

As global donors like USA scale back health aid to Africa, the continent faces an alarming funding shortfall that could reverse decades of progress in public health, according to Africa Centre for Disease Control and Prevention (Africa CDC)

The withdrawal of USAID support by the Trump administration earlier this year, part of a broader trend of reductions from key Western partners, has left an estimated \$12 billion gap in financing for essential services such as maternal and child health, HIV treatment, and epidemic response systems.

In response, the Africa CDC is fronting a bold new plan to strengthen the financial backbone of the continent's health sector. Speaking at a high-level forum in Addis Ababa last week, Africa CDC Director-General Dr. Jean Kaseya warned, "If we do not act now, we risk losing 20 years of progress in health security, with preventable diseases returning in force and overwhelming already fragile systems."

Africa CDC's strategy centers on domestic resource mobilization, innovative health taxes, and blended finance models designed to draw in private sector investment for infrastructure and pharmaceutical production. The strategy, backed by the African Union, aims to shift Africa away from its heavy dependence on external donors—especially as over 90% of its medicines, vaccines, and diagnostics are still imported.

Health experts have said one critical priority is vaccine sovereignty. To that end, the GAVI Alliance last year launched the African Vaccine Manufacturing Accelerator, a \$1.2 billion initiative to support local production over the next decade.

In parallel, Afreximbank has pledged \$2 billion to reinforce vaccine manufacturing capabilities across the continent.

At present, only South Africa and Senegal possess full-spectrum vaccine production facilities. Africa CDC has set a target to produce at least nine priority vaccines locally by 2030, including those for cholera, measles-rubella, and yellow fever.

In addition to boosting manufacturing, digital and supply chain innovations are playing a pivotal role. One standout is Zipline, a U.S.-based company using autonomous drones to deliver medical supplies to hard-to-reach communities in countries such as Rwanda, Ghana, and Nigeria. A recent study of 191 health centers in Ghana linked Zipline's services to a 56% drop in maternal mortality at facilities it serves—underscoring the impact of reliable supply chains on patient outcomes.

Additionally, experts have also said that challenges remain. Sub-Saharan Africa is projected to spend \$81 billion on debt servicing by 2025, exceeding expected development finance inflows. Meanwhile, health systems are strained by recurring outbreaks, climate shocks, and a growing burden of non-communicable diseases—all amid a shortage of health workers and digital tools.

To help countries weather these shocks, Africa CDC explained they're promoting solidarity levies—small taxes on airline tickets, mobile services, tobacco, and alcohol—to generate revenue. It also urges member states to meet the long-standing Abuja target of allocating 15% of national budgets to health.

So far, Rwanda is the only African country that has consistently met this commitment, setting an example for the continent. Its Mutuelles de Santé community-based insurance scheme covers over 90% of the population and has helped reduce infant mortality by 70% since 2005—making it a model for health equity and fiscal responsibility.

Africa CDC's roadmap unfolds in two phases. Between 2025 and 2026, it plans to help 30 countries develop cost national health plans, pilot new financing tools, and launch an AU-wide digital dashboard to track progress. By 2030, the goal is for at least 20 countries to fund half of their health budgets from domestic sources.

“This is about health sovereignty,” said Dr. Kaseya. “Africa must lead its own path to resilience. The solutions are here—we need the political will, investment, and accountability to make them work.”