross-border operating experience. • Ability to link trade frameworks to concrete health-sector value chains. • Regional balance across member states.	• Authority in regional trade and integration with health-sector literacy. • Diplomatic facilitation skills for politically sensitive market-access issues. • Able to keep discussion practical: protocols, tariffs, standards, timelines.	• Connect trade and harmonization questions to the Conference's manufacturing and investment agenda. • Push for identifiable, sequenced integration actions (what, who, by when). • Summaries integration priorities for the Addis Ababa Statement. • Submit a session report within three working days.	• Submit biography and materials two weeks before the Conference. • Present concrete cross-border cases — successes and failures — with transferable lessons. • Respect diplomatic sensitivities while remaining specific. • Contribute to post-session recommendations where invited.
Signature Session · PS-DAPP Signing **(EHF × EPSS, Day 2, 2:30–3:00 PM)**	• Signatories must hold institutional authority to bind their organizations (EHF President; EPSS Director General). • Witnesses of ministerial or federation-presidency rank. • Demand-side (facility owners) and supply-side (manufacturers) representatives confirmed in advance by the Secretariat.	• Conference MC working with the Protocol Office. • Experience managing high-protocol ceremonies with media presence. • Strict command of the 30-minute run of show.	• Run the ceremony precisely to the 30-minute format (5-10-10-5). • Introduce the Framework's commercial logic in plain terms for delegates and media. • Coordinate the signing choreography, witness remarks and press moment. • Hand over cleanly to the closing Recognition and Awards block at 3:00 PM.	• Confirm institutional clearance for signature no later than two weeks before the Conference. • Approve the final Framework text and the press release in advance. • Deliver brief, commitment-focused remarks (no general speeches). • Remain available for the press moment and post-signing media engagement.

Operational Timelines and Requirements

- Moderators prepare a concise framing presentation for each plenary and breakout session, aligned to this ToR and the session's pillar.
- The previously produced session documents are designated as the official Concept Notes and referenced consistently under that name.
- The final event schedule is shared with the event organizer (Team Prana); any subsequent timing changes are version-controlled by the Secretariat.
- Potential overlap with the national 35-day National Dialogue program is verified against the Conference dates and escalated to the co-hosting Ministry if a conflict emerges.

- All session trackers (Table 1) are finalized per the Secretariat's working timetable; speaker and moderator profiles are finalized by Friday 17 July 2026 and circulated on Saturday 18 July 2026.
- Speakers and moderators submit biographies, headshots, and presentation materials no later than two weeks before the Conference; moderators submit session reports within three working days after their sessions.
- A position statement — the Addis Ababa Statement — is adopted on the final day, incorporating the PS-DAPP Framework and session commitments; recognition and handover take place in the closing ceremony.

6. Conference Legacy Framework

The Conference does not conclude at the closing ceremony; it hands off into a defined cycle of institutional follow-through. The Legacy Framework governs that hand-off, ensuring that each edition's commitments are visible, owned, and revisited — rather than superseded — by the edition that follows.

Principles

- Continuity over reinvention. Each Conference builds on the named commitments of the one before it. The Leadership Roadmap and Addis Ababa Statement are opening positions for the following year's program, not archived outputs.
- Named ownership. Every commitment entered into the Legacy record carries a responsible institution and an accountable individual or office, not a sector or theme.
- Public visibility. Legacy status — commitments made, in progress, or delivered — is published ahead of each subsequent Conference, so that delegates, Ministers, and sponsors can assess EAHF's own record before being asked to make new commitments.

Mechanism

The Secretariat maintains a single Legacy Register, populated from three sources: the Leadership Roadmap, the signed PS-DAPP Framework and its implementation milestones, and the named commitments logged in session reports. The Register is reviewed under the Annual Accountability and Monitoring Framework below, and a summary of standing and delivered commitments opens the Background section of each subsequent year's Terms of Reference — so that the Conference narrative is, itself, a running account of the region's progress toward health sovereignty.

