February 2026 Issue |
Monthly Newsletter

The DIGITAL AGENDA Insights

digital agenda

Tech Should Serve Not Control

Welcome to The Digital Agenda Insights monthly newsletter

A quiet revolution is reshaping healthcare.

Across the world, health data is no longer collected only to diagnose illness or improve treatment. It is increasingly being linked, standardised and reused to build digital identities, automate decisions, and shape how people access services. What once sat safely inside health failities and patient files is now flowing across platforms, systems and borders.

This shift forces a new ethical question. Not just how data is protected, but what health data is becoming.

Privacy is no longer only about confidentiality. It is about traceability, linkage, and permanence.

Access is no longer only about care. It is about eligibility, verification, and control.
As digital health systems grow, the line between supporting patients and managing populations is becoming thinner. Health data is turning into infrastructure, while this infrastructure is quietly defining power.

What matters now is who ultimately benefits when health data becomes a gateway to identity, services and participation, and who is left carrying the long-term risk.

This newsletter is an urgent call to examine what is changing about health data, what ethical safeguards are lagging behind, and why societies must urgently rethink consent, governance and accountability in the digital age.

We invite you to walk with us and partner with us.

OUR CORE VALUES

S
Stewardship

P
Purpose

A
Authenticity

D
Dignity

Lilian Agaba Nabwebale
For Digital Agenda Forum

Health Ethics in the Digital Age:

Privacy, Access, and the Future of Healthcare

In our **Ask an Expert** session held on 25th February 2026 7:00pm on X Spaces, we tackled one of the most critical conversations of our time: Health Ethics in the Digital Age, with a special focus on Privacy, Access, and the Future of Healthcare.

The invited expert Dr. Morris Rutakingirwa, a physician and research fellow, helped us explore the tough questions surrounding digitization. As the world evolves with apps, electronic records, and a push for digital IDs, how do we protect human dignity and equitable access to care?

Here are the key takeaways from the discussion.

The Four Pillars of Medical Ethics

Dr. Morris began by grounding us in the four core principles that guide all healthcare practitioners:

1. Autonomy: The patient's right to make their own choices.
2. Non-maleficence: The obligation to "do no harm."
3. Justice: Ensuring fair and equitable access to care for all populations.
4. Beneficence: Acting in the best interest of the patient.
5. These principles are the foundation of trust between a doctor and a patient, especially regarding confidentiality.

The Digital Shift: Opportunity Meets Risk

We are already in the "youthful stage" of digital transformation in Uganda, with electronic medical records being piloted in national referrals. The promise is significant:

- Improved Coordination: Patients could move between hospitals seamlessly.
- Better Surveillance: The Ministry of Health can track disease outbreaks in real-time.
- Informed Planning: Data helps allocate budgets for diseases like HIV, TB, and malaria.

However, Dr. Morris warned that health data is uniquely sensitive. Unlike other personal data, it can be weaponized. From genetic targeting in bioterrorism to discrimination in travel (as seen during COVID-19) or employment, the risks are severe when data

is centralized and misused.

The Digital ID Dilemma

A major concern is the requirement of a National ID to access care. Without it, patients need special waivers. This raises an ethical red flag:

- Is it acceptable to tie life-saving treatment to a digital credential?
- What happens to refugees, the poor, or those who cannot afford or access digital IDs?
- Dr. Morris stressed that such requirements can unintentionally create medical exclusion, violating the principle of justice.

What Does an Ethical Digital Future Look Like?

When asked about the path forward, especially with the rise of AI and new national strategies, Dr. Morris emphasized the need for strong, independent oversight.

- An advisory body with high integrity must ensure no one is forced into the system, privacy is upheld, and vulnerable groups are not excluded.
- The goal: Technology must have a clear health benefit (over 50%) and should never compromise patient autonomy, privacy, or lead to denial of care.

