

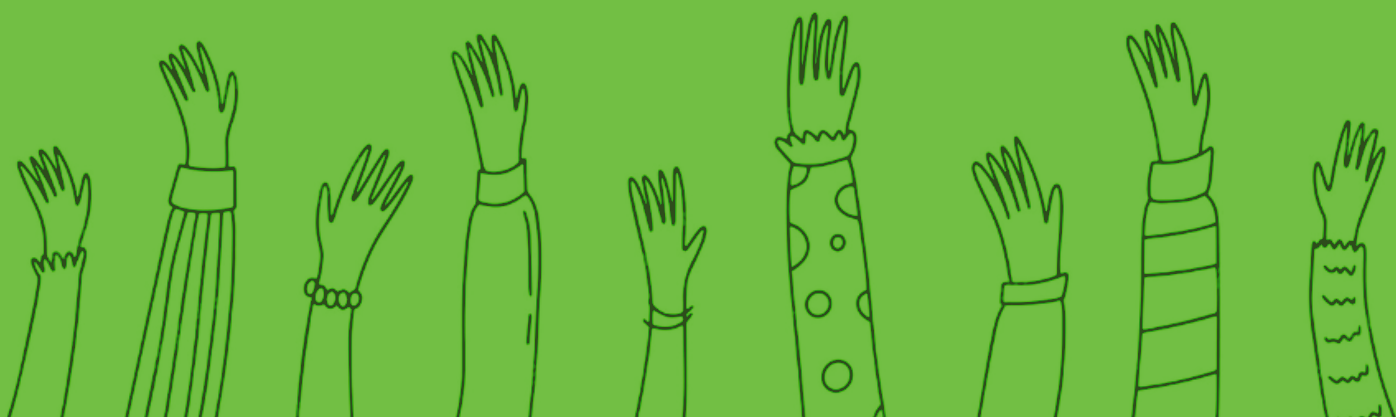
POLICY BRIEF

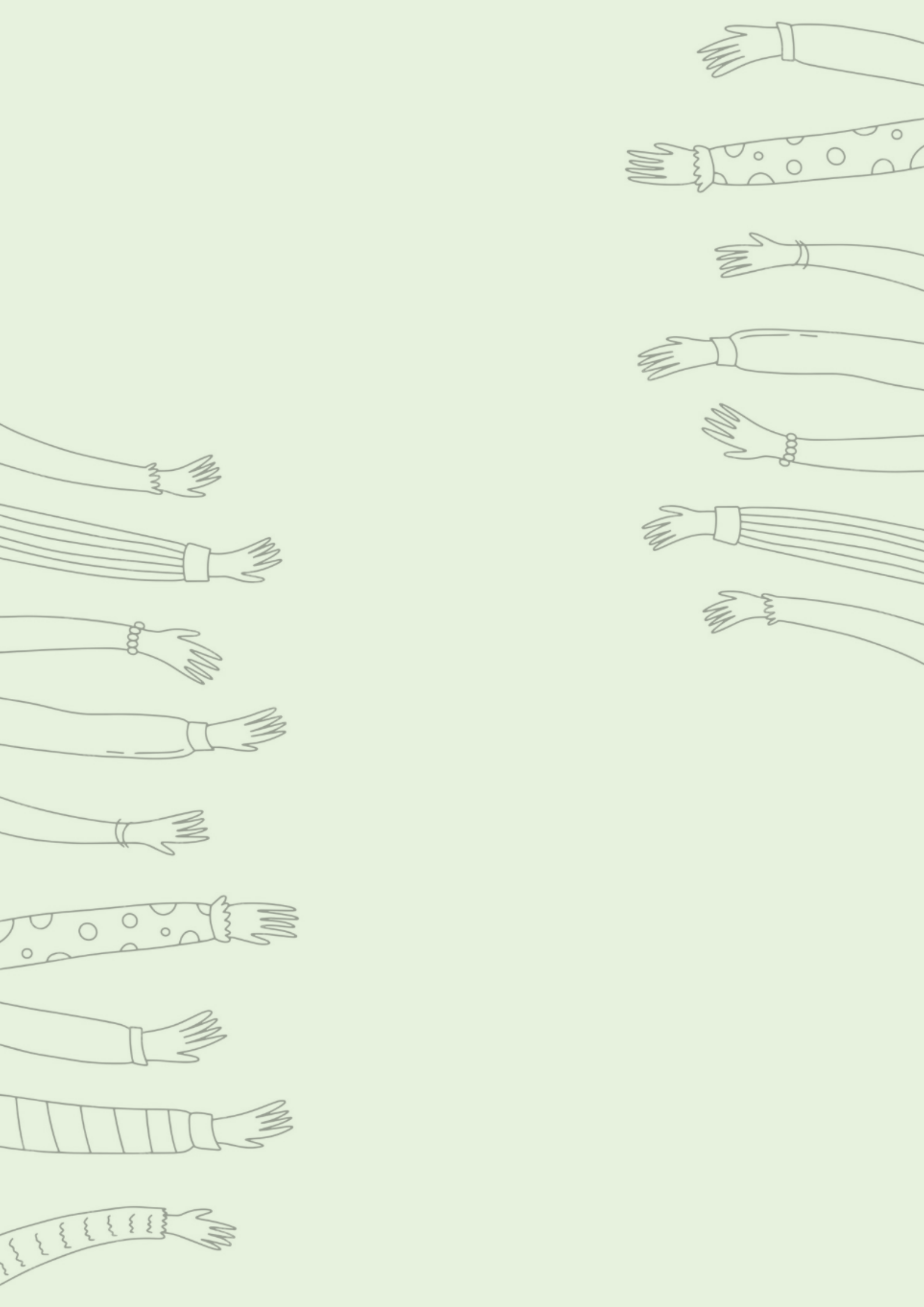
LEVERAGING YOUTH ENGAGEMENT FOR EMERGENCY RESPONSE:

