THE YOUTH-LED HEALTH SECURITY MANIFESTO

A CALL TO BUILD AFRICA'S HEALTHIER FUTURE WITH ITS GREATEST RESOURCE: ITS YOUTH

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IN PARTNERSHIP WITH

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AFRICAN VOICES OF SCIENCE

WHY THIS MANIFESTO

Across the continent, a stark pattern repeats itself among young African innovators — whether they are software developers in Nairobi, community health workers in Kisumu, engineering students in Cape Town, or entrepreneurs in Kigali. They are already solving problems that our health systems struggle to solve, yet too often, they are invited into the conversation after decisions have already been made.

These are young people with bold ideas, deep technical expertise, and an unwavering commitment to improving the wellbeing of their communities. Yet so many of their solutions struggle to move beyond the idea stage. Navigating complex regulatory systems, securing national approvals, building trust with users, and sustaining digital health platforms long after they are launched remain significant hurdles. And communities, understandably, hesitate to share personal health information on platforms they are unsure will protect their privacy or endure over time.

Africa has no shortage of health innovation. What it lacks are health systems intentionally designed to connect, support and sustain the ingenuity of its young people.

This manifesto is my call to change that. It is built on one simple belief: Africa's greatest health security investment is not the next imported technology. It is the millions of young Africans already creating solutions within their own communities. It sets out five priorities for strengthening Africa's health security by investing in youth-led innovation, community systems, trusted data, and climate resilience. Each section concludes with practical calls to action for governments, funders, health systems, and innovators.

> **AFRICA'S GREATEST HEALTH SECURITY INVESTMENT IS NOT THE NEXT IMPORTED TECHNOLOGY. IT IS THE MILLIONS OF YOUNG AFRICANS ALREADY CREATING SOLUTIONS WITHIN THEIR OWN COMMUNITIES.**

THE MANIFESTO

1. From isolated apps to integrated innovation

Build the ecosystem to support the innovators

Africa does not lack innovation. It lacks the enabling ecosystems that allow innovations to scale, integrate, and endure.

For more than a decade, digital health efforts have focused on launching standalone mobile applications addressing individual health challenges. Many have delivered real value, yet too few connect to national health systems, survive beyond grant funding, or scale across borders.

The example:

A young Ugandan entrepreneur built a self-testing solution that enables women to monitor their reproductive health from the comfort of their homes. Her innovation addressed a genuine need faced by women in her community. It was thoughtful, scalable, and deeply relevant. Yet like many African health innovators, her greatest obstacles appeared after the product was built; regulatory approval, integrating with existing health systems, earning users' trust with sensitive data, and sustaining adoption.

> **INNOVATIONS DO NOT TRANSFORM HEALTH SYSTEMS ALONE. ECOSYSTEMS DO.**

Call to Action:

- Governments: build regulatory pathways designed specifically for health and harmonized across borders, so no innovator starts from zero at every crossing.
- Funders: invest in ecosystems—infrastructure, interoperability, and long-term capacity—not isolated pilots.
- Health systems: integrate innovations into national platforms instead of forcing them to compete for the same fragmented users.
- Share power: innovators must sit at the table when health policy and technology strategy are designed, not be summoned to implement decisions made without them.

THE MANIFESTO

2. From reactive surveillance to community-led prevention

Build on What Already Works

Africa does not need to invent community solutions. It needs to strengthen, connect and scale what already works.

Health security efforts have long prioritized outbreak response. While this saves countless lives, too little attention has been given to strengthening the community-led systems that prevent outbreaks before they begin.

The example:

In Kenya, the national rollout of the electronic Community Health Information System (eCHIS) shows what is possible when digital innovation is embedded within primary healthcare. Equipped with smartphones and standardized digital tools, more than 100,000 Community Health Promoters have mapped millions of households, identifying maternal health risks, non-communicable diseases, and infectious outbreaks in real time. More importantly, this information feeds into national health systems. In South Africa, through Ward-Based Primary Healthcare Outreach Teams, community health workers are using digital platforms to identify people whose treatment of tuberculosis and HIV has been interrupted and respond before localized health concerns become national crises.

> **HEALTH SECURITY IS BUILT WITHIN COMMUNITIES BEFORE CRISES STRIKE. NATIONAL RESILIENCE WILL BE BUILT BY STRENGTHENING, CONNECTING, AND SCALING EXISTING SOLUTIONS.**

Call to Action:

- Governments: fund and formalize community health worker programs as core health security infrastructure, not time-bound projects that end when donor funding does.
- Funders: invest in scaling proven community systems like eCHIS and ward-based outreach teams, rather than seeding new pilots that duplicate what already works.
- Health systems: build the data pipelines that let community-level information reach national decision-makers in real time, not months later in a report.
- Coordinate: Young innovators must be resourced to strengthen and connect these existing systems, not pushed to build parallel ones from scratch.

