Africa's Health Security and Sovereignty agenda: a new way forward

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In the aftermath of the COVID-19 pandemic, Africa articulated the ambitious the New Public Health Order (NPHO) to strengthen institutions, the workforce, manufacturing, domestic financing, and partnerships for health security.[1] This vision, endorsed by African Heads of State in 2022, guided the continent's public health rebuilding process from the vulnerabilities exposed by the pandemic.

Although the NPHO was foundational in building public health architecture on the continent, the global health landscape, shaped by geopolitical shifts, declining donor funding, and recurrent health emergencies, is changing and requires a more robust vision for the continent. As such, Africa Centres for Disease Control and Prevention (Africa CDC), following the guidance from the September, 2025 meeting of its Committee of Heads of State and Government, adopts a new way forward to realise and transition the commitments of the NPHO to a more concrete, practical, transformative, and evolving vision. This new strategic transition, termed Africa's Health Security and Sovereignty (AHSS), reflects the growing recognition that achieving universal health coverage, pandemic preparedness, and sustainable development cannot be realised without health sovereignty—the ability of African nations to finance, produce, and govern their own health systems and countermeasures.

This strategic shift from NPHO to AHSS responds to three unfolding realities. First, the global health landscape is transforming rapidly. The unacceptable proportion of out-of-pocket health expenditure for people in Africa, decreasing official development assistance, the impacts of the climate crisis, and recurrent disease outbreaks (eg, mpox, cholera, Ebola virus disease, and Marburg virus disease) demand an integrated and anticipatory system, not a reactive one.[2,3] External health aid to Africa has plummeted by 70% since 2021.[4] Meanwhile, disease outbreaks surged in Africa by 41% between 2022 and 2024, overwhelming fragile health systems, while the continent still imports more than 90% of needed health commodities.[4] Without urgent strategic reform, Africa risks losing decades of progress in disease control and is exposed to future pandemic threats.

Second, Africa's public health architecture has matured. The African Union Assembly of Heads of State and Government has officially designated Africa CDC as the Public Health Agency of Africa with political, strategic, and technical capacities—empowering it to lead the continental health agenda and shape global health reform.[5] This leadership and coordination role of Africa CDC has been shown during the response to the ongoing mpox outbreak in more than 20 countries, Marburg outbreak response in Rwanda, and cholera outbreak response in southern and central African countries, among others.[6] Africa CDC's new statute mandates the organisation to declare and lead responses to public health emergencies of continental security in Africa.

Third, the COVID-19 pandemic and other outbreaks exposed severe inequality and weaknesses in the global health architecture. Africa faced severe inequities in access to COVID-19 vaccines, medicines, and diagnostics.[7] This

Figure 1: **The five pillars of Africa's Health Security and Sovereignty agenda**
PPPR=pandemic prevention, preparedness, and response.

dependency delayed response and cost lives.[8,9] Therefore, Africa must move from only being a beneficiary to becoming an equal co-architect of the global health system, because the continent's 1·5 billion citizens cannot depend on external supply chains or emergency goodwill when the next pandemic strikes.

The AHSS agenda is built on five mutually reinforcing pillars designed to operationalise sovereignty across the health ecosystem in Africa (figure). The first pillar of a reformed and more inclusive global health architecture moves beyond the traditional donor–recipient model and empowers regional institutions as anchors of preparedness and response. Africa CDC advocates for a governance model whereby decisions, financing, and implementation power are shared equitably among global, regional, and national actors, valuing contextual factors, so that countries will lead, regions will coordinate, and the global community will support. Regional mechanisms, such as Africa CDC's Regional Integrated Surveillance and Laboratory Networks (RISLNET), show how proximity, political legitimacy, and contextual understanding enable faster, more coordinated responses to public health threats.[10]

The second pillar institutionalises continental preparedness, prevention, and response and unifies emergency systems under one operational platform—the Incident Management Support Team (IMST)—and its sustainable financing arm, the Africa Epidemics Fund (AfEF). The IMST ensures efficiency of the response effort by bringing the expertise of every stakeholder into one response mechanism. This has been shown by the continental IMST established to respond to mpox, under the joint leadership of Africa CDC and WHO.[11] The AfEF, established to provide flexible financing mechanisms to respond to public health emergencies, provides an opportunity to optimally finance pandemic preparedness and response, including zero-day (ie, funds immediately available) financing and surge financing.[12] Together, these mechanisms aim to ensure that Africa can prevent, detect, and respond to outbreaks with appropriate resources, teams, and stockpiles of medical countermeasures. This shift represents a deliberate move from ad-hoc emergency responses to permanent, continent-wide readiness.

