

# Trump's health funding model as Kenya deal frozen

Deal seen by critics and skeptics as largely favouring Washington runs into trouble over data sharing

MERCY CHELANGAT  
THE EASTAFRICAN

The US has launched a sweeping overhaul of its foreign health assistance through the America First Global Health Strategy in an approach to African countries, tilting the benefits largely toward Washington.

Under this approach, Kenya, Rwanda, Uganda, Lesotho, Liberia and eSwatini have signed bilateral deals that redirect billions of dollars in aid while binding them to long-term medical data and pathogen-sharing obligations.

These frameworks, outlined efforts to promote self-reliance by 2030, have, however, sparked debate over African health sovereignty as they imposed strict conditions tied to national security and

global surveillance priorities. The new approach shifts from NGO-led funding to direct government-to-government agreements, aiming to eliminate dependency. However, the financial support comes with obligations that extend US influence beyond the funding period.

Kenya was the first to sign, securing a five-year deal (2026-2030) worth \$2.5 billion. In this agreement, the US is expected to invest up to \$1.6 billion in priority health programmes, while Kenya must increase domestic health expenditure by \$850 million, eventually assuming full responsibility for salaries and commodity costs by 2030.

Rwanda signed a deal worth \$228 million, to run over a similar period. Uganda followed with a five-year, nearly \$2.3 billion agree-

The new approach shifts from NGO-led funding, aiming to eliminate dependency. Picture: File

ment, including \$1.7 billion from the US to combat HIV/AIDS, TB, malaria, and other diseases. Uganda pledged \$500 million in co-investment, with support for digitalisation, faith-based providers, and the military.

Lesotho signed a five-year \$364 million MoU, with \$232

million from the US and \$132 million to be raised locally to strengthen HIV/AIDS response, workforce, and surveillance. Liberia entered a \$176 million agreement, with \$125 million from the US and \$51 million from Liberia to build self-reliance in health systems.

Thomas Pigott, Principal Deputy Spokesperson at the US Department of State, said the agreements aim to "advance the America First Global Health Strategy and build resilient, self-reliant, and durable health systems." He added that more bilateral deals will follow in dozens of countries.

The agreements are designed to transition financial responsibility and technical functions to partner governments. They commit nations to ambitious goals in HIV/AIDS, tuberculosis, malaria, and polio, while prioritising maternal and child health, surveillance, and outbreak preparedness.

Host governments must gradually increase domestic spending to take over commodities, laboratories, and salaries, with full ownership by 2030. US funding will expand health data systems, linking financial incentives to performance.

The most contentious element is data access and specimen sharing. While the main frameworks last five years, sister data-sharing agreements extend to seven. US officials say only de-identified, aggregated data—such as numbers on ARVs and infection trends—will be shared.

**Agreements advance the America First Global Health Strategy and build resilient, self-reliant, and durable health system.**

Thomas Pigott, Principal Deputy Spokesperson at the US Department of State



ing countries to provide biological samples and genetic data of epidemic pathogens within five days of detection.

Kenya's Health Cabinet Secretary Aden Duale confirmed a seven-year data agreement, but critics warn that longer-term specimen-sharing undermines World Health Organization negotiations on global pathogen-sharing. The two governments insist data sharing will follow national laws, with Congress receiving only aggregated reports. The US withdrew from the WHO, accusing the body of bias toward China.

## COURT CASE

Cofek argues the framework violates the Constitution and statutes by breaching privacy, bypassing transparency, and eroding sovereignty. It claims the government failed to conduct mandatory adequacy assessments under the Data Protection Act, 2019, and executed

The agreements embed operational requirements as the 7-17 Surveillance el: detect outbreaks within seven days, notify within one, and respond within seven. Kenya has also accepted that FDA approval or Emergency Use Authorization of vaccines and will suffice during outbreaks.

Aggrey Aluso, Africa director at the Pandemic Network, criticised the arrangements, saying, "If the body takes control of sequencing data, they how you manage or not to a health emergency not clear what benefits accrue to those giving data. There is no guarantee." The MoUs position as a central hub for pandemic intelligence, raising concerns it seeks to undermine local authority.

Nearly all WHO member states except the US and China, are negotiating the Gen Access and Benefit sharing system to ensure equitable global sharing.

But the Kenyan government suffered a setback after the High Court ordered its implementation concerns on medical breaches and lack of public participation. The court suspended any transfer of health data.

The Consumers Commission of Kenya (Cofek) lawyer Okiya Omtatah has sued government ministries of Health, Diaspora Affairs and the Digital Health

**WE ARE  
OPEN FOR  
BUSINESS**

**Nation Media Group  
Advertising Centre**

Located at the Ground Floor,  
Nation Centre Kimathi Street

## Business Hours

Monday - Friday 8 a.m. - 5 p.m.  
Saturday 8 a.m. - 1 p.m.  
Sunday 10 a.m. - 1 p.m.  
Public Holidays 10 a.m. - 1 p.m.

For all enquiries please call:  
+254(20)3288661/2/3/4/5