Final Thought

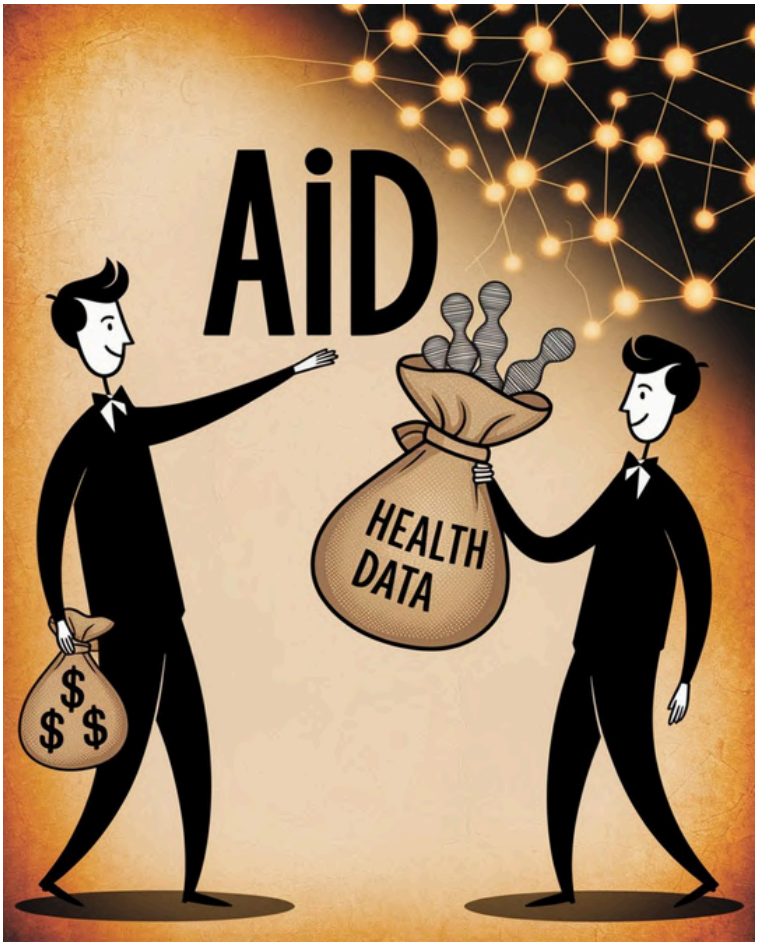
As our slogan goes, we need "tech to serve, but not to control." Digitization is here to stay, but the human-centric principles of ethics must guide its implementation.

We appreciate Dr. Morris for his invaluable insights, and to everyone who participated. Let us keep the conversation going!

The full recording is at ***https://youtu.be/Nm4Kn8emNqo*** and

https://x.com/DigitalAgendaT/status/2026687144715063438?s=20

By Digital Agenda Forum



Drawing a New Line between Health Aid and Data Sovereignty

On 25 February 2026, Zimbabwe formally ended negotiations for a new U.S. health funding agreement, saying the draft would require long-term sharing of sensitive health and biological data without firm guarantees that Zimbabwe would benefit from any future medicines or technologies developed from that data.

On the same day, 25 February 2026, Zambia publicly pushed back against signing a similar deal, arguing that the proposed terms did not sufficiently protect national interests, particularly around data control and long-term commitments.

Earlier, in December 2025, a court in Kenya suspended parts of its newly signed health cooperation agreement, following legal challenges over data protection and the process used to approve the pact.

Together, these three cases signal a clear shift for African governments: health aid can no longer be debated only in financial terms, but must also be confronted at the point where assistance intersects with data ownership, governance, and national sovereignty.

By Digital Agenda Forum

How Health Data is Quietly Becoming a Tool for Control

For as long as anyone can remember, Africa has received health aid from the big names: the Global Fund, GAVI, PEPFAR, USAID and the World Health Organisation. For decades, this meant medicines, bed nets, clinics and vaccination campaigns. It always meant people with clipboards, and later tablets, collecting data. They counted how many were treated, tested positive, or received drugs. This was the rhythm of global health: project-based, focused on single diseases, with data mostly anonymised and lumped into spreadsheets. The information served the program, then sat in a drawer, a ministry database, or a report to a donor in Washington or Geneva. That was the old way.