7. Annual Accountability and Monitoring Framework

Purpose

To ensure that the commitments made at the Conference — the Leadership Roadmap, the PS-DAPP Framework, and the Addis Ababa Statement — are tracked with the same discipline applied to the Conference's technical program, rather than left to the informal memory of participating institutions.

Scope

The Framework tracks every named commitment entered into the Legacy Register: PS-DAPP implementation milestones, Leadership Roadmap lines, and institutional commitments recorded in individual session reports.

Cadence

The Secretariat reports on Legacy Register status twice yearly:

- Mid-year review (approximately six months after the Conference) — an internal Secretariat report to the EAHF and EHF Presidents' offices on commitment status, escalating any at risk of lapse.
- Pre-Conference report (published ahead of the following year's Conference) — a public accounting of commitments delivered, in progress, or outstanding, circulated to Ministers, Africa CDC, WHO, development partners, investors, and sponsors alongside the following year's Terms of Reference.

Ownership

The EAHF Secretariat holds custodianship of the Legacy Register; each named institution retains responsibility for reporting progress against its own commitments. Ministries and federations are invited, but not obliged, to submit narrative updates ahead of each reporting checkpoint.

Escalation

Where a commitment linked to the PS-DAPP Framework or the Addis Ababa Statement lapses without progress, the matter is raised through EAHF's ordinary institutional channels to the relevant federation presidency or Ministry, consistent with the diplomatic register of the Conference itself — accountability pursued through relationship, not public censure.

8. PS-DAPP Signature Ceremony: A Continental Demonstration Model for Public-Private Pooled Procurement

Purpose

The Private Sector Demand Aggregation and Pooled Procurement (PS-DAPP) Framework operationalizes Pillar 02 (Local Manufacturing & Supply Security) and gives commercial substance to Pillars 03 and 04. It aggregates the purchasing demand of Ethiopia's private health facilities — mobilized through the Ethiopian Healthcare Federation — into pooled procurement executed with the Ethiopian Pharmaceutical Supply Service, with preferential channeling toward quality-assured, locally manufactured medicines and medical supplies.

PS-DAPP is the Conference's flagship deliverable: the moment the theme, “Resilience: Building the East African Health Economy,” is converted from dialogue into a signed instrument. Its significance extends beyond Ethiopia. It is presented at this Conference as a continental demonstration model — proof, in binding institutional form, that private health-sector demand can be aggregated at national scale and channeled to secure regional manufacturing, without requiring new public expenditure. Other EAHF member federations are invited to examine PS-DAPP as a template adaptable to their own regulatory and market conditions, in dialogue with EHF and the EAHF Secretariat, on a timeline each federation sets for itself.

Placement and Duration

The signature session is scheduled for 30 minutes on Day 2 (Saturday, 22 August 2026), from 2:30 to 3:00 PM in the Pan Africa Hall, immediately before the closing block (Recognition and Awards, and the Addis Ababa Statement). This placement ensures the signing is witnessed by the full plenary audience at maximum attendance and flows directly into the Conference's concluding ceremonies and media cycle.

Run of Show (30 minutes)

- 2:30–2:35 — Context-setting remarks: the commercial and supply-security logic of demand aggregation and pooled procurement, and its relevance as a model for replication across EAHF member states (EHF or EPSS senior representative).
- 2:35–2:45 — Formal signing of the PS-DAPP Framework by the EHF President and the EPSS Director General, witnessed by H.E. the Minister of Health, the EAHF President, and the AHF President.
- 2:45–2:55 — Witness remarks and announcement of named institutional commitments from facility owners (demand side) and manufacturers (supply side).
- 2:55–3:00 — Official photograph and press moment; handover to the closing block.

Secretariat Requirements

Final Framework text legally cleared and signature-ready no later than 7 August 2026; co-branded press release pre-cleared with both institutions and the Ministry of Health; protocol seating, signing table, flags, and document folders arranged by the event organizer; photography, videography, and live-stream coverage confirmed; a one-page PS-DAPP replicability brief prepared for distribution to visiting federation presidents.