Learnings from The AU Bingwa Initiative

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EXECUTIVE SUMMARY

Sub-Saharan Africa is increasingly facing multiple Public Health Emergencies (PHEs) that require rapid response.

However, the disaster-preparedness of most African countries remains inadequate. Initiatives such as the African Union (AU) Bingwa COVID-19 Vaccination initiative provide a compelling model for engaging youth in emergency response, demonstrating that their involvement can expedite access to vaccines at the grassroots level, strengthen community resilience, combat disinformation and enhance response effectiveness. This Policy Brief outlines the key lessons from the AU Bingwa Initiative, emphasizing the need for structured youth participation, leveraging digital engagements and creatives, as well as the need for political will and support to maximize the impact of youth-driven approaches to future PHE responses. The policy brief is based on evidence from the impact report of the AU Bingwa initiative to articulate key insights that policy makers and practitioners in the PHE response sector may consider when crafting interventions that are intended to actively involve the youth in future.

Key Learnings from the AU Bingwa Initiative

- **Youth are Agents of Change:** The AU Bingwa initiative mobilized young leaders to advocate for COVID-19 vaccination. Their grassroots engagement, digital outreach, and storytelling campaigns significantly influenced public perception and vaccine uptake.
- **Community-Centered Approaches Work:** The initiative's success stemmed from cultural sensitivity, localized messaging, and partnerships with community leaders. Future programs should tailor interventions to local contexts for greater trust and adoption.
- **Digital Platforms Amplify Impact:** social media, online campaigns, and partnerships with influencers expanded the initiative's reach, engaging millions. Investing in youth-led digital strategies can enhance future PHE responses.
- **Tap into Africa's Creative Sector:** Strategic collaborations with Africa's creative sector can transform complex public health information into engaging, community-specific content, significantly improving sensitization efforts.
- **Institutional Support is Crucial:** Government backing and financial investment are essential for youth-driven initiatives to thrive. Policies should formalize youth inclusion in national health emergency frameworks.

Key recommendations

- Engaging and involving the youths in national and continental PHE response processes is a high-return venture that continental health institutions, development agencies and governments should always consider. The formal engagement of youth during the AU Bingwa Initiative was crucial as it helped influence policy narratives, expedite decision-making processes, strengthen grassroots capacity, and improve the success of the COVID-19 response.
- It is vital to gain political will and support from African governments and local leadership. Without that support, implementation becomes difficult because local communities wait for guidance from government officials and local leaders when it comes to externally driven socio-economic development initiatives.
- Involvement of creative industries and digital platforms in youth-led PHE response processes can add a lot of value as it resonates very well with the youth and their communities. It was useful in driving the uptake of vaccines among the youth as the creative industry performances and information dissemination through digital platforms made it possible for the AU Bingwas to reach larger numbers of people. This approach should also be deployable in the Mpox response and other PHE response efforts.
- It is important to integrate evidence-based approaches that prioritize helping populations to understand and make sense of the known risks and advantages associated with PHEs. Having compelling data, evidence, and information was crucial for the Bingwas to convince stakeholders who were otherwise hesitant to accept vaccines.

