Publication

Towards Trusted and Equitable Health Security Partnerships

Re-Imagining Africa-Global North Collaboration in Research, Data, and Innovation

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ABSTRACT

Africa–Global North health security partnerships are undergoing a critical transition. The COVID-19 pandemic, shifting aid paradigms, and accelerated digital transformation have exposed substantial vulnerabilities within Africa's externally influenced health systems. The primary concern for policymakers is not Africa's participation in global health innovation, but rather the rapid establishment of authentic, co-owned, and sustainable partnerships with the Global North. Achieving this goal requires a transition from short-term, donor-driven initiatives to long-term ecosystems grounded in co-governance, data sovereignty, institutional investments, and mutual accountability.

This white paper for Global Policymakers was issued on the occasion of 10th edition of *The Africa Roundtable* on "Building Shared Health Security: An Investment Agenda for Africa and Europe".

This white paper was authored by Anthony Mveyange (African Population and Health Research Center (APHRC)) and Kibui Edwin Rwigi (Global Development Institute, University of Manchester). The conclusions in this paper are solely those of the authors and do not necessarily represent the views of the African Population and Health Research Center (APHRC), the Global Development Institute at the University of Manchester, or their affiliates.

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WHY AFRICA-GLOBAL NORTH PARTNERSHIPS MATTER

Historically, Africa–Global North research collaborations have been characterized by funding disparities and donor-driven priorities. The COVID-19 pandemic underscored these imbalances: vaccine nationalism, restricted access to medical resources, and limited African agency in health governance. Recent geopolitical shifts and aid reductions have further exposed the vulnerability of countries that built their health systems on external support.

New dynamics are emerging that could exacerbate global health inequalities even further. Advancements in digital health systems, artificial intelligence, and genomic research have raised concerns regarding digital sovereignty, ownership, interoperability, and exploitative data practices. The APHRC (2026) report documents how population data and generative AI are becoming new frontiers of resource extraction. Some global health scholars (e.g., Owolabi, 2023) have begun describing this as a new scramble for Africa – this time for its genetically diverse population data, which is uniquely valuable for training AI models powering the future of personalized medicine. The Trump administration's global health strategy, "America First" offers a sharp example: bilateral agreements restore previously cut aid to African governments in exchange for sweeping access to national health data, outbreak surveillance systems and pathogen specimens – with commitments lasting up to 25 years and no guaranteed reciprocal access to any vaccines or treatments developed from that data. Sekala et al (2026) describe the extractive arrangements plainly: health data and pathogen access as the price of re-entering US funding circuits.

Current research, data and innovation collaborations remain largely project-based, short-term, donor-dependent, and externally designed, with African institutions drawn in after key decisions have already been made. The APHRC (2026) report finds that African researchers often feel relegated to supporting roles, with partnerships calibrated to donor metrics rather than local needs. The existing model creates predictable vulnerabilities: institutional unsustainability, reliance on external funding, limited local ownership of infrastructure and intellectual property, and weak continuity following donor exit.

The central question for policymakers, practitioners, and stakeholders, therefore, is how Africa can rapidly establish authentic, co-owned, and sustainable partnerships with the Global North. Leaders in both Africa and the Global North must act decisively – embrace shared responsibility and allocate sufficient resources to build health systems that are inclusive, trusted, and resilient for all.

This white paper presents African innovations in digital health, community-centered systems and digital public infrastructure and provides concrete recommendations for Africa-Global North Partnerships in the health sector.

WHAT INNOVATIONS ARE EMERGING IN AFRICA

Digital Health and Community-Centered Systems

Africa's health innovation environment is rapidly evolving. Governments, civil society, universities, and start-ups are developing digital health platforms, interoperable data systems, AI tools in local languages, and community-centered service models. These efforts do not merely fill gaps, they directly challenge the basic assumption that innovation must be externally sourced or managed.