9. Addis Ababa Statement Framework

Function

The Addis Ababa Statement is the Conference's single position statement — the instrument through which three days of technical, financial, and diplomatic conversation are consolidated into one text carrying the Federation's institutional voice.

Composition

The Statement draws from three sources, each with a defined line of custody:

1. **The Leadership Roadmap,** issuing from the Vision 2035 Leaders' Dialogue, forming the Statement's forward-looking, attributable core.
2. **The signed PS-DAPP Framework,** entered as the Statement's flagship evidence that dialogue at this Conference converts into binding commercial instruments.
3. **Session commitments,** drawn from the moderator reports required under Section 3 (Expected Deliverables) and Table 1, summarizing the integration, financing, and service-delivery priorities raised across the technical program.

Process

A drafting note is prepared by the Secretariat in the final plenary session on Day 3, incorporating the above three sources; the Statement is presented for adoption at the closing ceremony and formally handed over by the EAHF and EHF Presidents.

Standing

The Statement is not a communiqué to be filed and forgotten. It is entered directly into the Legacy Register and becomes the baseline against which the Annual Accountability and Monitoring Framework reports progress, beginning with the mid-year review roughly six months after the Conference.

10. The Adwa Commitment

On this ground, in 1896, Ethiopia's forces secured a victory that stood, for the whole of Africa, as proof that the continent's future would be determined by Africans. Adwa did not merely repel an invading army; it established, in the clearest possible terms, the principle of African self-determination — a principle whose relevance did not end with the nineteenth century.

The East Africa Healthcare Federation convenes its 13th Conference on this same ground in full awareness of what it represents. We gather not to commemorate a single historical victory, but to extend its underlying principle into a domain where the region's sovereignty remains unfinished business: the health of its people, and the systems, medicines, and capital that sustain it.

We therefore adopt, alongside the Addis Ababa Statement, the following Adwa Commitment — four undertakings, one for each Pillar of this Conference, through which East Africa's health sovereignty will be built:

1. **On local manufacturing —** we commit to reducing the region's dependence on imported medicines and supplies, advancing the PS-DAPP Framework and its replication across member federations as evidence that African institutions can secure their own supply lines.
2. **On regional cooperation —** we commit to the regulatory harmonization and cross-border integration set out under Pillar 04, recognizing that no single nation secures its health sovereignty alone.
3. **On sustainable financing —** we commit to mobilizing the domestic and international capital identified under Pillar 03, so that the region's health economy is built on financing structures it can sustain, rather than aid it must depend on.
4. **On innovation —** we commit to the digital health, service excellence, and workforce investments set out under Pillar 01, ensuring the region's health systems compete not only on cost, but on quality and ingenuity.

As Adwa represented African self-determination in 1896, so this Conference marks East Africa's commitment to health sovereignty in the century ahead — pursued not through declaration alone, but through the accountable, measurable work this Terms of Reference sets in motion.

11. Closing Remarks

The 13th EAHF Conference & International Health Exhibition closes not with a summary of what was said, but with a record of what was signed, committed, and scheduled for review. The PS-DAPP Framework stands as a signed instrument. The Leadership Roadmap stands as a sequenced set of commitments with named owners. The Addis Ababa Statement stands as the Federation's institutional voice, entered into the Legacy Register and due for its first accounting within six months.

To the Ministers, federation leadership, private-sector executives, financiers, and development partners who have shaped this program: the Conference's task now passes from the plenary floor to the follow-through mechanisms this document establishes. The EAHF Secretariat will report on that follow-through ahead of the 14th Conference in 2027 — continuing a Legacy Register that this edition inaugurates on the ground at Adwa.

We close, as this Terms of Reference opened, with the theme that has carried these three days: Resilience: Building the East African Health Economy — a resilience built, from Adwa to the present, by African institutions choosing to act together.