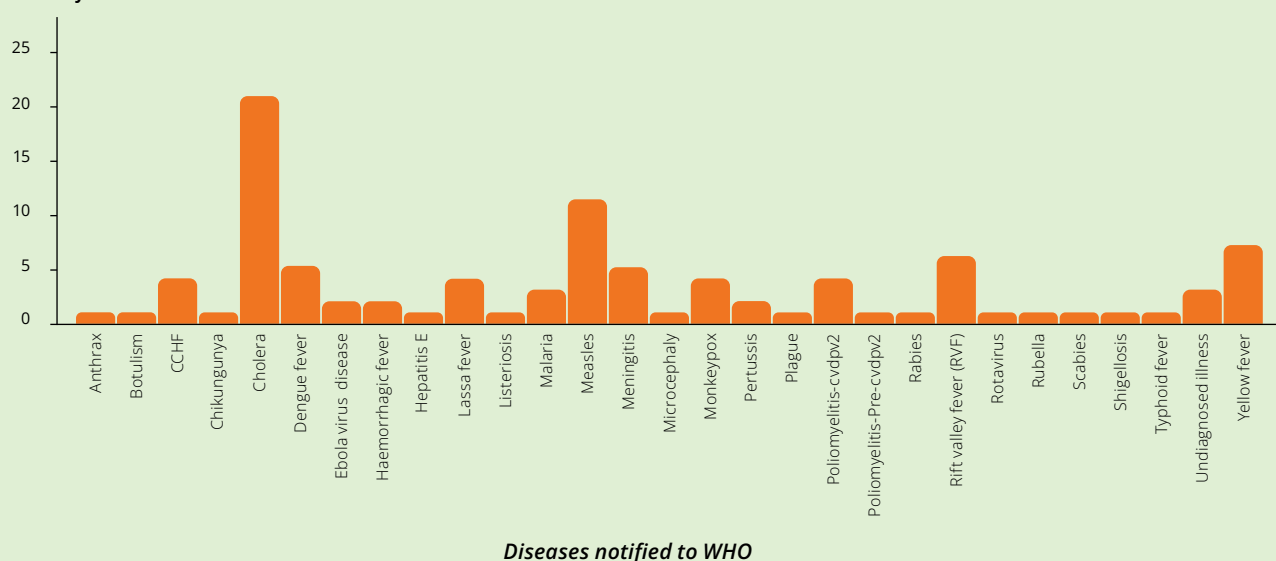
Overall, the AU Bingwa initiative represented a positive and proactive response to the COVID-19 pandemic, highlighting the importance of collaboration, youth empowerment, and community engagement in the quest for PHE response and recovery. We recommend that AU Member States and institutions active in the PHE response sector scale up the approaches used under the AU Bingwa initiative as a model of successful response mechanisms and interventions that actively involve the youth.

BACKGROUND

Sub-Saharan Africa (SSA) increasingly faces multiple Public Health Emergencies (PHEs) that require rapid response.

For instance, from 2001 to 2022, the (SSA) region reported 1,800 PHEs, such as Ebola, cholera, meningitis, measles, yellow fever, monkeypox, Zika, Rift valley fever, and COVID-19 (Moyo et al., 2023). Zoonotic pathogen outbreaks caused by monkeypox and Ebola viruses have also risen significantly, with a 63% increase between 2012 and 2022 compared to the previous decade (WHO, 2022). Even after the COVID 19 pandemic experiences that killed at least 7 million people world-wide, Africa and the rest of the world still seem to be poorly prepared for another serious disease outbreak (Staines, 2025). The recent outbreak of Monkeypox (Mpox) in Africa raised serious concerns about the ability of various AU Member States to effectively manage and contain its spread and that of other emerging infectious diseases. Figure 1 summarizes the distribution of the number of public health emergency events reported by type of infectious disease outbreak, grouped by event category in the WHO Africa Region as of 2018.

Number of events



Source: WHO, 2018

Figure 1 shows that outbreaks of Cholera have been the most frequent when compared to other outbreaks. This is followed by Measles, Yellow Fever, and then Rift Valley Fever. Other disease outbreaks with significant levels of frequency include Meningitis, Dengue Fever, and Monkeypox.

At the national level, the quest for robust systems of preparedness and response to disease outbreaks in Africa also faces several challenges. Among other challenges, these include resource constraints, underlying systemic gaps, and knowledge limitations. At the individual/ household level, poverty, stigma, low-risk perception, limited access to healthcare, and conflicting cultural and religious beliefs pose additional barriers to response systems (Buseh et al., 2015; Moyo et al., 2023). This serves as a stark reminder of the need to invest in public health infrastructure, strengthen disease surveillance and response systems, and prioritize the health and well-being of vulnerable populations on the African continent (Al-Tawfiq et al., 2024).