Africa's digital health innovations are defined by adaptability: built for resource-limited environments, high mobile penetration, intermittent connectivity, and shared devices (Global Systems for Mobile Technology Association (GSMA), APHRC and Genesis Analytics 2025)[1]. Mobile enabled health (m-health) systems use SMS for appointment reminders, vaccination prompts, and medication adherence – often operated by community health workers with basic smartphones. Telemedicine and telehealth platforms bridge the distance between specialist care and dispersed rural populations through asynchronous, low-bandwidth communication. Open-source electronic health records (EHRs) improve care continuity in resource-limited settings without the cost barriers of proprietary systems. AI algorithms support predictive analytics for outbreak response, supply chain management and insurance claim processing. Wearable technologies allow real-time monitoring of chronic conditions, especially diabetes and cardiovascular diseases.

Underlying all of this is an "offline first" design logic suggested by the Open Institute (2025): systems store data locally, sync when connectivity is available, and never penalize users for being disconnected – because in much of Africa, disconnection is the norm, not the exception. This is not a workaround, it is a design philosophy built on rigorous situational understanding of African contexts. From community health workers in rural Uganda, Kenya and Malawi to district hospitals in Nigeria, Ghana and South Africa syncing records whenever bandwidth allows, these layered systems engage populations where they are.

Global North partners investing in Africa's digital health sector must engage with this context, not import solutions designed for high-connectivity environments. That means **co-implementing efforts** that address the digital divide – data costs, device affordability, digital skills – and **co-developing workforce capacity** from basic device use to advanced health informatics and AI.

Interoperable Digital Public Infrastructure

Digital public infrastructure (DPI) encompasses the interconnected, open-source digital networks that underpin social services and public goods (Ozili, 2026). Rinke De Wit et al (2022) asserts that post-COVID-19, countries with strong DPI responded more effectively to the crisis, and African nations are now investing in interoperable health DPI to support public records, identification, community registries, and service delivery.

According to GSMA, APHRC and Genesis Analytics (2025), Tanzania's Health Information Exchange is live across 15 separate health information systems, supported by a national strategic architecture and a $10 million infrastructure investment. Kenya's Digital Health Act (2023) requires a national Health Information Exchange and a Comprehensive Integrated Health Information System, with an $800 million commitment from Safaricom over ten years. Malawi demonstrates strong institutional commitment – formal data standards aligned with Health Level 7 (HL7) and Fast Healthcare Interoperability Resources (FHIR), and a dedicated Digital Health Division – constrained not by governance failure but by physical infrastructure, where smartphone penetration stands at just 8%. South Africa has

[1] An overview of the discussed digital health innovations are found in *Table 2* in the Appendices.

the continent's most developed infrastructure preconditions: 47% 5G coverage, near-universal 3G and 4G, and a mature governance framework. Yet without an active national Health Information Exchange, fragmented electronic health records Open-source electronic health records (EHRs) leave healthcare professionals without complete patient histories, driving costly inefficiencies. South Africa's challenge is not vision but execution.

The lesson across all four cases[2] is consistent: even strong national standards fall short when designed with external technical assistance rather than local knowledge. **African-Global North partnerships** must co-design interoperability frameworks built for intended African environments – not retrofitted after the fact. Table 1 summarizes recommendations for Africa to realize its digital health opportunities and outlines corresponding opportunities for Global North partners.