Today, something has changed not about collecting data, but about what that data is becoming. It is having a quiet identity crisis. Across the continent, health systems are being redesigned. The humble medical record is no longer just a note about your fever or blood test. It is being linked to shiny new national digital IDs, befriending your biometrics, your fingerprint or iris scan, and getting introduced to money systems and social welfare programmes. The grand plan is for all these systems to be interoperable, a fancy way of saying they will all talk to each other across government ministries. Your medical history is no longer just about your health. It is becoming one small part of a vast national digital identity infrastructure. It is a fundamental shift, happening quietly, one software update at a time.

In the old days, health data was a bit of a wallflower. It stayed inside the health sector, sitting quietly in ministry computers and donor reporting templates. Now, the architecture assumes health data must be a social butterfly. It must flow across sectors, from health to education to finance. It must plug into national digital public infrastructure. It wants to be reused for all sorts of things: planning roads, working out who gets cash transfers, and automating government services. Health, it turns out, is the perfect entry point. Everyone gets sick. Everyone visits a health facility at some point. Build these new digital systems around health, and you build a population-scale data system for everyone.

Diagnosis used to be the sensitive part. You would not want people knowing you had TB or HIV. It was a serious matter of medical confidentiality. Now, sensitivity has shifted from diagnosis to linkability. Once your health data is tied to a unique ID that follows you everywhere, to your biometrics, your mobile number, and the financial and civil registries, a new picture emerges. It becomes possible to track a person across the entire landscape of their life: health, welfare payments, movements, employment, properties, transactions, and government services. The risk is no longer your neighbour finding out you went to the clinic. The risk is life-profiling. It is the creation of a permanent, detailed, unavoidable digital shadow.

This is where the control comes in. Imagine you refuse a vaccine you do not trust. Your digital money could simply be switched off, leaving you unable to buy food or pay for transport. Perhaps you want to travel, but your health data flags you as non-compliant, so your movement is blocked. Or imagine your health record shows a condition like diabetes. Your digital wallet might automatically be blocked from buying certain items or foods the system decides you should not have. There is no argument or appeal, just a silent block at the checkout. The infrastructure being built through health aid makes all this technically possible. It turns health data from a medical record into a tool for enforcement.

So why are some African governments, in places like Zimbabwe, Kenya and Zambia, suddenly pushing back and refusing health aid agreements? It is not because health data collection is new. They have been doing that for donors for years. The pushback is because of how the aid is now packaged. Health aid is arriving bundled with something extra. It comes with digital infrastructure requirements, specific technical standards, particular platforms, and long-term data dependencies built in. The aid is no longer just about funding a clinic or a vaccination program. It is actively shaping how the entire national population data system will work for decades. In the past, donors helped us fight a disease. Now, they are helping to build the operating system of the citizen. The aid money that used to save lives is now also building the database that will, in many quiet and administrative ways, go on to govern those lives.

Also, when you consider biological samples and DNA leaving the country in laboratory freezers, alongside minerals extracted from the ground to power someone else's technological future, the discomfort only deepens. That is where the real unease lies.

By Lilian Agaba Nabwebale,
Information Scientist

DIGITAL GLITCHES:

Lessons from the Abu Dhabi Finance Week Data Exposure

The recent reports of identity documents being briefly exposed through a storage system linked to Abu Dhabi Finance Week have travelled quickly around the world as stories about data normally do. If you want to capture attention around you, mention words like passport, online, and unprotected in the same sentence.

For you who may have just seen a headline passing, this was not just a dramatic cyberattack, it should be a reminder of how complex modern digital environments have become.