THE MANIFESTO

3. From fragmented data to shared intelligence

Make Health Data Work for Everyone

Data is one of the most powerful tools in public health—but only when it can move safely to where it is needed.

Too much health information remains trapped in disconnected systems, unable to reach the people who need it most. Health data collected in one community often cannot be accessed by local health authorities, neighbouring counties, or national governments. Much of this fragmentation traces back to digital systems built for individual projects or donor-funded programmes, each operating on its own standards, unable to speak to one another. When data cannot communicate across systems, opportunities to detect outbreaks early are lost.

The opportunity:

Digital Public Infrastructure (DPI) offers a foundation where health applications, surveillance systems and public databases can securely communicate using shared standards. Rather than replacing innovation, DPI enables it: young developers can build solutions that connect seamlessly to national health systems, so information collected in communities contributes to faster decision-making, stronger disease surveillance and more coordinated responses.

Health innovation should not exist in isolation. Every new solution should strengthen the public systems that protect us all.

Call to Action:

- Governments: adopt shared data standards and treat Digital Public Infrastructure as a national priority, not an afterthought to individual health projects.
- Funders: invest in interoperability and shared infrastructure, not another standalone database that serves one programme.
- Health systems: build the pipelines that allow community-level data to flow upward in real time, so local insight becomes national foresight.
- Innovators: design new solutions that connect to national health systems, ensuring that connected data contributes to faster decision-making, stronger disease surveillance, and more coordinated responses.

THE MANIFESTO

4. From data extraction to data stewardship

Protect Every Child While Protecting Their Data

Young people under 35 years make up over 60% of Africa's total population, while its children—aged 0 to 17—account for roughly 25% of the global child population. These groups remain the most vulnerable to infectious disease, malnutrition, and the health impacts of climate change and so protecting them requires better data, earlier detection, and stronger community surveillance.

As African countries digitize health systems, too much of the current model treats paediatric data as something to collect first and protect later. This should not be the default. By adopting child-centred governance frameworks—such as Kutunga's WATOTO Framework—African nations can embed child data rights and privacy directly into system design rather than bolting them on after the fact.

> **PROTECTING CHILDREN'S HEALTH SHOULD NEVER COME AT THE EXPENSE OF PROTECTING THEIR PRIVACY.**

The example:

Community health workers should be able to identify emerging trends in childhood illness while personal information remains encrypted, anonymized, and accessible only to authorized health professionals. When families know their children's data is governed responsibly, trust grows.

By embedding child-centred data protection into our digital infrastructure, we strengthen both public confidence and continental health security.

Call to Action:

- Governments: legislate child-centered data protection standards by utilizing frameworks like The WATOTO Framework before digitization scales further, not after a breach forces action.
- Funders: mandate privacy-by-design and paediatric data protection tools as a condition of healthcare investment, not an optional add-on.
- Health systems: limit access to children's health data to authorized personnel, with automated anonymization built in by default.
- Innovators: design digital health tools where consent, security and child safety assessments are embedded from first deployment, not retrofitted once platforms scale. not retrofitted once a platform scales.

THE MANIFESTO

5. From responding to outbreaks to predicting them

Prepare for Tomorrow's Outbreaks Today

Climate change is no longer only an environmental challenge. It is rapidly becoming one of Africa's greatest public health challenges. Across the continent, floods, droughts and extreme weather events are creating the conditions for outbreaks of cholera and other waterborne diseases, and by the time patients arrive at health facilities, communities have often already been exposed.

> **HEALTH SECURITY BEGINS LONG BEFORE AN OUTBREAK IS DECLARED.**

The example:

Africa's young scientists, engineers and innovators have an opportunity to help communities detect environmental risks before disease spreads. By developing affordable, locally manufactured Water, Sanitation and Hygiene (WASH) sensors, they can monitor the safety of rivers, boreholes and community water points in real time. When contamination is detected following floods or other climate events, alerts can be sent immediately to community health networks, enabling local leaders to warn residents, distribute water treatment supplies and prevent outbreaks before they escalate.

Preparing for tomorrow's outbreaks is not just about responding faster. It is about investing today in innovations that will help Africa anticipate, prevent and reduce the health impacts of a changing climate.

Call to Action:

- Governments: fund and deploy environmental early-warning systems as core health security infrastructure, not a climate side-project.
- Funders: invest in locally manufactured detection technology, not imported systems communities cannot maintain or scale themselves.
- Health systems: connect environmental alerts directly to community health networks, so warnings reach residents before exposure, not after.
- Innovators: build affordable, locally manufacturable tools designed for the water systems Africans actually rely on, not laboratory-grade solutions few communities can sustain.