Table 1: Potential measures to realize digital health opportunities in Africa

RECOMMENDATIONS	OPPORTUNITIES FOR GLOBAL NORTH PARTNERS
Implement actionable, costed national digital health blueprints	Collaborate with African governments to strengthen existing digital health blueprints or develop new ones. These blueprints must be comprehensive, nationally owned, and include a clear, costed implementation roadmap. They should be actionable plans, not mere strategy documents, aligning with national health goals and broader digital transformation strategies, with defined roles and responsibilities for all stakeholders.
Bridge the digital divide with affordable and accessible solutions	Co-implement multi-pronged initiatives to address the usage gap due to high data and device costs, limited digital literacy, and unreliable electricity, especially in rural areas. This includes making both connectivity and devices more accessible and affordable.
Foster interoperability and data governance	Collaboration on the development and implementation of national health information exchange (HIE) frameworks and standardized data formats to enable seamless and secure data exchange across fragmented health systems, as well as on AI development between African nations and the Global North.
Strengthen digital health workforce capacity	Co-develop and implement comprehensive, multi-level programs to enhance Africa's healthcare workforce's digital literacy and specialized skills, from basic device usage to advanced health informatics and AI. Integrating these programs into both pre-service and in-service training will also foster collaboration and strengthen capacity between African and Global North partners.
Cultivate a collaborative innovation ecosystem	Co-create structured platforms and mechanisms to foster ongoing research, data and innovation dialogues, resource pooling, and collaboration between African players (e.g., governments, mobile network operators (MNOs), digital health providers, academia, and civil society) and Global North players, moving beyond isolated pilot projects to scalable, sustainable solutions.

Source: Enabling Digital Health in Africa (GSMA, APHRC, and Genesis Analytics 2025) Column 2 contains the authors' synthesis.

HOW AFRICA CAN INNOVATE BEYOND TECHNOLOGY TRANSFER

The Bayh-Dole innovation model[3] – focused on patent commercialization and university technology transfer – insufficiently addresses Africa's unique contexts. African innovation ecosystems are typically collaborative, decentralized, community focused and consistent with public interests. Innovation comes from open-source platforms, frugal engineering, informal knowledge networks, digital public infrastructure and social entrepreneurship. Partnerships must therefore emphasize

[2] For more information about the four case countries, see *Table 3* in the Appendices.
[3] Innovation model based on the U.S. Bayh-Dole Act (1980), which allows universities and researchers to own and profit from inventions developed using government funding — rather than the government retaining ownership. This spurred the commercialization of research and has since been adopted as a model by countries around the world.

public value, accessibility, interoperability and social impact, not proprietary commercialization.

Equitable data sharing is also foundational to innovating beyond technology transfer. Data is central to disease surveillance, genomics, artificial intelligence, digital health records, pandemic preparedness, and precision medicine, yet scholars and institutions steadily warn against practices that mimic resource extraction. Effective data governance requires moving well beyond legal compliance. The Open Institute (2025) advocates for building African data systems "from the soil up", anchored in local realities, distributed governance, and practical sovereignty. Similarly, the APHRC (2026) report also raises concerns that African population data and AI training datasets are emerging frontiers for extractive global relationships. All these necessitate:

- **Sovereign Control and Practical Ownership**: African governments and institutions must retain operational command over server access, system architecture, data permissions, procurement, and cybersecurity – not just contractual language.

- **Interoperability with Local Accountability**: Distributed and federated systems enable secure data exchange without creating central dependency. Interoperability frameworks must be grounded in national legislation, regional standards, moral governance, transparent data sharing agreements and community accountability.

- **Community Trust and Social Legitimacy**: Citizens are more likely to endorse data sharing when systems demonstrably enhance services, respect dignity and local context, communicate data use transparently, and provide meaningful remedy.

- **Ethical AI and Benefit Sharing**: African datasets power increasingly externally developed AI systems. Equitable partnerships require shared AI governance, transparent benefit sharing, local capacity building and African participation within algorithm design.

- **Open Standards and Digital Public Infrastructures**: Data and knowledge systems should reduce vendor lock-in and reliance on proprietary, externally controlled platforms.

For Global North institutions and funders, recognizing the R&D maturity gap means *I.* ***Co-financing institutional maintenance and long-term operations,*** *II.* ***Prioritizing local hosting and technical capacity,*** *III.* ***Committing to transparent data governance,*** *IV.* ***Respecting African regulatory frameworks,*** *and V.* ***Designing exit strategies into every partnership from the start – not as an afterthought.***

Sustainable partnerships must also shift from transactional models to robust institutional ecosystems. Joint agenda setting means research priorities emerging from African governments, researchers, civil society, and frontline workers – not donor priorities. Shared governance means co-chaired steering committees, joint leadership, and transparent accountability. Equitable distribution of responsibilities, resources, rewards, and recognition (the "4Rs" from the APHRC (2026) report) means fair budget allocation, shared authorship, joint ownership of intellectual property, and genuine acknowledgment of contextual expertise.