Limitations in knowledge about the treatment or containment of new disease outbreaks often makes it difficult for public health institutions to provide appropriate response. As MacGregor et al. (2020) point out, the reality of limited knowledge in different African countries about many aspects of new disease outbreaks, coupled with predictions of potentially devastating consequences often engender a sense of greater urgency among key actors at the national and global levels who are responsible for implementing appropriate responses to the new disease outbreaks. For example, limitations in knowledge about the COVID-19 virus made the design and implementation of effective interventions quite confounding for both developed and developing countries.

CHALLENGES FACED WHEN RESPONDING TO PHES

Despite efforts to strengthen public health systems and emergency response, several key challenges remain. The common drivers of poor response include limited investments in health systems at the national level, political conflicts, inadequate disease surveillance systems, and a surge in non-communicable diseases that have disrupted SSA healthcare systems (Gautier & Ridde, 2017; Gouda et al., 2018). There are also evident weaknesses in national public health surveillance and response systems in many African countries that have been widely recognised for several decades (Fall et al., 2019). Due to lack of financial resources, inadequate investments in health systems and emergency preparedness have left many African countries vulnerable and unprepared for new disease outbreaks, with the existence of weak surveillance and rapid response systems being the norm.

There are also cases where misinformation about new disease outbreaks and public distrust of vaccines have weakened the impact of rapid response systems. This was certainly the case during COVID 19 when vaccine uptake was limited by misinformation and public distrust of vaccines. In countries that are experiencing political instability, it is difficult to institute effective responses to disease outbreaks as the focus of government and communities would be more on dealing with the conflict as opposed to paying full attention to the disease outbreak. Delays in the detection, response, and containment of an infectious disease outbreak in countries affected by conflict prolong the suffering of the population of the country and elevate the risk of the transmission of infectious diseases to surrounding countries and to countries globally (Marou et al., 2024).

Some disease outbreaks have also been known to be worsened by a changing climate that creates the physical conditions conducive for the rapid spread of certain viruses and pathogens. Climate change significantly impacts disease outbreak response by altering disease transmission patterns, expanding vector ranges, and exacerbating vulnerabilities through extreme weather events and displacement, potentially leading to more frequent and severe outbreaks (Liao et al., 2024).

We are now in a new era of outbreaks of endemic, emerging and re-emerging

pathogens that are set off by climate change and swiftly spread by global connectivity; climate change has the potential to aggravate almost 60% of known human pathogens (Mora et al., 2022). Warming effects, changes in precipitation levels and floods are the most prominent climate hazards that stimulate vector-borne, waterborne and airborne diseases, they noted (ibid). Thus, fragile systems that are charged with detecting and responding to PHEs are often burdened by external pressures that arise from events such as environmental and climate change, and civil conflicts that displace thousands of people (Fall et al., 2019).

Centralized systems for disease control and inadequate deployment of community-centred approaches also weaken response systems for public health emergencies in Africa.

Indeed there have been calls for greater emphasis on the use and uptake of community-generated data and knowledge; the development of the 'business case' for community-centred approaches and potential economic benefits; understanding the barriers and supports that facilitate the integration of community-centred approaches across all levels of government; and the development of partnerships between all stakeholders (public and private) involved in public health emergencies (WHO, 2021). In addition, poor health information systems make the response to pandemics difficult, with many countries facing challenges in coordinating

and expanding such systems, sharing data and information, addressing public mistrust and misinformation, and preventing negative health outcomes during and after outbreaks (Hotchkiss et al., 2012; Lal et al., 2020). It is clear that there is a wide range of key components that should constitute effective disease outbreak response systems in Africa and elsewhere.

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DISCOURSES ON YOUTH INCLUSION-EXCLUSION IN PHE RESPONSE

One of the effective approaches for ensuring the effectiveness of rapid response to PHEs in Africa and elsewhere is fostering active youth participation. This is more pertinent in Africa which has the youngest population in the world, with at least 70% of sub-Saharan Africa under the age of 30 (UNESCO, 2023). Such a high number of young people present an opportunity for the continent's growth – but only if this group of young people is fully empowered to realise its best potential; it is especially important that young people are included in public health decision making processes, be provided with appropriate opportunities to innovate, and be empowered to contribute to broader societal development priorities (UN, 2024). Countries that have experienced

a successful demographic transition have embraced youth participation in many facets of economic development, increasing their working age population to create a window of opportunity, which (if properly harnessed), can translate into higher growth (Drummond et al., 2014). On the other hand, countries that fail to put in place the policies to tap into the latent potential of the youth sometimes end up with a huge population of unemployed youth, thus, significantly increasing social risks and tensions (ibid).

