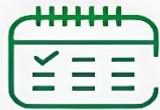


Unlocking private sector engagement to build resilient health systems and advance preparedness beyond the SDGs

Wednesday October 22



Palexpo
Geneva



Introduction

In a world where humanitarian crises are on the rise and traditional public funding is declining, the issue of partnerships between the private sector, NGOs, and ministries of health is becoming increasingly urgent. Can we imagine new forms of collaboration that support vital action where resources are scarce, while avoiding the pitfalls of conflicts of interest?

This symposium aims to explore the many points of convergence where resources, expertise, and innovation can come together to serve the most vulnerable. Beyond financial contributions, these alliances can take many forms: technical support, joint operational projects, research and development of crisis-adapted solutions, or even the deployment of new technologies to strengthen the humanitarian response.

Through this panel discussion, we seek to understand what types of partnerships are truly possible, how to put them into practice, and what safeguards must be put in place to preserve trust and integrity among all stakeholders involved. This is a reflection on the future of solidarity, at a time when finding new paths has become an essential necessity.



Benoît Miribel,
Secretary General
Sustainable Health for All
Foundation, France



Alejandro Bes,
General Counsel
Axmed, Switzerland



Chris Bonnett,
General Manager
Strategic Projects &
Government Growth
Initiatives
GE Healthcare, United
Kingdom



Aurélien Hubert,
Head of Emergency
Responses and Operations
Foundation S, France



Alexandra Seidel-Lauer,
Director of Development
ALIMA, France



AidEx is the world's premier humanitarian aid and disaster relief event, uniting over 3,000 professionals from across the aid and development sectors. Taking place on October 22-23 at Palexpo, this dynamic two-day gathering features high-level conferences, workshops, training sessions, and a vast exhibition showcasing innovative solutions and technologies. Attendees, including leaders from UN agencies, NGOs, governments, and private companies, can explore the latest advancements, engage in meaningful discussions, expand their networks, and help shape the future of global humanitarian efforts.

Aidex partnered with the Geneva Health Forum to organize two panel sessions on the thematic: Building resilient health systems through innovative financing and partnerships

Building Resilient Health Systems Through Alliance and Innovation

Alexandra Seidel-Lauer
Director of Development, ALIMA

We do nothing without local stakeholders: local organizations and communities are at the heart of our decisions and governance.”

My name is Alexandra Seidel-Lauer, and I represent ALIMA, the Alliance for International Medical Action. Before speaking about our partnerships with the private sector, it is important to explain who we are and what drives our work. ALIMA is an international medical NGO that provides healthcare to the most vulnerable populations, particularly in crisis and conflict settings where access to care is extremely limited.

Operating in these environments represents a major challenge. Over the years, we have developed strong technical expertise in primary healthcare, public health, and the prevention of and response to epidemics and infectious diseases. Our teams deliver maternal and child healthcare, treat malnutrition, and respond to major health emergencies. However, ALIMA’s mission goes beyond emergency response alone: we are, first and foremost, an alliance.

The notion of “alliance” is central to our identity. It reflects our commitment to working closely with local actors in order to build resilient and sustainable health systems. Our goal is not only to provide care today, but also to strengthen local structures and capacities so that health systems can function independently in the long term. To achieve this, we collaborate with Ministries of Health, local authorities, communities, and health professionals on the ground.

This approach is reflected in the composition of our teams: 96% of our staff are local professionals—doctors, nurses, midwives, and health workers—working in some of the most difficult contexts, such as Sudan, South Sudan, northern Mali, or northern Chad. These are places where very few organizations can operate. It is through strong alliances with local organizations and partners that we are able to work effectively in areas where almost no one else goes.

We also develop partnerships with the private sector, both to secure financial support and to

foster innovation. One of the most significant examples of this collaboration is our involvement in the fight against Ebola. In 2014, in Guinea, ALIMA was among the first NGOs to respond to the outbreak. Working alongside research institutes and the World Health Organization, we contributed to the development of the Ebola vaccine, which now helps prevent future epidemics.

In addition, together with a private-sector partner, we co-developed a major innovation: the “Cube.” This medical unit is installed directly within villages, allowing Ebola patients to be isolated, protecting healthcare workers through fully transparent plastic walls, and keeping patients close to their families. Designed around the realities of the field, this innovation was awarded the Global Innovation Accelerator Prize by the Bill & Melinda Gates Foundation in 2019.