WHAT EQUITABLE PARTNERSHIPS LOOK LIKE

Africa does not wait to be included in the global health innovation conversation. Africa is reforming it. Institutions such as the African Population and Health Research Center (APHRC), the Science for Africa (SFA) Foundation and the East, Central and Southern Africa Health Community (ECSA-HC), along with regional genomics networks, vaccine manufacturing initiatives and African private sector players, are natural partners for Global North actors – with demonstrated scientific leadership, policy engagement, community trust and cross-sector networks. Engaging them is not charity, it is the only way to produce partnerships that are contextually grounded, institutionally durable and scientifically credible.

For African governments and institutions, the priorities are clear:

- Promote **African-led frameworks** for data ownership and cross-border sharing
- Increase **domestic funding** in research and public health infrastructure
- Build **digital, institutional, and human capacities** including AI, genomics, and data governance expertise
- Guarantee **gender-responsive and community-driven governance**
- Define **standardized accountability mechanisms** for research collaboration that address inequitable arrangements before they entrench

For Global North governments, funders, and research institutions, equitable partnership demands a genuine shift in practice:

- Transition **from short-term grants to long-term institutional investment**
- Align **data governance** with African legal and socio-cultural guidelines
- Support **local data hosting, cybersecurity, and technical autonomy**
- Value **co-authorship and African-led publications** in funding and academic promotion
- Support **creating of African data centers**
- Prevent **vendor lock-in** by investing in open standards and open-source infrastructure
- Establish **co-governed Africa–Global North health innovation councils** with civil society and community representation

The central issue for policymakers is not technical. It is political. Co-creating systems that value reciprocity, dignity, equity, and African knowledge systems, rather than simply inserting African stakeholders into frameworks shaped by Global North priorities, requires deliberate choices about where power sits, who sets the agenda, and who owns the outcomes.

Sustainable health security depends on one thing above all: empowering African institutions with genuine agency over their priorities, resources, data, and innovation. Everything else follows from that.

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APPENDICES

Table 2: An Overview of Africa's Digital Health Innovations

INNOVATIONS	FUNCTIONS AND USES	COUNTRIES
Mobile enabled health (m-health) systems	M-health, the use of mobile wireless technologies for public health, is a dominant digital health trend in Africa. SMS technology is used for appointment reminders, vaccination prompts, medication adherence, and health education. Mobile tools facilitate remote data collection, improve supervision, and provide decision support and education; they are primarily used by community health workers.	South Africa, Uganda, Nigeria, Kenya, Malawi, Burkina Faso, and Côte d'Ivoire
Telemedicine and telehealth platforms	These platforms aim to bridge the gap between limited healthcare resources – often concentrated in urban areas – and dispersed rural populations. They help overcome geographical barriers, reduce travel time and costs, improve specialist access, and enhance healthcare delivery efficiency. Their applications include patient-provider consultations via video, phone or messaging; provider-to-provider consultations for specialist advice; remote diagnostics; and patient monitoring.	Rwanda, South Africa, Kenya, and Nigeria
Open source electronic health records (EHR)	The records offer affordable, integrated solutions for resource-limited settings, improving data access and care continuity. These innovations streamline workflows, reduce wait times, optimize data completeness and outcomes, and improve documentation and decision-making.	Kenya, Zimbabwe, Rwanda, Ghana and Nigeria
AI algorithms (e.g., X-rays, CT Scans)	AI algorithms improve healthcare operations by using predictive analytics to forecast patient demand, optimize staffing, and manage supply chains. They provide insights for providers and patients, recommending next-best actions for public health program management, and analyze real-time data to predict disease outbreaks and inform response strategies. AI is also used in health insurance for claims processing and fraud detection, and in drug discovery.	Ghana, Kenya, Nigeria, and Malawi
Wearable technologies	Wearable devices collect physiological data (e.g., heart rate, activity, glucose) and transmit it to users and providers (often via smartphones), enabling real-time feedback and proactive health management. Applications include chronic disease management, maternal health, and wellness tracking. For chronic conditions like diabetes and cardiovascular disease, wearables improve self-management by continuously monitoring vital signs and aiding timely treatment adjustments.	Ghana and South Africa

Source: Enabling Digital Health in Africa (GSMA, APHRC, and Genesis Analytics 2025).