Several scholars agree that embedded within definitions of youth empowerment and potentially active participation in PHE response are a couple of key distinct elements that require clear articulation. The first is transformation of societal power

relations in such a way that the youth exercise more agency and take action to address PHEs and determine the course of local community lives. Secondly, when youth are fully empowered and deliberately capacitated, their access to and control over available resources is broadened such that they get more opportunities to reach their full potential and contribute more meaningfully to the PHE response. Thirdly, specific changes are deliberately made to ensure that the institutional structures that shape the lives and futures of the youth become more supportive (see Abrefah 2003; Ahmed et al. 2014; Canning et al., 2015).

An equally important component is the voice of the youth beginning to count in the corridors of power at the local and national levels in a way that improves decision making. Therefore, in SSA countries where systemic and cultural barriers to youth inclusion in development processes abound, youth empowerment should be understood as a process that significantly transforms existing exclusionary power relations between the youth and adults that can only be achieved through bottom-up processes rather than top-down strategies (Paciello & Pioppi, 2014). However, in most African countries, there is still very limited or completely non-existent integration of the youth in emergency response policy frameworks; general underutilization of youth networks and digital tools for rapid response; and inadequate training and

support systems for youth volunteers and leaders in the public health sector. This is a missed opportunity because emerging lessons of experience have demonstrated that the youth can actually make a big difference in PHE response.

Youth certainly have a lot of energy and innovative ideas for addressing development challenges facing the world today that need to be tapped into. African youth have been at the forefront of innovation and technology, with meaningful contributions to developing and implementing novel solutions to healthcare challenges, such as developing health apps, telemedicine, and data analytics for disease surveillance. With their familiarity and adaptability to technology, they could actively participate in public health emergency preparedness and response efforts, which include disseminating emergency information and assisting in logistics (Elsayed, 2023). In addition, they are also future leaders (Elsayed, 2023). Therefore, it is vital to foster a culture of innovation and creativity, enabling the youth to take an active role in addressing healthcare challenges, while also preparing them for future crises (see Kanthema, 2023).

It is also crucial for key actors to consider the youth as a resource for the advancement of public health aspirations and broader development priorities in Africa. For

instance, the youth's contribution to contact-tracing during COVID-19, their engagement with local communities to promote the uptake of vaccines, and social media mobilizations and volunteer efforts are a testament of their invaluable role in PHE response. Indeed, youth empowerment and active participation in PHE response requires development practitioners and policy makers to shift their perspectives from seeing the youth as a burden to viewing them as human resources that have useful ideas and a voice for meaningful participatory action and socio-economic development (Wong et al., 2010; Morton & Montgomery 2011). Fortunately, there are some key actors in Africa's public health sector, such as the Africa CDC, that have already realized that mobilization and meaningful engagement of the youth could potentially be game-changing in the fight against pandemics and other health emergencies on the continent (see Africa CDC, 2023). The design and implementation of the AU Bingwa COVID-19 Vaccination Initiative demonstrated the importance of engaging the youth in the fight against PHEs.

ENGAGING YOUTH IN PHES: LEARNINGS FROM THE AU BINGWA INITIATIVE

A response to low vaccination rates in Africa

At the time of the inception of the AU-Bingwa initiative, COVID-19 vaccination coverage on the continent was significantly low, at about 22.1% of the population, compared to the global average of 67.9% and a target of 70% (900 million) by the end of 2022 (Africa CDC, 2022).



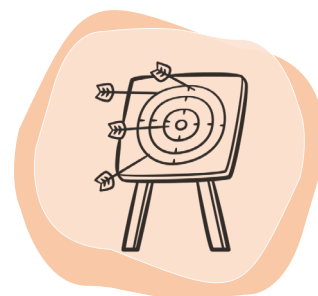
LOW VACCINATION COVERAGE

About **22.1%** of the
population vaccinated



GLOBAL DISPARITY

A contrast with the global
average vaccination
coverage of **67.9%**



TARGET

With a goal of vaccinating
70% (or 900 million
people) by the end of 2022.

Africa was also struggling to get vaccines in sufficient quantities to increase vaccination rates. This underscored the need for urgent action to ramp up the speed of vaccination, coverage, and scale of the uptake of vaccinations to avoid vaccine wastage; bring the pandemic under control; and speed up economic recovery on the continent. The Africa Centers for Disease Control and Prevention (Africa CDC) co-designed the AU-Bingwa initiative for COVID-19 Vaccination acceleration with the Women, Gender and Youth Division of the AU with a view to creating greater demand for vaccines. Africa CDC then led implementation of the initiative which was intended to foster the establishment of a network of young vaccination advocates or 'Bingwas' (champions) who would work to accelerate the uptake of COVID-19 vaccinations across the African continent.

