

How America-Uganda's health deal repackages colonial patterns

For decades, global health partnerships have been packaged as acts of solidarity. In reality, many still mirror the same colonial power imbalances just with better branding. The new America-Uganda bilateral health agreement, inked on December 10, 2025 under Washington's America First Global Health Strategy, is a classic example.

Even its name, "America First" demonstrates this imbalance. It strategically prioritises America's safety, timelines, and geopolitical interests while flattening Uganda's sovereignty and entrenching her dependency.

The agreement must also be read against the backdrop of the 2025 US "stop-work order," which abruptly froze American foreign assistance across the world, including health programmes. Communities that depended on health services felt the impact immediately. Uganda bears the risk as America reserves the power to exit when its interests are no longer served.

Beneath the headline numbers lies a deeply unequal arrangement that raises serious questions about sovereignty, data control, and long-term public health security.

This is why. First, the five-year memorandum of understanding is valued at nearly $2.3b (Shs8.1 trillion). Uganda is expected to contribute about $500m (Shs1.8 trillion), almost 23 percent of the total while granting America extensive access to its health data and pathogens for up to 25 years, 20 years longer after the partnership lapses.

Meanwhile, America provides roughly $1.7b (Shs6 trillion) subject to Uganda meeting her annual domestic health spending targets.

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> **Labila S Musoke**
> Health deal



This conditionality ignores Uganda's well-documented fiscal space reality. For more than 25 years now, Uganda has failed to meet to its commitments under the 2001 Abuja Declaration to allocate 15 percent of the national budget to health.

Not because of a lack of political will, but because of structural constraints: rising debt, unchecked corruption, illicit financial flows, and a global economic order that drains resources from the Global South.

These pressures are tightening even as debt servicing costs rise. The national budget for FY2026/2027 is projected to decline from Shs72 trillion to Shs69 trillion.

This limited fiscal space effectively hampers the government's ability to meet its obligation under the new agreement without compromising other fundamental sectors.

In light of the above, fundamental questions remain unanswered: What happens when Uganda inevitably misses a financing milestone? Who absorbs the financing shock when America pulls out? Whose interest does this agreement serve?

The agreement also sits uneasily with global efforts to create a fairer system on benefit sharing. Negotiations are ongoing at the World Health Organisation to finalise the Pathogen Access and Benefit Sharing Annex (PABS) under the Pandemic Agreement. The PABS seeks to ensure that countries sharing data and samples receive timely benefits such as vaccines, diagnostics, and treatments.

Thus, bilateral deals, like the America-Uganda health deal, risk undermining this multilateral vision.

In addition, in the age of AI, health data remains a high-value commercial asset. Yet, the agreement is silent on how Uganda will benefit from America using its health data and pathogens.

More fundamentally, the agreement entrenches a disease-specific, donor-driven model of health investment. It does little to fix Uganda's broken public health system.

Instead, it prioritises vertical health programmes aligned with America's foreign policy interests while sidelining long-term public health strengthening efforts, governance and accountability.

Until then, the new America-Uganda health deal remains what it is: old wine in a new bottle- colonial patterns of extraction and subordination repackaged for the new era of health data, policy and global corporation.

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