So, what happened is that during preparations for the large international conference, which brought together tens of thousands of participants, organisers followed the new routine process of collecting identification documents for registration and security clearance. During the process, a set of files said to have scans of passports and national identity cards belonging to hundreds of attendees was stored in a cloud location that was not configured with the level of protection that it should have. It was accessible online until the issue was discovered and then secured. It was not even a hack but a technical oversight that is most likely to occur when multiple systems and processes intersect.

Digital platforms are becoming the core infrastructure, essential to how events are run, services are delivered, and economies function. When they are working well, we stop even being aware of them. When they eventually go wrong even briefly, they remind us of just how much of modern life depends on their steady operation.

In the analogue world, organising a major conference required venues, name badges, and filing cabinets. Today it requires databases, cloud environments, different authentication levels, and seamless coordination between different technical parts. The benefits are there but there has to be responsibility as well to make sure that there is consistent alignment of these parts and attention to stewardship because a slight error, a simple break in continuity costs much.

It is at this point, when such scenarios happen that the implementers should think of examining how digital systems are handled, how responsibilities are shared, how safety is verified, and how processes are strengthened even as platforms expand. The issue is not whether digital integration should continue; it has already gone too far but there has to be a way to ensure that systems designed for efficiency are also designed for durability, with the resilience that ensures services are running even when there are adjustments being made in the background, even when there are technical issues. Even when some parts of the entire environment are not available to play their part at the moment.

No one benefits when digital tools become points of uncertainty. Organisers want their platforms to function seamlessly, participants expect their information to be handled responsibly, and service providers depend on stable systems to deliver. Continuity is a shared interest, ensuring that innovation is supported by whatever is required to keep it dependable.

As countries and institutions run to invest in integration, experiences like this one should be reminders that building digital ecosystems and them serving their purpose is not the final step. The success of these systems will be measured by how consistent they are not in how advanced they are. Resilience is going to be the force towards progress in the digital world that is being designed.

By Mariagorreti Batenga,
Incorporator & Tech Practitioner

Humanity, Systems, Machines, and Behavior

Testing, feeling, and belonging are fundamental to humanity. When one cannot feel, cannot test ideas, and lacks the support of someone standing beside them, the experience is isolating and disempowering. Similarly, relying on a machine for support can feel hollow when the relationship becomes one-sided, where value is continuously extracted, yet nothing meaningful is returned.

How does it feel when one cannot partake in what others consume? How does it feel to survive on cloned or artificial substitutes that provide sustenance but lack true value for the body and spirit? Such experiences highlight the limitations of systems that prioritize efficiency over humanity.

Yet, there is strength in balance. I find reassurance in the presence of human touch within structured systems. Working alongside machines is beneficial when roles are clearly defined and complementary. The division of labour between humans and machines is not only practical but necessary. Machines enhance productivity, while humans provide judgment, empathy, creativity, and purpose.

In this balance lies sustainable progress: systems powered by technology, guided by humanity, and anchored in shared value.

By Fatihi Kategа,
Information Scientist

AI IN AFRICAN EDUCATION:
Predictive, Generative, and Agentic Innovations

By Nayebare Dominic,
Founder/Chief Technical Officer - Granville Tech

Introduction:

Africa's education systems are under immense strain, with millions of children out of school and a critical shortage of teachers. Artificial intelligence (AI) is emerging not as a replacement for human educators, but as a powerful set of tools to address these challenges. Three key types of AI are at the forefront: Predictive, Generative, and Agentic.

The Three AI Technologies

- **Predictive AI:** This technology analyzes data to forecast futureoutcomes. In education, it can identify students at risk of dropping out and help governments predict where new schools and teachers are needed most, enabling smarter, data-driven planning.
- **Generative AI:** Models like ChatGPT can create new content, such as text, images, and lesson plans. This is being used to overcome the shortage of learning materials by generating books in local languages (like the RobotsMali project) and helping teachers create tailored lesson plans and quizzes.
- **Agentic AI:** These are autonomous systems that can perform tasks with minimal human input. In education, this could mean an AI tutor that guides a student through a curriculum or a virtual assistant that handles school administration, acting as an "extra pair of hands" for teachers.