The choice of working with the youth under the AU Bingwa initiative was quite strategic, supporting them to champion vaccination across the continent. By specifically targeting and working with the youth, the AU Bingwa initiative was strategically positioned to utilize advantages in Africa's current demographic

profile. In addition, the young people were also best suited to engage with their peers who were mostly the hesitant group. The Bingwas mobilized friends, families, and communities to be vaccinated. They used diverse forms of online and offline platforms, including social media, door-to-door campaigns, community radio, TV shows, animations, comic books, dramas, skits, music challenges, and video messaging, to communicate context-specific messages, address misinformation, and promote vaccination awareness and uptake. They also worked with micro-influencers, celebrities, and youth-led organizations such as Boy-Scouts, Girl Guides, and National Youth Councils (NYCs) to increase awareness and drive demand for community-based COVID-19 vaccinations. By engaging African youth, this collaborative effort had a significant impact on Africa's fight against the COVID-19 pandemic. Through using unconventional methods and developing a well-structured approach that supported the Bingwas to grow in their community-influencing roles and leadership, the Africa CDC was able to reach and capacitate young people and reduce COVID 19 infections.

AU-Bingwa initiative activities and achievements

Right from the beginning of the COVID-19 pandemic, it was always understood that if Africa and other developing regions of the world did not meet their vaccination targets, they would remain exposed to the threat of a resurgence of the pandemic, within the context of a globe where most other countries were more or less on the road to recovery (Africa CDC, 2023).

The Bingwa initiative represented a positive and proactive response to the COVID-19 pandemic, highlighting the importance of collaboration, youth empowerment, and community engagement in the quest for reversing vaccine hesitancy, misinformation and accelerating vaccinations in Africa. Once selected, the Bingwas were taken through intensive online and in-person training that equipped them with the technical skills they needed to reach, mobilize, and engage their communities and peers to get vaccinated against COVID-19.

Summary of key achievements



200

Bingwas in
the Initiative



24

AU Member States
Represented



7760+

People reached
directly through 14 AU
Bingwa events



28.4 MILLION

People were reached
through virtual events/
activities and socialmedia
post engagements through
the keyword "African Union
Bingwa Initiative"



350,000

People reached indirectly
through traditional media
(articles, radio)



750,000

People engaged across key
focus countries



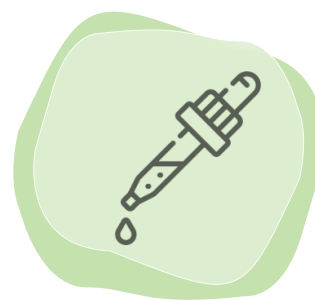
76 MILLION

People reached by the campaigns



629,400

Doses are directly attributed to community activations and engagement under the AU Bingwa Initiatives in 8 countries of focus (Ethiopia, Uganda, Tanzania, Zambia, Kenya, Ghana, Nigeria, DR Congo)



5000+

Additional doses are attributable to activities of Bingwas from their advocacy across 20 countries in East and Southern Africa.

In-person campaigns were held in eight AU member states, namely Ethiopia, Ghana, Kenya, Nigeria, Tanzania, Uganda, Zambia and Democratic Republic of Congo (DRC), and an additional 250 Bingwas from 25 AU member states were trained on mobilization and social and behavioral change methodologies for vaccine uptake acceleration. The Bingwas coordinated the dissemination of informational and educational communication materials in targeted geographical areas. They also used diverse forms of online and offline platforms such as social media, door-to-door campaigns, community radio, TV shows, animations, comic books, dramas, skits, music challenges, video messaging, to communicate context-specific messages, address misinformation, and promote vaccination awareness and uptake. Many publicity and information dissemination events and learning forums were conducted that directly supported the Bingwas or showcased the work being done. WhatsApp group platforms for sharing experiences were created in each country and region to enable continued learning through sharing of information and best-practices among the Bingwas.

Under the Bingwa initiative, the Trace Foundation used its extensive experience in the entertainment industry and youth development to implement innovative citizen engagement strategies via digital and non-digital mediums that significantly increased vaccination rates. It also supported Africa CDC in the design of a mobile vaccination model, and dissemination of Africa-fit key messaging, youth engagement, and mass mobilization to increase vaccination rates in the focal countries. Through story-telling sessions, the Bingwas were able to share their own personal experiences about the impacts of COVID-19 and how various communities were affected. This brought greater perspective and understanding of the pandemic itself and how the Bingwa initiative could make a difference.