This example reflects our core belief: by combining medical expertise, innovation, strong partnerships, and deep local engagement, we can respond effectively to health crises and contribute to the long-term strengthening of health systems.



Implementing Solutions in Challenging Contexts

Chris Bonnett

General Manager, Strategic Projects & Government Growth Initiatives, GE Healthcare

“Providing equipment is not enough: without training, maintenance, and strong partnerships, there are no lasting results.”

My name is Chris Bonnett, and I work at GE Healthcare. We are a global medical technology company, and today our solutions account for nearly 60% of the medical technologies used in a hospital. However, GE Healthcare is far more than an equipment supplier. Our ambition is to act as a long-term partner in strengthening health systems and improving access to quality care worldwide.

Within my team at GE Healthcare, our mission is to build strong partnerships with donors, NGOs, governments, ministries of health, multilateral organizations, and development finance institutions. Together, we design and implement healthcare projects in low- and middle-income countries. Our approach goes well beyond the delivery of medical equipment: we co-develop projects from both clinical and architectural perspectives, support implementation on the ground, and accompany our partners throughout the entire project lifecycle.

Our partners can include NGOs, governments, or institutional stakeholders; we already collaborate with a wide range of organizations across the globe. This partnership-driven model allows us to respond effectively to complex health challenges and to adapt solutions to local contexts.

I would like to share two concrete examples that illustrate how we work. First, in Ukraine, we acted as an implementing partner for the World Bank. By optimizing processes and reducing costs by approximately 20%, we were able to renovate 110 hospitals in just 17 weeks. This project demonstrates our ability to be operational in crisis settings and effective even in challenging environments.

The second example comes from Zambia, where we worked with the UK government, the NHS, and a group of British partners. Together, we designed and deployed 108 primary healthcare centers in rural areas, enabling women in some regions to access prenatal care for the very first time. This initiative had a direct and tangible impact on maternal and child health.

More broadly, GE Healthcare has been active in 163 countries for over 15 years, with a strong focus on low- and middle-income settings. Through this experience, we have developed deep expertise in delivering value-based healthcare, even in resource-constrained environments. Our ambition is to go beyond the Sustainable Development Goals by focusing on measurable outcomes and long-term impact.

Providing equipment or training alone is not sufficient to generate sustainable results. Real impact requires partnerships, shared ownership, and accountability. One of our projects in Ethiopia is a strong example of this approach. It was designed, monitored, and evaluated solely based on outcome indicators. Through close collaboration with the government, local midwives, and other partners, we succeeded in reducing neonatal mortality by 24%.

This experience reinforces our belief that healthcare transformation depends on strong partnerships, local engagement, and a clear focus on results. At GE Healthcare, we are committed to working alongside our partners to deliver lasting improvements in health systems and outcomes.



From Manufacturing to Emergency Response: Delivering Medicines in Crisis

Aurélien Hubert

Head of Emergency Responses and Operations, Foundation S

“The idea is to use public money more imaginatively, to unleash the potential of the private sector to achieve impact.”

My name is Aurélien Hubert, and I am Head of Emergency Responses and Operations at Foundation S, the philanthropic arm of Sanofi. Our position within the health ecosystem is quite specific: when it comes to medicines, we operate at the very beginning of the global value chain. Along this chain, a wide range of expertise is required for medicines to reach patients in need.

Everything starts with manufacturing, but production alone is not enough. Medicines must be distributed, delivered safely, and administered properly, especially in crisis settings. In emergency situations, such as the recent crisis in Lebanon, my role is to quickly mobilize internal resources and coordinate with humanitarian partners. For example, I may need to contact an NGO responsible for transportation while securing medicines internally at the same time.

Within Sanofi, I source everything that can be donated rapidly and responsibly: antibiotics, anticoagulants, antiseptics, and sometimes insulin. These products are then donated to trusted NGOs, which may work directly with other organizations on the ground. This can include partners such as ALIMA in the Democratic Republic of Congo or ANERA in Lebanon. We operate within ecosystems that we support either directly or indirectly, relying on organizations with strong field presence and operational capacity.

