

10 December 2025

LETTER TO AFRICAN HEADS OF STATE AND GOVERNMENT: URGENT NEED TO PROTECT SOVEREIGNTY BY DEMANDING FAIR TERMS IN HEALTH AGREEMENTS WITH THE U.S. GOVERNMENT

We, as organizations concerned with the right to health and health and data security, write to express our serious concern with the content of the Memoranda of Understanding (MOUs) that African states are currently negotiating with the U.S. government for the provision of health aid.

Although the “America First Global Health Strategy” (which lays out the U.S. administration’s goals for health aid) claims that the U.S. aims to support country ownership over health programs, the MOU and its related agreements instead dictate U.S. terms that are not guided by African national or regional interests.

We are particularly alarmed by the MOU audit section and U.S. requests for access to data and information, including those dictated in a “Data Sharing Agreement”¹ and “Specimen Sharing Agreement.”² These agreements would require African governments to grant the U.S. government expansive access to data systems and to provide the U.S. government with access to pathogen information. These agreements would give the U.S. undue leverage over your governments, including to decrease or cancel health assistance for perceived noncompliance, and undermine your national health and personal security. These terms also raise serious potential human rights violations, including with respect to breaches to the right to privacy, discrimination, reproductive health, and states' responsibility to ensure equitable access to the benefits of scientific progress.

While we appreciate that several African states are working to advance national interests in their negotiations with the U.S. government, the rushed timeline and extremely limited inclusion of civil society in the negotiation process risks producing outcomes that harm the public. Thus, there is an urgent need to stand up to U.S. demands and ensure agreements are balanced, including by broadening civil society participation and offering counterproposals to U.S. terms that may be extractive or harmful.

The agreements related to the MOU have very dangerous implications for African countries and even beyond:

1. **Up to 25-year obligations:** While the MOUs will last for 2–5 years, the commitments for sharing pathogen information and granting access to data systems remain in place for up to 25 years.
2. **Retained U.S. access after termination:** In the case of the Data Sharing Agreement, even if the agreement is terminated, African governments are required to provide the U.S. government continued access to data systems for ten years from the date of termination.
3. **Excessive access to national data:** The Data Sharing Agreement would grant the U.S. government or its contractors direct access to various data systems, including those covering national health warehouses, health management information, surveillance and outbreak response, health commodity inventory management, lab management, pharmacy management, and electronic medical records. This goes far beyond data access reasonably required to oversee U.S. health funding.
4. **Security risks:** The data sharing agreement lacks substantive safeguards for privacy and raises serious security concerns. Allowing direct access to national databases, potentially including personally identifiable information, exposes sensitive information to potential risk of breach.

¹https://open.substack.com/pub/emilysbass/p/exclusive-us-demands-log-in-credentials?r=d219o&utm_campaign=post&utm_medium=web

²https://open.substack.com/pub/emilysbass/p/first-look-full-text-of-america-first?utm_campaign=post&utm_medium=web