In addition to mobilizing celebrities, influencers and youth-led organizations, the Bingwas mobilized and collaborated with local actors to increase awareness and drive demand for community-based COVID-19 vaccinations. In addition, the Bingwas mobilized and collaborated with local actors to organize vaccination sessions in schools, workplaces, churches, mosques, universities, colleges, markets, and other relevant community platforms. Their role also included engaging, organizing, and collaborating with Ministries of Health colleagues to mobilize, schedule, undertake and report on vaccination sessions. In exceptional cases, youth vaccinators, already employed and accredited by the Ministries of Health, were also engaged and mobilized to undertake vaccination exercises in collaboration with the Bingwas.

KEY LEARNINGS FROM THE AU BINGWA INITIATIVE

A number of lessons are evident from a review of the implementation of the AU Bingwa Initiative. First, the initiative demonstrated that engaging and involving the youths in national and continental development processes is a low-hanging fruit that development agencies and governments should always consider seriously.

It confirmed beyond any doubt that an empowered youth, with the right support and resources, can drive substantial and enduring change within their communities. In addition, the youth should be engaged at all phases of a project, not just as conduits for gathering information and feedback, but as professionals in their various areas of expertise. They can make a meaningful contribution and therefore, they need capacity building because they are future leaders.

Secondly, co-owning the program and partnering with the youth goes a long way in instilling a sense of patriotism/ Pan-Africanism. This boosts the youth's

commitment to the program of work at hand rather than treating it as just another job opportunity. The AU Bingwas believed that they were doing it for a greater cause. Therefore, deliberately planning to formally engage and involve more young people in PHE programs is crucial. Such engagement can influence policy narratives, expedite decision-making processes, strengthen grassroots capacity, and improve the success of the PHE response.

It is also vital to gain political will and support from African governments and local leadership. Without that support, implementation becomes difficult. The leadership and support from H.E. President

Cyril Ramaphosa of South Africa in championing the youth agenda, as well as high-level support from H.E. Moussa Faki Mahamat, the Chairperson of the African Union enabled the initiative to garner political will and support from African governments, which greatly contributed to its implementation.

The buy-in and trust that the AU Bingwa got from deploying a community-centred approach when advancing vaccination uptake during COVID-19 proved to be priceless. This approach considered the unique challenges and needs of different communities, promoting equity by tailoring interventions to specific cultural, linguistic, and geographical contexts. Therefore, the deployment of a community-centred approach that takes into account localized cultural and social nuances should be a major area of focus for any future projects and initiatives that require social behavior change to achieve specific public health goals and objectives.

Involvement of creative industries, influencers, celebrities, and digital platforms in youth-led development processes can add a lot of value as it resonates very well with the needs of the youth in terms of innovation. It was very useful in driving the uptake of vaccines among the youth that the AU Bingwa managed to reach. It is equally vital to put in place an institutional

and administrative machinery that enables the program implementing agency to detect challenges early on and trouble-shoot accordingly to improve implementation. This should be accompanied by some level of flexibility that enables course-correction along the way rather than being rigid.

The use of electronic social media platforms enables the program to reach a wider audience in a short space of time. This is even more pertinent when you are working with and targeting the youth as your audience. In this regard, working with existing youth groups could also strengthen program design and implementation, including turning vaccines into vaccination. In addition, the use of well-targeted social and behavioral change interventions to counteract misinformation and disinformation at the community level worked very well for the AU Bingwa initiative and it is strongly recommended for future programming.

The importance of innovation and leveraging digital technologies to influence vaccine perceptions cannot be overstated. As various institutions navigate an increasingly digitalized world, their strategies must evolve accordingly, employing the latest technologies to engage audiences and disseminate accurate vaccine-related information effectively. This worked very well for the AU Bingwa Initiative, and efforts in that direction should be continued.

Equally important is the use of local languages when discussing vaccination and other public health issues with local communities because not all community members necessarily understand English or some of the international languages. This includes ensuring that the education material being distributed is also translated into local languages. It is equally important to engage key stakeholders at an early stage of the project to prevent delayed collaboration and enable prompt partnership building once the initiative starts.

Placing the spotlight on Bingwas who have been doing well and have already influenced and vaccinated many people is vital. That way, the initiative demonstrates that it is already realizing some tangible successes. In this regard, documenting and widely disseminating best practices and lessons learnt from ongoing activities would also be crucial; so is formal regular reflection to generate the lessons continuously and course-correct implementation of the initiative as necessary.