AI in Action: African Innovations

Across the continent, local innovators are already deploying these technologies:

- ***Personalized Tutoring:*** Chatbots like "Kwame for Science" (West Africa) and "Rori" (Ghana/Sierra Leone) provide students with on-demand academic support via mobile phones.
- ***Teacher Support:*** Tools like Kenya's "Kalasik" chatbot help teachers automate lesson planning and paperwork, freeing them up for more direct student interaction.
- ***Inclusivity & Local Languages:*** Projects are translating English to Kenyan Sign Language in real-time and using generative AI to rapidly produce children's books in Bambara (Mali), making education accessible to more learners.
- ***Curriculum Development:*** Initiatives like the STEPS project use AI to help draft and localize science textbooks, making them culturally relevant and reducing production time and cost.

Key Impacts and the Path Forward

These AI tools are already showing potential to:

1. Expand Access by enabling learning outside the classroom.
2. Personalize Learning to meet each student's individual needs.
3. Support Teachers by automating routine tasks.
4. Overcome Language Barriers through translation and local content creation.

The emphasis is that a dual approach is needed for success. Grassroots innovations provide agile, context-specific solutions, while national policies and strategies (like Kenya's National AI Strategy) are essential for creating an enabling environment, scaling successful pilots, and ensuring AI is used ethically and equitably. The future of African education lies in a collaborative partnership between human educators and these emerging AI technologies.

The full article is at
https://thedigitalagenda.org/2026/02/17/ai-in-african-education-predictive-generative-and-agentic-innovations/

The Place of Faith in a World Leaning Toward One Global Health Order

During the height of the COVID-19 pandemic, something unusual unfolded across much of the world. Places of worship were closed or restricted from gathering. In some places, faith leaders who openly preached faith in God as a healer faced arrest or penalties. Messages about alternative remedies were labeled misinformation. The message that emerged was unmistakable: in matters of health, there was to be one approved order.

That order flowed largely from global health authorities such as the World Health Organisation, whose directives shaped national policies, media messaging, and even the rules governing online speech. Governments, technology platforms, and health institutions aligned around a single pathway for responding to the crisis. If an idea or treatment had not been approved through that channel, it was often discouraged or removed from public conversation.

The system did not stop at messaging. It soon moved into everyday life through digital health passes. In many places, proof of the Covid-19 vaccination became a requirement for participation in normal activities. Without the approved vaccine record, you could not travel, enter workplaces, attend events, or cross certain borders. Access to movement and economic life increasingly depended on a digital confirmation that one had followed the prescribed health directive.

For many observers, the deeper issue was not only about the vaccine itself but about authority and compliance. A single global framework began to shape what could be believed, discussed, or practiced. Prayer gatherings were restricted, spiritual approaches to healing were sidelined, and alternative medical perspectives struggled to find space in the public square. The expectation was clear: follow the established path.

Faith traditions have always respected knowledge and medicine. Yet they also affirm that healing does not belong solely to institutions. Scripture repeatedly presents God as the ultimate source of healing and restoration (Exodus 15:26; James 5:14–15), Jehovah Rapha. For believers, prayer, faith, and spiritual care remain part of the human response to illness.

The digital age, however, has amplified the power of centralised systems. Policies can spread globally within days, and digital technologies can enforce compliance in ways that were previously impossible. Health directives can now be linked to identification systems, travel permissions, employment requirements, finances and are slowly linking in one's carbon footprint.

The experience of the pandemic therefore raised a profound question for the future: Are global health systems moving toward a model where one order governs everyone, and participation in society depends on compliance with it?

As technology continues to merge health policy with digital infrastructure, societies will increasingly need to wrestle with how to balance public health authority, personal conscience, and the freedom to practice faith in times of crisis.

Watch Prophecy and PREPARE: Global Lockdown...
https://www.youtube.com/watch?v=zca1hZt4BNI

By Lilian Agaba Nabwebale,
Information Scientist

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