However, this process does not always succeed. Failures do happen, and they can occur for many reasons. One of the most challenging situations arises when we cannot guarantee the quality of a product once it reaches the field. This is particularly critical when dealing with insulin for diabetes treatment. Without a reliable cold chain, it is impossible to ensure that insulin can be transported and administered safely. In such cases I sometimes have to make the difficult decision to stop. As disappointing as it is, we cannot proceed with a donation if we are not confident that the medicine will reach patients under proper conditions.

At the same time, there are moments when

everything comes together. In emergency contexts such as the earthquake in southern Turkey, we were able to deliver DT vaccines to extremely hard-to-reach areas within just two days. Vaccines were shipped from the United States to Turkey in full compliance with regulatory requirements, enabling rapid support to affected populations. This response was made possible through close collaboration with partners such as the Red Crescent during the events of February 23. These experiences highlight a key lesson: as a private-sector actor, it is essential to rely on efficient local and international NGOs capable of operating in crisis situations. Public aid alone is no longer sufficient. Collaboration is not a slogan; it is a necessity.

To improve effectiveness, control costs, and maximize efficiency, all actors must work together. Every link in the chain matters, from manufacturers to humanitarian organizations. This is where the private sector has a critical role to play. Mobilizing private-sector expertise, resources, and operational capacity is essential if we want to respond more effectively to emergencies and support health systems in an increasingly complex global context.



Improving the Impact of Financing

Alejandro Bes
General Counsel, Axmed

“We created an economic model where none existed, to reduce dependence on aid and strengthen health systems in the long term.”

My name is Alejandro Bes, and I work as General Counsel at Axmed. We are a start-up founded less than two years ago with the support of the Bill & Melinda Gates Foundation, and our ambition is to rethink how medicines are accessed in low- and middle-income countries.

At Axmed, we use a technology platform that identifies and aggregates the demand for medicines across countries and presents it to pharmaceutical manufacturers. In doing so, we create a viable economic model where none previously existed. Our objective is to reduce dependency on humanitarian aid and direct donations, and to transform existing models into more resilient, long-term systems that can sustain themselves over time.

One of the most telling examples of what has worked for us came during a moment of real concern. Earlier this year, when USAID abruptly suspended its operations, many of our clients—who rely heavily on its support—were deeply worried, and so were we. The question was simple: what do we do now? In some countries we tested and deployed our system in response, and it worked remarkably well.

What began as a proof of concept quickly became a scalable model that is now being replicated in several countries. This success demonstrates that while traditional aid approaches remain important, building resilient health systems also requires thinking differently and developing innovative solutions to address chronic challenges such as weak infrastructure, limited funding, and unreliable supply networks.

This is what we aim to do: make a modest but meaningful contribution to the steady and sustainable improvement of health systems in LMICs. We are not only a technology provider; we are operational on the ground. We currently have our own teams working in two African countries and are expanding into three more, with further growth planned. Part of our role is to train the organizations we

work with, ensuring interoperability between their systems and ours. Automation is central to our approach. We automate procurement processes and replace fragmented, manual systems with integrated digital solutions. We also deploy predictive technologies that assess future medicine needs based on historical consumption patterns. This allows us to anticipate demand, identify when medicines will be needed, and respond quickly when organizations reach out.

A key feature of our model is that we do not hold stock. Although we have our own warehouse and distributor in East Africa, all medicines are sourced directly from manufacturers. This requires extremely careful supply chain management and a deep understanding of partners' needs in advance. By deploying our technology within their operations, we continuously refine and improve its effectiveness.

Ultimately, this approach allows us to move away from constant emergency response and instead build sustainable, replicable procurement models that strengthen health systems over the long term



Discussion panel around 11 key questions

Through concrete field experiences, participants explored through 11 questions how partnerships, innovation and shared responsibility can contribute to moving from emergency response to the sustainable strengthening of resilient health systems.

The discussion bringing together representatives of medical NGOs, the private sector, philanthropic foundations, international institutions and innovation stakeholders, takes place in a global context profoundly reshaped by the accumulation of crises. Health systems, particularly in low- and middle-income countries, are facing shocks of unprecedented scale and duration: protracted conflicts, pandemics, climate change, economic instability, rising production costs and a sustained contraction of public aid financing. These crises are no longer exceptional or temporary events; they are increasingly becoming structural features of the global landscape.