It is also important to harness storytelling techniques more effectively in PHE and vaccination communication strategies as the AU Bingwas did. Evidence suggests that individuals respond more positively to stories and collaborative bi-directional communication rather than one-sided instructional teaching approaches. Key stakeholders at the local level will align themselves to those who treat them

respectfully and with humility even though they may be disseminating new information.

The AU Bingwa communication efforts prioritized helping populations understand and make sense of the known risks and adverse effects associated with the COVID-19 vaccination. In that regard, having compelling data, evidence, and information is crucial for the Bingwas to convince stakeholders who are otherwise hesitant to accept vaccines. Therefore, having data that enables clear and honest communication about vaccine risks and advantages can foster trust, dispel fears, and empower individuals to make informed decisions about their health.

Working with various development cooperation partners makes a big difference in terms of program delivery - each partner on the AU Bingwa initiative brought on board their own competitive advantages that advanced the broader goals and objectives of the initiative, leading to significant impact. Such partnerships should continue to be developed and nurtured for the success of similar programs. There is strength in numbers – Bingwas who collaborated and worked in teams underscored the power of collective effort. By sharing diverse skills, resources, and networks, they amplified their effectiveness, truly embodying the principle that “teamwork makes the dream work.”

POLICY RECOMMENDATIONS

A number of recommendations arising from the AU Bingwa Initiative are relevant for the Mpox response as well as general PHE response efforts that AU Member States and institutions in the public health sector may consider in future.

In Africa, the youth constitute about 70% of the population, which is much larger than other demographic groups. Therefore, working with the youth to address priorities for the Mpox response and other PHEs should be viewed as a key area of focus that enables utilization of the youth's competitive advantages. For instance, the youth have a unique set of skills and energy that one may not find in adults.

The use of online digital platforms by the youth and public health institutions to reach a wider audience also stands out as a strategic opportunity that should be utilized in Mpox and PHE responses. Under the AU Bingwa initiative, the online presence of the Bingwas made a huge difference in terms of reaching thousands of their peers in their focal country and beyond.

Training and building the capacity of the AU Bingwas was treated as the absolutely necessary ingredient for success right from the beginning. It provided them with the knowledge they needed to function effectively in their roles; their skills and knowledge of community level primary healthcare improved tremendously. Therefore, the Mpox response and efforts

to address other PHEs in Africa should take into account the need to build the capacity of the youth and other key actors involved so that their performance is optimal.

It is also vital for Member States and institutions in the public health sector to emphasize the deployment of evidence-based approaches to PHE response. For example, the AU Bingwas were provided with compelling evidence of the risks associated with vaccine hesitancy and the advantages associated with being vaccinated. . It helped them find ways of countering vaccine misinformation which was rampant; it also enabled them to start engaging government officials and local leaders from a more informed standpoint.

Key actors in the PHE sector should craft well-planned community engagement approaches as a matter of policy and practice when addressing Mpox and other disease outbreaks. By involving local leaders, community organizations, and influential individuals, the AU Bingwa initiative was able to build a sense of ownership, empowerment, and collective commitment to public health within a very short time. By creating an enabling environment that

fosters trust between healthcare providers, government agencies, and the community, the initiative paves the way for more effective vaccination efforts. In addition, we recommend engaging with communities in familiar territory and culturally significant locations such as churches and mosques demonstrates respect for local customs, traditions, and cultural sensitivity. This fosters a sense of trust and receptiveness among community members and leadership structures, leading to the establishment of lasting partnerships that facilitate more effective vaccination efforts.

The financial support given to the AU Bingwa made a huge difference in terms of their performance. It is vital for Member States and institutions in the public health sector to budget for the Mpox and other PHE responses so that programs are sufficiently supported financially. This is key to success.

It is also recommended that PHE response policies and institutions be established that support the integration and synchronization of efforts with other ongoing initiatives by

local government, CSOs and NGOs to avoid duplication of effort and leverage different institutional competitive advantages. This approach proved quite effective for the AU Bingwa initiative.

Given the persistence of vaccine hesitancy even in communities where the AU Bingwa initiative had already been implemented, more research is necessary to increase understanding of the main barriers to community vaccination, particularly among vulnerable and hard-to-reach social groups that are often overlooked in vaccination initiatives.

Overall, the AU Bingwa initiative represented a positive and proactive response to the COVID-19 pandemic, highlighting the importance of collaboration, youth empowerment, and community engagement in the quest for recovery. It is an approach that AU Member States and institutions in the public health sector should upscale in future PHE response efforts, backed by appropriate policies and institutional support systems.

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