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From dependency to sovereignty: What the International Conference on Public Health in Africa 2026 must deliver for Africa's health security

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In late November 2026, Addis Ababa will host the 5th International Conference on Public Health in Africa (CPHIA 2026), co-convened by the Africa Centres for Disease Control and Prevention (Africa CDC) and the Government of Ethiopia. Its theme, 'Africa's Health Security and Sovereignty: Transformation from health dependency and vulnerability to ownership and resilience', states its intent.[1] It is also a response to a financing and epidemiological reality that no longer allows business as usual.

The numbers are stark. External health aid to Africa was projected to fall by about 70% between 2021 and 2025, while African countries were expected to spend $81 billion United States dollars (USD) (on debt service in 2025 alone).[2,3] Twenty-four years after the Abuja Declaration, only three countries, Botswana, Cabo Verde and Rwanda, have achieved the agreed target of 15% of national budgets allocated to health, and 30 African Union (AU) Member States allocate less than 10%.[2] At the same time, public health emergencies on the continent rose by 41%, from 152 in 2022 to 213 in 2024. Africa faces more frequent threats with less external funding and constrained domestic budgets.[2]

The Conference on Public Health in Africa has become the continent's main platform for bringing scientific evidence and political leadership into the same room. Since its inception in 2021, it has grown into a gathering of thousands of scientists, policymakers, implementers, private-sector leaders and civil society. Conference on Public Health in Africa 2025 in Durban, convened under the theme 'Moving toward self-reliance to achieve universal health coverage and health security', closed with the Durban Promise.[4] This outcome document set five catalytic priorities: an African manufacturing revolution, innovative health financing, primary healthcare (PHC) transformation, pandemic preparedness and response, and data ownership and governance.[4] The Conference on Public Health in Africa 2026 should be judged by whether it turns those priorities into delivery.

This year, the Addis Ababa conference is organised around six scientific tracks.[1] Each corresponds to a decision that African governments, institutions and partners must make in the next few years.

Africa's place in a reformed global health architecture

The global health architecture is being redrawn. The amended International Health Regulations and the World Health Organization (WHO) Pandemic Agreement, adopted in 2024 and 2025, respectively, create new obligations and opportunities for equitable access.[5] The Lusaka Agenda calls on global health initiatives to align with country priorities and national systems rather than run parallel programmes,[6] and the Accra reset positions Africa within global development and health cooperation around practical sovereignty, local manufacturing, and financial independence. Africa's task is to be a co-architect of these arrangements, not a recipient of them. That requires a common African position backed by African evidence and collective action, and strong continental institutions with the authority to negotiate on the continent's behalf. The Conference on Public Health in Africa 2026 should define what 'alignment' means in practice: one national plan, one budget and one monitoring framework that regional and global institutions and partners provide support through, rather than around. As the world faces interconnected challenges, Africa's youth, scientific excellence, and resilience are among the continent's greatest assets. The priority in this new era is to improve investments, capacities across various disciplines and institutions, and partnerships that enable Africa's youth to generate, own, and shape knowledge for global progress. Africa's future will be defined not by consuming ideas, but by leading inclusively in their creation. This transition calls for renewed leadership to turn evidence, commitments, and frameworks into sustainable action with measurable impact.

Africa's CDC mandate to coordinate continental positions is a practical step in this direction. Equity provisions, such as the pathogen access and benefit-sharing system envisaged under the Pandemic Agreement, will matter only if African countries have the manufacturing, regulatory and laboratory capacity to use them.[7]

Institutionalising pandemic prevention, preparedness and response

Preparedness assembled during an emergency and dismantled afterwards cannot protect Africa from 200 or more public health events each year. The outbreaks of 2022–2025 showed what works instead: responses succeeded where countries had kept investing between emergencies in decentralised laboratories, digital surveillance, community structures and trained staff.[8] Ethiopia contained its first Marburg outbreak within about 3 months, and Uganda launched a Sudan virus vaccine trial within 4 days of confirming its outbreak. A continental incident management support team brought more than 28 partners under one plan and budget until the mpox continental emergency was lifted in January 2026. National Public Health Institutes (NPHIs) are the permanent home for these capacities. But less than half of AU Member States had a fully established NPHI by 2025.[9] Legislation alone is not enough: institutes struggle when functions stay with ministries, data systems remain fragmented, operations depend on partners, and trained staff leave. The Conference on Public Health in Africa 2026 should push for sustained regional coordination and NPHI laws that define boundaries, ring-fence domestic financing, ensure interoperable data systems, and retain technical staff. It should also push to build research into every outbreak response, with fast ethical clearance and dedicated funding, and to fully finance the African Epidemic Fund and coordinate local manufacturing efforts.