In this context, traditional humanitarian and development aid models are being fundamentally questioned. Emergency response remains essential, but it is no longer sufficient to address long-term and systemic health needs. The discussion brought together complementary perspectives around a central question: how can we move from a succession of fragmented crisis responses to the construction of resilient health systems capable of absorbing shocks, adapting, and continuing to function over time in the service of populations?

Observation 1 - The accumulation of crises is durably weakening health systems

The discussion opens with a widely shared observation: health systems are under constant pressure, with little or no opportunity for stabilization.



Crises overlap, persist and reinforce one another, undermining the ability of health actors to ensure continuity of care, prevention, planning and long-term investment. In many countries, health systems now operate in a state of permanent degradation, with direct consequences for access to care, quality of services and public trust.

This situation highlights the structural vulnerability of many national health systems and exposes the limits of approaches focused exclusively on emergency management. It underlines the need for a paradigm shift that integrates resilience from the outset.

Observation 2 - The limits of traditional humanitarian aid models

Participants emphasize that traditional humanitarian aid models, often based on short-term, sector-specific interventions dependent on unstable funding, have reached their limits. The proliferation of short-term projects, sometimes poorly coordinated, can lead to fragmented efforts and reduced collective impact. In certain contexts, this fragmentation may even weaken national institutions rather than strengthen them.

At the same time, speakers stress that in situations of extreme emergency—epidemics, armed conflicts, natural disasters—external assistance remains indispensable and lifesaving. The challenge, therefore, is not to question humanitarian action itself, but to better articulate rapid response with capacity strengthening, so that international interventions support national actors without permanently replacing them.

Observation 3 - Building resilient health systems beyond emergency response

A strong consensus emerges on the need to move beyond a logic of permanent emergency. Health system resilience relies on sustained investments in infrastructure, workforce training, governance, health information systems, research and supply chains. It is defined as the ability to absorb shocks, adapt and continue delivering essential services, including during prolonged crises.

This approach requires a shift in timelines and priorities: integrating long-term thinking into emergency phases, strengthening national capacities and embedding interventions within coherent development trajectories. It also contributes to reducing dependence on external aid and strengthening the autonomy of health systems.



Observation 4 - Health as a global and interdependent value chain

The discussion highlights a systemic vision of health as a complete and interdependent value chain. From research and development to the manufacturing of medicines and medical devices, from logistics to service delivery, including human resources, health data and governance, each link is critical. A failure at any single point can jeopardize the entire system.

This interdependence makes cooperation essential and justifies partnership-based approaches capable of combining technical expertise, operational capacity, financing and strategic vision, involving public, private and non-governmental actors.

Observation 5 - NGOs as pillars of access for the most vulnerable populations

Medical NGOs are recognized as essential actors in reaching populations living in contexts of extreme vulnerability, particularly in conflict zones, geographically isolated areas or situations of severe deprivation. Their operational expertise, capacity for rapid deployment and strong community anchoring are major assets. The role of local staff is central, ensuring acceptability of interventions, continuity of care and knowledge transfer.

However, the discussion also emphasizes that access to care cannot rely solely on humanitarian action. It must be part of a broader dynamic of national system strengthening and close collaboration with public authorities.

Observation 6 - Local ownership and the role of local organizations as foundations of effectiveness

The discussion underscores that no health intervention can be sustainable without strong local ownership. This goes far beyond consultation and requires active

participation in priority-setting, project governance and strategic decision-making. Communities, health professionals and local institutions must be considered full partners.

The integration of local organizations into the governance of international NGOs represents a major step forward. The example of ALIMA, which includes local organizations on its board, illustrates an approach that strengthens legitimacy, territorial anchoring and continuity after international actors withdraw. This inclusive governance model breaks with more vertical approaches and fosters co-construction, shared accountability and sustainability.

Observation 7 - Capacity strengthening at the heart of resilient health systems

Strengthening human and institutional capacities is identified as a central pillar of resilience. Training health professionals, improving clinical protocols, reinforcing facility management and introducing context-appropriate innovations help ensure quality and continuity of services. Examples discussed, particularly in malnutrition management and epidemic response, demonstrate the tangible impact of such approaches.