The third pillar seeks to secure predictable, domestic, innovative, and blended (private and public) financing. There will be no sovereignty without appropriate innovative domestic resources. The Lusaka Agenda,[13] endorsed by the African Union, embodies this approach for more alignment of external resources: institutionalising domestic health spending, improving public financial management, and leveraging innovative instruments such as solidarity levies, diaspora bonds, and health taxes.[4] The goal is simple but transformative—to expand community-based health-insurance schemes so we can drastically reduce out-of-pocket spending, and to ensure that at least 50% of Africa's health-security financing is generated from national budgets. Achieving this requires tackling the structural inequities that weaken our systems, such as fragmented and poorly costed planning, the persistence of ghost workers, widespread procurement fraud in health commodities, and inefficient or incomplete digitalisation of health services. Most importantly, because Africa firmly believes in solidarity and multilateralism, we must strengthen governance and improve the efficiency of every available resource. The Lusaka Agenda provides the pathway to make this possible, ensuring that domestic financing, accountability, and transparency become the foundation of AHSS.

The fourth pillar embraces digital transformation as the backbone of resilient primary health care (PHC). Africa CDC is building a PHC Digital Intelligence Ecosystem—linking community health workers, facilities, districts, and national health intelligence centres through real-time data systems to the continental data centre. Ongoing initiatives such as the Digital Birth-to-Care Card and the African Health Data Governance Framework will ensure that no child, woman, or community is left invisible. Digitalisation is not only a tool for efficiency, it is also the infrastructure for sovereignty in the data age. Africa does not want to lose data when a partnership ends, or to see its health data stored elsewhere.

The fifth pillar establishes local manufacturing as the engine of the second independence of Africa that will help to build the economy and create jobs while protecting the health security of Africa and the world. Supporting the Platform for Harmonized African Health Manufacturing, which was approved by the African Heads of State and Government during the 2024 African Union Assembly, the African Union approved the African Medicines Agency, which is responsible for regulatory aspects, and the African Pooled Procurement Mechanism under the leadership of Africa CDC for demand generation and market intelligence. With

these tools, Africa CDC aims to guarantee that at least 60% of vaccines, diagnostics, and therapeutics used on the continent are produced locally by 2040. The African Vaccine Manufacturing Accelerator, Team Europe, AfreximBank, and African Development Bank have already laid the foundation—now Africa must consolidate demand, regulation, and pooled purchasing to make manufacturing economically viable and sustainable.

Delivering the AHSS agenda could potentially face some challenges, including persistent financing gaps due to low domestic health allocations and heavy reliance on external aid, limited local manufacturing capacity for vaccines and medicines, and governance vulnerabilities such as procurement fraud and ghost workers. Workforce shortages, fragmented policies, and uneven adoption of digital health systems could further complicate progress, while community mistrust and misinformation in some settings hinder uptake of essential services. Additionally, global market dynamics—such as intellectual property restrictions and supply chain disruptions—pose risks to achieving self-reliance. Overcoming these barriers will require strong political commitment, regional integration, and innovative financing strategies. Africa CDC has introduced key tools to overcome these barriers, including seconding Public Finance Management Specialists to support member states' health financing agendas, launching an accountability framework with a monitoring scorecard to track Lusaka Agenda implementation, launching a digital transformation agenda, which includes the signing of an ambitious memorandum of understanding with Starlink to ensure connectivity of health systems in Africa, and proactively engaging high-level political leadership to drive traction on the AHSS agenda, among others.

Africa's vision of health security and sovereignty is not isolationist, but a vision of shared responsibility and leadership. It is an invitation to a new partnership model in which Africa leads with clarity and confidence, and global partners engage as enablers, not directors, of continental priorities.

The AHSS agenda represents Africa's transition from dependency to ownership, from vulnerability to resilience, and from aspiration to action. This is not only Africa's journey, it is the world's opportunity. A sovereign and secure Africa strengthens global health security for all.

I am the Director of Africa CDC and declare no other competing interests.

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