

HARD TALK On Saturday

'Don't reject aid without alternative funding'

As African countries ponder whether to agree to the terms and conditions under the United States of America First Global Health Strategy, Afidep Executive Director Eliya Zulu is of the view that African governments should not reject US government health aid without clear and viable alternative funding. He explains to Rebecca Chimjeka Matemba

What exactly are you cautioning African governments against?

I am cautioning governments against rejecting US government health aid without having clear and viable alternative funding in place. Doing so risks disrupting essential health services and could cost lives, especially in countries where health systems are already underfunded.

While issues of sovereignty and data access are valid and should be addressed in the agreements with the US government, we should remember that foreign assistance exists partly because our own governments are failing to secure the health needs of their people. Therefore, there should be strategic and realistic weighing of the costs and benefits of such aid before final decisions are made.

You delivered this message at a continental meeting in Zambia. Why was that platform important?

I raised these concerns at the close of the Network for African Parliamentary Committees of Health meeting in Lusaka because parliamentary health committees play a critical oversight role. They ensure that health financing decisions protect citizens and strengthen national health systems. They can advocate for increased resource allocation to health while also ensuring that both public and external resources provided through Memoranda of Understanding are used effectively to improve health systems and outcomes sustainably.

Health committees can also intervene and help governments push for changes in unfavorable conditions and terms during the implementation stage, even in cases where agreements have already been signed, as is the case in Malawi.

Some African leaders say rejecting this aid is about sovereignty and control over national data. How do you balance that with public health needs?

Sovereignty, data governance, and accountability are important and must be protected. A lot of health data and related intellectual property from Africa already filters into the global development architecture because we do not have strict data control and sharing laws.

However, these concerns should be addressed through strong negotiations, not abrupt funding refusals. Governments must first guarantee continuity of health services before taking decisions that could disrupt care for millions of people. It is difficult to talk about sovereignty

ELIYA ZULU: AFIDEP EXECUTIVE DIRECTOR



ZULU—Parliaments must use their oversight powers to scrutinize the agreements

when we are failing to meet our basic development needs, such as healthcare.

Which health services are most at risk if aid is withdrawn without alternatives?

Lifesaving services such as HIV, tuberculosis (TB), malaria programs, maternal and child health services, and broader primary healthcare would be most at risk. There are also health data systems that help define priorities, monitor service delivery, and guide improvements in care that could be adversely affected. These areas remain heavily dependent on external financing and are already facing serious funding gaps.

You mentioned that donor cuts have already affected Africa's health sector. How serious is the situation?

It is very serious. Over the past two years, donor aid to the health sector has been reduced significantly, and many governments have not filled the gap.

We are already seeing reversals in health outcomes, including declining vaccination coverage, as shown in the 2024 Malawi Demographic and Health Survey report. We are also facing serious shortages of contraceptives in Malawi, which could lead to increased unintended pregnancies, especially among young people.

When USAID and other health funding were cut last year, many of us thought it would be a wake-up call for African governments to take full responsibility for securing the health of their citizens. However, what we are seeing across Africa is a continuation of the business-as-usual mindset.

This means health systems are already operating under strain, making sudden rejection of aid extremely dangerous and irresponsible if alternative public and technical resources are not mobilized.

In the past, US support through USAID faced criticism. What has changed under the new framework?

Previously, support through USAID was often managed outside government systems with limited local control. The new framework gives governments more power in planning and implementation. By reducing the role of large international NGOs, which often consumed a significant portion of funds through high overhead costs, there is now an opportunity for more resources to be spent within recipient countries and communities where services are needed.

Another critical feature is that the agreements require African governments to increase domestic health funding over the next five years. This is a positive step toward greater ownership of health service delivery by national governments.

You referred to long-standing commitments that African governments have failed to meet. Can you explain this?

Many countries have not fulfilled the Abuja Declaration, which commits governments to allocate 15 percent of national budgets to health. This failure is one reason health systems remain heavily dependent on foreign aid.

If governments fully take ownership and fund their health services adequately, there would be less need to compromise sovereignty or accept unfavorable funding conditions.

What concrete actions are you calling for from governments and parliaments right now?

Governments that have not signed the agreements should negotiate strongly to protect national interests and maximize the benefits of the investment. However, in the short term, they should still accept US government health funding since most countries are not currently providing the required resources themselves.

At the same time, parliaments must use their oversight powers to scrutinize the MoUs, demand transparency, and ensure strict accountability in how the resources are used. They should also push for renegotiation where necessary to ensure that implementation supports long-term health system strengthening and domestic financing.