Speakers stress the importance of integrating prevention, monitoring and skills transfer from the outset of projects. Workforce shortages and brain drain remain major challenges, calling for stronger state commitment to working conditions, professional recognition and career prospects, especially in rural and fragile areas.

Observation 8 - Innovation as a driver of transformation, provided it is contextualized

Innovation is recognized as a key driver of transformation, provided it is adapted to local realities. It extends beyond medical technologies to include

organizational models, training practices, digital solutions and regulatory frameworks. Concrete examples from the discussion—such as nurse-led ultrasound training, digital radiology solutions or new care protocols—illustrate the transformative potential of contextualized innovation.

The issue of local production of medicines and vaccines is addressed pragmatically. While it represents a strategic objective for strengthening health sovereignty, it must take into account the complexity of global value chains, quality requirements and the need for international regulatory harmonization.

Observation 9 - The private sector as a structuring actor in global health

The discussion highlights the growing role of the private sector as a strategic partner in global health. Companies bring critical expertise in innovation, manufacturing, logistics, complex project management and performance measurement. Despite significant constraints—conflict settings, legal risks, regulatory and logistical challenges—their engagement remains essential, as illustrated by several partnerships discussed, including in crisis contexts.

Participants stress that the positive impact of the private sector depends on its integration into collective strategies aligned with national priorities, local needs and long-term health system objectives.

Observation 10 - Partnerships as a fundamental condition for success

A clear consensus emerges: no single actor can address the complexity of global health challenges alone. Partnerships based on trust, transparency, complementary competencies and clear role-sharing enable resource pooling, improved efficiency and

enhanced sustainability. Health is affirmed as a fundamental right, justifying collective mobilization involving NGOs, companies, states, foundations and multilateral organizations.

Observation 11 - Measuring impact and assuming collective responsibility

Finally, the discussion highlights the growing importance of impact measurement. Beyond inputs and resources, concrete outcomes for population health must guide action. Impact measurement strengthens accountability, improves effectiveness and supports local ownership. It also serves as a dialogue tool among partners and a lever for continuous improvement.

In light of the scale of current challenges, global health is presented as a collective responsibility requiring coordinated, sustained and ambitious engagement from all actors.

Strategic conclusion - Toward strengthened and sustainable collective action

The discussion reveals strong convergence among diverse stakeholders around a shared conviction: current crises require a profound transformation of action models.

Collaboration is no longer optional but an operational necessity. Building resilient, equitable and sustainable health systems requires bridging emergency response and long-term development, innovation and field realities, global expertise and local ownership.

Only under these conditions can the international community effectively respond to present and future crises and ensure lasting access to healthcare for the most vulnerable populations.



The private sector in health crises: roles, constraints, risks and opportunities

In health crisis contexts, the role of the private sector generates both high expectations and legitimate concerns. The discussion highlighted the need to move beyond simplistic narratives and to better understand the conditions under which private-sector engagement can effectively contribute to crisis response while supporting the long-term resilience of health systems.

How can the private sector engage?

Private-sector actors can intervene across the health value chain: research and development, manufacturing of medicines, vaccines and medical devices, logistics and supply chains, digital and technological solutions, workforce training, and support to health system management. During major crises—such as the Ebola outbreak in West Africa or the ongoing conflict in Ukraine—companies played a critical role by mobilizing industrial capacity, technical expertise and logistical reach at speed. Participants emphasized that such engagement delivers the greatest impact when embedded in collective frameworks, in close coordination with governments, NGOs and multilateral institutions, and aligned with clearly defined public health priorities.

What are the specific strengths of the private sector?

