

The Future of Africa–U.S. Health Diplomacy – Perspectives from the Continent Part 2: The Current and Projected Health Impact of Cuts to U.S. Global Health Assistance

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By Dr. Kabaso Kabwe

Centre for the study of the
United States at the university
of Witwatersrand in
Johannesburg,

Organisers: African Centre for the Study of the United States (ACSUS) at University of the Witwatersrand, George Washington University, Howard University, Public Diplomacy Council of America, USC Annenberg Center, and USC Institute on Inequalities in Global Health (IIGH).

Speakers:

- Dr Jibril Adamu Damazai, Yobe State Agency for Control of AIDS
- Dr Githinji Gitahi, Amref Health Africa
- Dr Catherine Kyobutungi, African Population and Health Research Center
- Mr Itai Rusike, Community Working Group on Health –Zimbabwe
- Dr Rispah Walumbe, Amref Health Africa

Moderator:

- Prof Jonathan Cohen, Director of Policy Engagement, USC Institute on Inequalities in Global Health; Clinical Professor for the Division of Disease Prevention, Policy and Global Health, USC Keck School of Medicine

Introduction

The session opened with Ms Judy Kang, Special Program Manager at the USC Annenberg Center, who outlined the purpose of the quarterly *Africa–U.S. Health Forum* series: to create a platform for dialogue on health diplomacy that brings forward African perspectives and expertise.

Drawing on a media analysis conducted by ACSUS across African media outlets, Dr Kabaso Kabwe noted diverse reactions: while some emphasise immediate risks to HIV, maternal, and child health, others call on governments, regional bodies, and philanthropists to step up. She stressed that this moment is a test of African agency and an opportunity to strengthen homegrown solidarity and partnerships.

In his opening remarks, Prof Jonathan Cohen noted that the suspension of U.S. global health assistance in sub-Saharan Africa has been so consequential that the entire four-part series is devoted to this issue. He emphasised that while initial reactions differed across regions, this second session focused on examining the concrete impacts on sectors and communities.

Key Issues Discussed

- ***Irreplaceable Role of U.S. Support:*** For two decades, U.S. has provided global health leadership, with funding through PEPFAR and the President’s Malaria Initiative transforming HIV, TB, and malaria responses, while strengthening health systems, information platforms, and workforce capacity.
- ***Systemic Vulnerabilities:*** Sudden funding cuts risk treatment interruptions, medicine stockouts, weakened outbreak preparedness, and reversed progress toward universal health coverage, all of which erode trust in public health systems.
- ***Civil Society and Domestic Financing:*** Overreliance on external donors exposes African systems to fragility. Speakers stressed the urgency of mobilising domestic resources, exploring innovative taxation, and cultivating African philanthropy.
- ***Research and Knowledge Systems:*** Withdrawal undermines research cohorts, trials, and bio-repositories, threatening data continuity and weakening evidence-based policymaking across the continent. CDC presence embedded in ministries of health provided unparalleled expertise in surveillance, outbreak response, and lab strengthening and vaccine trials.
- ***Rethinking Health Systems:*** The crisis presents a chance to localise resources, prioritise primary healthcare, and tackle non-communicable diseases alongside infectious disease burdens.

Speaker Highlights

- **Dr Jibril Adamu Damazai (Yobe State Agency for Control of AIDS, Nigeria):**
“We are seeing fifteen years of HIV progress unravel almost overnight — stockouts, treatment interruptions, and a surge in preventable deaths.”
He shared Yobe State’s experience, where U.S. support once covered 80% of HIV care, but patients are now walking hours to facilities that no longer have medicines. He warned that without urgent intervention, these reversals risk undoing years of investment in HIV control.
- **Dr Catherine Kyobutungi (APHRC, Kenya):**
“Cuts don’t just collapse programs, they dismantle research cohorts, clinical trials, and the very career ladders that nurture the next generation of African scientists.”
She warned that the structural damage to Africa’s research ecosystem, noting that when funding is pulled, ongoing clinical trials collapse and longitudinal cohorts are lost. This weakens data continuity, undermines policymaking, and sidelines African voices in global evidence production. She argued that long-term damage to human capital is as serious as treatment gaps.
- **Mr Itai Rusike (Community Working Group on Health, Zimbabwe):**
“We cannot continue relying on donors; domestic financing is the only sustainable path forward, and our AIDS Levy shows this is possible when citizens own the process.”
He pointed to Zimbabwe’s AIDS Levy, a small tax contribution introduced in 2000, as a case of domestic innovation that safeguarded HIV programs during past crises. While acknowledging challenges such as corruption and limited fiscal space, he insisted African countries must explore similar mechanisms to reduce aid dependency and ensure sustainability.
- **Dr. Rispah Walumbe (Amref Health Africa):**
“This is a moment to redesign the global health architecture, re-center primary healthcare, and invest in systems that reflect African realities, not imported templates.”
She called for localization of resources, ensuring African institutions manage more funding directly to reduce reliance on foreign intermediaries. She stressed the importance of primary healthcare as the gateway to equitable systems and urged greater attention to non-communicable diseases, which are increasingly straining African health budgets alongside infectious diseases.

Conclusion

The forum highlighted that no single actor can replace the US role in terms of funding volume, technical depth, and leadership. While the cuts expose vulnerabilities, they also provide a turning point: Africa must chart a path toward self-reliant, equitable, and sovereign health systems, with agency and solidarity at the core. In closing, Mr Adam Powell, senior fellow and director of Washington programs for the USC Annenberg Center on Communication Leadership and Policy noted that the Africa–U.S. Forum is intentionally designed as a platform where African voices lead the conversation.