Predictable, innovative and blended financing

With external aid contracting, Africa must finance more of its own health. Africa CDC's health financing strategy aims for at least 20 countries to fund 50% or more of their health budgets from sustainable domestic sources.[2,3] The options are known: progressive taxation of digital and urban economies; health levies on tobacco, alcohol and sugary drinks ring-fenced for health; channelling a share of natural resource revenues and the continent's $95 billion in annual diaspora remittances into national health investment funds; and blended instruments such as diaspora bonds.[2,3] Money raised must also be spent well. E-procurement, efficient resource allocation, avoiding financial malpractices, digital expenditure tracking, and public accountability for allocations are as important as new revenue. The Conference on Public Health in Africa 2026 should ask Member States not for new declarations but for costed, time-bound domestic financing plans, reported each year.

Primary healthcare, digital transformation and artificial intelligence

Primary healthcare remains the foundation of both universal health coverage and health security, because outbreaks are first detected and contained in communities. African experience offers proof of concept: Rwanda's community-based health insurance raised service use and facility births, and Ethiopia's Health Extension Programme improved maternal, newborn and child health and infectious disease outcomes.[10,11] Africa CDC's '5 + 1' PHC transformation strategy, presented at CPHIA 2025, sets concrete targets, including 2 million community health workers by 2030 and digital connection of 90% of primary care facilities by 2035, anchored in governance and accountability.[12] Digital tools and artificial intelligence (AI) can extend this reach, but only if they are validated locally, built on interoperable national data systems, and governed by African data protection rules. Trust, not speed, determines adoption. Data generated by African health systems must also serve African decision-makers first.

Data ownership stands as one of the fundamental pillars of the Durban Promise. Much of Africa's health data is still collected through partner-funded systems, stored outside the continent or held in platforms that do not communicate with each other. Data sovereignty means national laws on health data sharing and protection, common interoperability standards, and investment in African analytic capacity, so genomic, surveillance, and programme data are analysed and used first by the systems and countries that generate them.[13] Africa CDC can help by harmonising standards across Member States while respecting national regulatory systems.

Africa's manufacturing and pooled procurement

The coronavirus disease 2019 (COVID-19) pandemic showed the cost of depending on others for essential products. Africa imports about 99% of its vaccines, and half of the African countries have no pharmaceutical production; eight countries account for 85% of the continent's roughly 690 manufacturing facilities.[14] The AU target of producing 60% of Africa's vaccine needs locally by 2040 is now supported by the Platform for Harmonized African Health Products Manufacturing (PHAHM), Gavi's $1.2 billion African Vaccine Manufacturing Accelerator, the African Medicines Agency and the African Continental Free Trade Area. Factories alone will not succeed, however. They need predictable demand through pooled procurement and advance offtake commitments by Member States, strong regulatory systems and a skilled workforce. Africa CDC is leading the dialogue on Africa's pooled procurement mechanism. The Conference on Public Health in Africa 2026 should advance this dialogue to secure concrete purchasing commitments and strategies for African-made products.

Climate, health security and resilience

Climate change is already a health emergency in Africa. Floods, droughts and heat drive cholera, malaria, malnutrition and displacement, and increasing pressure on systems already stretched by endemic disease and rising non-communicable diseases. Resilience, therefore, depends on climate-smart health facilities, early-warning systems that link climate and disease surveillance, and One Health approaches that connect human, animal and environmental health.[15] The inclusion of climate as a dedicated track recognises that health security can no longer be planned separately from climate adaptation and financing.

Africa contributes little to global emissions but bears a heavy share of their health consequences. The Conference on Public Health in Africa 2026 should therefore push for a defined share of climate adaptation finance to reach health systems, and for ministries of health and NPHIs to have a seat at the table when national climate plans are drafted.

From declarations to delivery

The six tracks are not separate agendas. Domestic financing pays for the NPHIs, robust and predictable health systems, community health workers, research and development, and factories that the other conference tracks depend on. Africa's manufacturing needs the regulatory and procurement systems that a reformed global architecture should support. Primary healthcare and digital systems are the front line of both preparedness and climate resilience. Progress in one area stalls without the others.