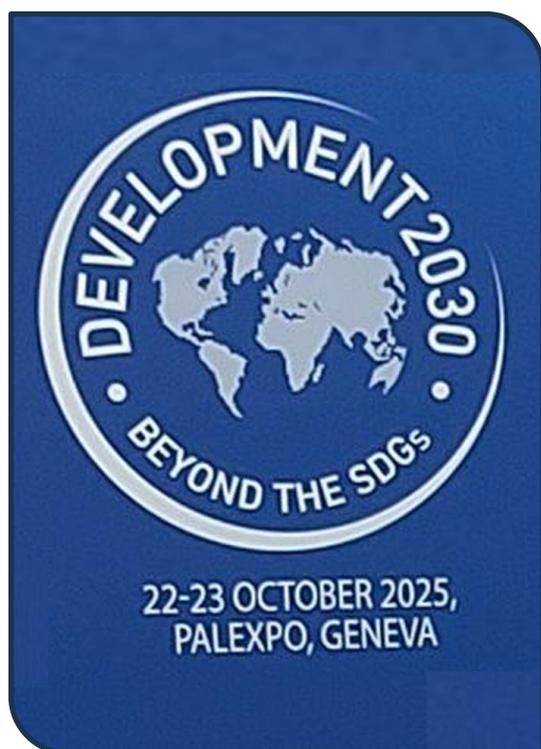
Several comparative advantages were highlighted: strong innovation capacity, control over industrial and production processes, operational efficiency, experience in managing complex projects and the ability to scale solutions rapidly. The private sector is often able to translate innovation into operational tools, as illustrated by vaccine development, portable medical imaging or digital radiology solutions deployed in low-resource and crisis-affected settings. This capacity to move quickly from design to implementation is a critical asset in emergency contexts.

What constraints does it face?

Engagement in crisis settings is nevertheless shaped by significant constraints, including armed conflict, political instability, international sanctions, legal and compliance requirements, insurance limitations and disrupted logistics. In Ukraine, for example, maintaining access to medical technologies and services required close collaboration with international organizations to mitigate risks and adapt operating models. These constraints underline that private-sector engagement cannot be automatic and must be carefully structured.

What risks for companies and for health systems?

Risks exist on both sides. For companies, they include financial exposure, reputational risk and staff security. For health systems, poorly coordinated engagement may result in parallel systems, increased dependency or misalignment with national health strategies. Participants stressed the importance of strict alignment with public policies and national plans- to avoid substituting for public authorities or creating unintended competition with local actors.



Preventing and managing conflicts of interest: a condition for legitimacy

The discussion explicitly addressed potential tensions between corporate interests and the public good. Participants agreed that conflicts of interest cannot be ignored and must be proactively managed. Key safeguards include clear governance arrangements, transparency around funding and partnerships, separation between public decision-making and commercial objectives, and alignment with priorities set by national authorities and multilateral organizations. Well-designed partnerships, with clearly defined roles and accountability mechanisms, can mitigate these risks and help ensure that private-sector engagement reinforces—rather than undermines—trust in health systems.

What opportunities in crisis contexts?

Despite these challenges, crises also create opportunities to accelerate innovation, test new partnership models and strengthen public-private collaboration. When grounded in a long-term perspective and guided by shared responsibility, private-sector engagement can contribute to capacity strengthening, improved quality of care and enhanced system resilience. In this sense, crises can act as catalysts for transformation, provided that the primacy of the public interest remains central.

Key messages

This symposium aims to explore the multifaceted nature of partnerships with the private sector and to understand the needs they can address in the field of health in fragile contexts.

We note 10 key messages from these discussions:



1. Financial innovation is only valuable if adapted to the realities on the ground. Health crises are no longer exceptional: they are long-lasting and profoundly weaken health systems.

2. Emergency humanitarian response is essential, but it can no longer be the only strategy.

3. Resilient health systems must be built for the long term, beyond crises.

4. Health is based on an interdependent value chain: no actor can act alone.

5. NGOs remain essential for reaching the most vulnerable populations, particularly in conflict zones.

6. Without local ownership, there is neither lasting effectiveness nor legitimacy to interventions.

7. Training and retaining healthcare professionals is as crucial as providing medicines and equipment.

8. Innovation only has an impact if it is adapted to the realities on the ground and accompanied by training.

9. The private sector is a strategic partner for innovation, logistics, and scaling up.

10. Balanced and transparent partnerships are the key to sustainable health systems.

Further Reading

1. Axmed: <https://axmed.com>
2. Alima: <https://alima.ngo>
3. Fondation S: <https://www.fondation-s.sanofi.com/fr>
4. GE Healthcare: <https://www.gehealthcare.fr>
5. One sustainable health for all forum: <https://fondation-usdt.org/en>



The Geneva Health Forum is a non-profit initiative launched in 2006 by the Geneva University Hospitals and the University of Geneva. It provides a neutral platform for dialogue and collaboration between public stakeholders, academia, civil society, and the private sector.

It collaborates with its partners to create synergies to address public health challenges.



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