Table 3: Interoperable Digital Public Infrastructure for Health (DPI-H) Country vignettes

COUNTRY	INFORMATION SYSTEMS
Tanzania	**Tanzania** stands out as Africa's clearest example of Digital Public Infrastructure for Health (DPI-H) moving from strategy to implementation. The Tanzania Health Information Exchange (TZ-HIE) is live and enabling data exchange across **15 separate health information systems**, though sustained efforts are still needed to achieve seamless exchange across all levels of the health system. This sits within a broader Tanzania Health Enterprise Architecture (TZHEA), a national strategic framework for coordinating and standardizing health information systems, which provides the structural foundation for this progress. Sustained investment in physical connectivity, including a $10 million Vodacom contribution to the National ICT Broadband Backbone, underpins this infrastructure. The remaining challenge is workforce readiness: without digitally trained health workers, even well-designed systems struggle to deliver at scale.
Kenya	**Kenya**'s Digital Health Act (2023) provides one of the continent's most comprehensive legal foundations for interoperable digital public infrastructure in health. The Act mandates a national Health Information Exchange (HIE), which enables the secure electronic sharing of patient information across health facilities and providers, and a Comprehensive Integrated Health Information System (CIHIS). It also established a dedicated Digital Health Agency to oversee implementation. The Kenya Health Information Systems Interoperability Framework (KHISIF) provides the technical standards backbone, setting out how different health information systems should communicate with one another. A landmark **$800 million commitment by a Safaricom-led consortium in 2024** is set to build standardized Health Information Exchange (HIE) over ten years, described as a development that will significantly boost the country's digital public infrastructure. Gaps in digital literacy among health workers and uneven rural access remain the principal barriers to realizing this investment.
Malawi	**Malawi** presents an instructive case of strong institutional commitment to interoperability operating under significant infrastructure constraints. The Ministry of Health has adopted formal data standards aligned with Health Level 7 (HL7), and Fast Healthcare Interoperability Resources (FHIR) at the policy level, though their implementation and effective functioning remain a work in progress. The Ministry has also developed standard operating procedures specifically for system interoperability and established a dedicated Digital Health Division (DHD) to coordinate implementation, with technical assistance from the health equity organization PATH. These are notable governance achievements for a country where **smartphone penetration stands at just 8%** and rural internet quality remains poor. The policy architecture is in place; the binding constraint is the physical and device infrastructure needed to make interoperable systems meaningful at the point of care.
South Africa	**South Africa** enters any regional comparison with significant advantages: the **highest 5G coverage on the continent (47%)**, near universal 3G and 4G connectivity, and mature governance through a Ministerial Advisory Committee on eHealth. South Africa has the most developed infrastructure preconditions on the continent but has not translated them into meaningful health system interoperability, largely because no active national HIE exists. Fragmented Electronic Health Records (EHRs), that is, digital versions of patients' paper charts, across the public and private sectors mean clinicians routinely lack complete patient histories, driving costly re-tests and inefficiencies. The National Health Normative Standards Framework (HNSF) for Interoperability in Digital Health (2021) and the Health Patient Registration System (HPRS), a national system under development to standardize patient records across public facilities, alongside a Master Patient Index (MPI), a database enabling consistent patient identification across different health systems, signal clear policy intent. The Digital Transformation Infrastructure Roadmap 2025–2027 also explicitly prioritizes improving digital public infrastructure. South Africa's challenge is not vision but execution: translating a strong policy foundation into integrated systems at the facility level.

Source: Enabling Digital Health in Africa (GSMA, APHRC, and Genesis Analytics 2025).

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