Africa does not lack declarations. From Abuja in 2001 to the Durban Promise in 2025, commitments have often outpaced delivery. Conference on Public Health in Africa 2026 is an opportunity to change that pattern. We propose three tests for its success. Firstly, every commitment made in Addis Ababa should be translated into an action plan with a named owner, a budget line, and a deadline. Secondly, Africa CDC and Member States should publish an annual scorecard tracking progress against the Durban Promise and the CPHIA 2026 outcomes. Thirdly, researchers should produce the implementation evidence decision-makers need: what works, at what cost, and in which settings.

References

1. Africa CDC. 5th International Conference on Public Health in Africa (CPHIA 2026) [homepage on the Internet]. 2026 [cited 2026 Oct 10]. Available from: https://cphia.africacdc.org/
2. Africa CDC. Africa CDC unveils strategic plan to transform health financing and advance self-reliance [homepage on the Internet]. 2025 [cited 2026 Oct 10]. Available from: https://africacdc.org/news-item/africa-cdc-unveils-strategic-plan-to-transform-health-financing-and-advance-self-reliance/#:~:text=It also introduces innovative financing,can support national health priorities
3. Kaseya J, Dereje N, Tajudeen R, Ngongo N. African countries must rethink health-care financing. Nature. 2025;644(8077):611. https://doi.org/10.1038/d41586-025-02663-y
4. Africa CDC. The Durban promise – Moving toward self-reliance to achieve universal health coverage and health security in Africa [homepage on the Internet]. 2025 [cited 2026 Oct 2026]. Available from: https://africacdc.org/download/the-durban-promise-moving-toward-self-reliance-to-achieve-universal-health-coverage-and-health-security-in-africa/
5. Kaseya J, Dereje N, Benjamin D, et al. Reshaping global health architecture: African health sovereignty as the foundation of global health equity and security. J Public Health Afr. 2026;17(1):1976. https://doi.org/10.4102/JPHIA.v17i1.1976
6. Future of Global Health Initiatives. The Lusaka agenda: Conclusions of the future of global health initiatives process [homepage on the Internet]. 2024 [cited 2026 Oct 10]. Available from: https://futureofghis.org/final-outputs/lusaka-agenda/
7. Ndembi N, Dereje N, Rahman FA, et al. The pandemic agreement: Achieving an African win for health security inequity. J Public Health Afr. 2024;15(1):618. https://doi.org/10.4102/JPHIA.v15i1.618
8. Dereje N, Boum Y, Aragaw M, et al. Institutionalising public health emergency preparedness and responses in Africa: Lessons learned during the 2022–2025 outbreaks with crossborder spread potential. Lancet Glob Health. 2026;14(8):103998. https://doi.org/10.1016/j.langlo.2026.103998
9. Desta HT, Mayet N, Ario AR, Tajudeen R. Role of national public health institutes for a stronger health system in Africa. Fortune J Health Sci. 2022;5(4):603–609. https://doi.org/10.26502/fjhs.090
10. Malik MA, Alemu W. Health insurance coverage and maternal health services in Rwanda: A policy paradox. Int J Soc Econ. 2024;51(3):377–391. https://doi.org/10.1108/IJSE-01-2023-0059
11. Assefa Y, Gelaw YA, Hill PS, Taye BW, Van Damme W. Community health extension program of Ethiopia, 2003–2018: Successes and challenges toward universal coverage for primary healthcare services. Glob Health. 2019;15(1):24. https://doi.org/10.1186/s12992-019-0470-1
12. Africa CDC. Communiqué: Outcome statement by Africa CDC's Primary Health Care (PHC) digitalization expert committee [homepage on the Internet]. 2025 [cited 2026 Oct 10]. Available from: https://africacdc.org/news-item/communique-outcome-statement-by-africa-cdcs-primary-health-care-phc-digitalization-expert-committee/
13. Ngongo N, Dereje N, Hall S, Kaseya J. Charting Africa's digital public health future: Five priorities for action. J Public Health Afr. 2026;17(1):3. https://doi.org/10.4102/JPHIA.v17i1.1857
14. Kaseya J, Fongwen NT, Tebeje YK, Dereje N, Ngongo N, Hall S. The need for locally manufactured health commodities in Africa. Lancet. 2026;407(10534):1140–1141. https://doi.org/10.1016/S0140-6736(26)00321-1
15. Ali Z, Abubakar I, Amegah AK, et al. Lancet countdown on health and climate change in Africa: An international collaboration for locally led research and action. Lancet. 2026;407(10524):185–194. https://doi.org/10.1016/S0140-6736(25)02174-9