OUR COMMITMENTS

The priorities outlined before point toward a broader vision for transforming Africa's health security. They also require sustained commitments that move beyond individual projects toward lasting systems change.

> **OUR COMMITNENT IS TO TRANSITION FROM A CONTINENT OF REACTIVE CRISIS MANAGEMENT TO ONE OF PROACTIVE DEFENCE, AFRICAN GOVERNMENTS AND GLOBAL PARTNERS MUST STOP FUNDING SHORT-TERM DIGITAL "EXPERIMENTS."**

We must invest in permanent, youth-led systems that protect our communities. Below is a blueprint for a self-reliant future that leverages Africa as home to the world's fastest growing generation of young talent.

I.Hardwire Youth-Led Tracking into National Health Budgets

We must stop treating community health workers (CHWs) as informal, unpaid, or ad-hoc volunteers. Brazil's universal primary healthcare system has CHWs serve as the critical "eyes and ears" of the health system—living directly in the neighbourhoods they serve, mapping household risk factors, and capturing early warning signs before local health concerns escalate into national emergencies.

Across Africa, where youth under 35 represent over 60% of the population, young people are uniquely positioned to power this frontline defence. However, for youth-led tracking to be sustainable and trustworthy, governments must establish permanent national budget lines. Dedicated public funding is required to formally employ, train, and equip young CHWs as a salaried, recognized pillar of national health security.

II.Adopt Child-Centred Data Governance (The WATOTO Framework)

As digital health tracking scales across the continent, protecting paediatric data is as important as capturing it. We commit to embedding explicit child data governance into every digital tool deployed in our communities. By leveraging frameworks like The WATOTO Framework, we ensure that surveillance system design enforces privacy-by-design, data minimization, automated anonymization, and strict consent safeguards from first use, protecting young people and children rather than exploiting them.

III.Fund Local Healthcare Tech Labs to Ensure African Ownership

When we import health software and equipment from overseas, we build our safety on quicksand. The moment foreign funding dries up or licenses expire, our systems collapse. We must fund local, youth-led research and development hubs to build, maintain, and own our health technologies.

OUR COMMITMENTS

Why this is a sure bet:

- **We keep our brightest minds:** Local labs turn our brilliant young software developers, engineers, and sanitarians into creators and owners, rather than passive end-users of imported tools.
- **We build what lasts:** When a digital tool or water-monitoring device is built locally, the capacity to troubleshoot and repair it stays in the community, saving millions in foreign licensing fees.
- **We leverage the power of partnerships:** The Rotary Foundation is uniquely positioned to help anchor these local labs. Having built the very infrastructure of community-based polio tracking across Africa, Rotary can use its Global Grants to help fund youth-led innovation hubs. Together, we can design cheap, simple, and durable tools to track water safety and disease spread—owned entirely by the communities they protect.

> **THE COMMITMENTS ABOVE ESTABLISH THE PRINCIPLES. THE FOLLOWING RECOMMENDATIONS TRANSLATE THOSE PRINCIPLES INTO CONCRETE ACTIONS THAT GOVERNMENTS CAN IMPLEMENT TO BUILD RESILIENT, YOUTH-LED HEALTH SYSTEMS.**

WE ASK AFRICAN GOVERNMENTS

1. **Invest in youth as infrastructure:**
Allocate at least 5% of national digital health budgets directly to paying and equipping local youth to monitor health trends in their communities.

2. **Enforce The WATOTO Framework for child data security**
Legislate national child-centred data protection standards before digital health systems scale further. Require all public and private digital health platforms serving children to adapt privacy-by-design and safety assessment standards – such as The WATOTO Framework – mandating automated anonymization and limiting child health data access strictly to authorized professionals.

3. **Connect our health systems**
Reject isolated, stand-alone digital health apps. ICT and Health Ministries should mandate that any digital tools or community monitoring systems deployed within national borders must integrate with open-standard public digital registries within 12 months or forfeit their license to operate.

4. **Build African Solutions:**
We must break the cycle of importing foreign-built solutions that crumble when international funding dries up. We call on African governments to support the establishment of youth-led innovation labs designed to build, code, and maintain open-source, climate-resilient water and sanitation (WASH) sensors, anchored by philanthropic capital from champions like The Rotary Foundation.

Today, we call on our continent's leaders to cease managing crises with reactive, donor-dependent tools. Instead, we call on our leaders to leverage Africa's youth to design Africa's digital generation. This manifesto is not simply a call for more investment in health. It is a call to invest differently. Africa's greatest health security asset is not waiting to be imported. It is already here—in the ingenuity, energy, and determination of millions of young Africans. If our leaders choose to invest in that generation today, they will not only prepare us for the next outbreak. They will build healthier, more resilient nations for decades to come.

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