5. **No provision of conformity with local laws:** The Data Sharing Agreement states only that the agreement should conform to U.S. law, without reference to the partner country's national laws which a signed agreement could contravene. If an agreement inconsistent with local laws (such as laws on data use and privacy protections) is signed, this could mean your government would need to change domestic laws in order to lawfully conform to the obligations imposed by the U.S. government.
6. **Obligation to provide the U.S. with pathogens:** Under the proposed Specimen Sharing Agreement, the partner country would agree to share pathogen data (specimens, samples, sequencing data, and any other associated data related to novel and emerging infectious diseases with epidemic or pandemic potential) with the U.S. government within five days of receiving a request from the U.S. government.
7. **Onward sharing:** The Specimen Sharing Agreement allows the U.S. government to share the pathogen data with other entities for the purpose of developing medical countermeasures, thus keeping the monopoly of the products in the hands of U.S. government and U.S. pharmaceutical companies.
8. **No reciprocal benefits from pathogen sharing:** The Specimen Sharing Agreement gives no assurance that the partner country would receive any medical product resulting from the shared pathogen or would receive the technology of such products to enable local production. The example of COVID-19 is still alive, when South Africa shared data on the omicron variant but received no vaccines in return and the companies that held the vaccine technology refused to share it with South African developers. The agreement shows no explicit consideration for regional manufacturing in return for pathogen sharing. This means that access to relevant therapeutics, tests and vaccines will remain dependent on the will of the U.S. government and pharmaceutical companies contingent upon donations. The danger of a repetition of the COVID-19 saga, when Africa was 'last in line' to receive medical tools developed from African data, is real. This runs directly counter to Africa's push for regional manufacturing and deeper self-reliance. It also risks locking African producers out of value chains built on African data.
9. **African position in multilateral fora undermined:** For the past four years, the Africa Group — a negotiating bloc consisting of 47 African nations, including your country — negotiated a WHO Pandemic Agreement and is currently negotiating an annex to the agreement that will establish a multilateral pathogen access and benefit sharing (PABS) system. The Africa Group has advanced a strong, informed, and unified position throughout these negotiations with an emphasis on developing multilateral systems for pandemic preparedness and response that are coordinated, cooperative, accountable, and operationalize equity through the creation of a multilateral PABS system that ensures sharing of pathogen information is met with reciprocal assurance of access to benefits including timely access to countermeasures (vaccines, therapeutics, and diagnostics) and technology transfer and research collaboration to support diverse research and production capacity.³ Currently the Africa group with the equity group, which together include 80 countries representing 75% of the world population are strongly calling for legal contracts to determine the conditions of sharing and using pathogens and information.⁴ The U.S. MOU includes none of this. By agreeing to one-sided bilateral pathogen sharing agreements with the U.S., your country risks breaking solidarity with broader African and Global South negotiating blocs, disrupting negotiations toward an equitable system for pathogen and benefit sharing, and fragmenting arrangements for pandemic preparedness and response that are needed to keep everyone safe.

³ https://apps.who.int/gb/igwg/pdf_files/IGWG2-initial-text-proposals/Africa_Group.pdf

⁴ See, <https://healthpolicy-watch.news/africa-stuck-between-global-pathogen-sharing-talks-and-conflicting-us-bilateral-agreements/>

African nations are building health sovereignty and evaluating how foreign assistance can best support national and regional health objectives. The Africa CDC's newly-launched "Africa's Health Security and Sovereignty Agenda" (AHSS), for example, emphasizes sovereignty over health data and moving global health partnerships beyond donor–recipient models to more country-led and equitable models.⁵ Therefore, bilateral partnerships should be co-developed, mutually beneficial, aligned with national interests, and consistent with regional and international efforts to strengthen health systems and disease response.

It is time for African countries to ensure that the proposed MOUs and related pathogen and data sharing agreements are fair and supportive of national health security. This cannot be achieved through the current U.S. MOU.

We urge you to ensure that MOUs and related agreements are aligned with national laws, are transparent, and are open to public scrutiny before signing. We additionally urge you to ensure the specimen sharing text matches the Africa Group position on pathogen access and benefit sharing language at the WHO Pandemic Agreement PABS annex negotiation and that any data access arrangements leverage mechanisms for data sharing and review that provide country-led and public-facing accountability without granting direct access to national systems.

Sincerely,

Resilience Action Network Africa (RANA)
People's Health Movement Kenya
Public Citizen
Achvok
Africa Freedom of Information Centre (AFIC)
African Civil Society Platform for Health (CiSPHA)
ASSOCIATION BURKINABE D'ACTION COMMUNAUTAIRE ABAC/ONG
Association des Femmes de l'Europe Méridionale
Child Way Uganda
Coalition of women living with HIV and AIDS
Community Initiative Action Group Kenya
Data Etc
Empowerment Community organisation
Forum for African Women Educationalist (FAWE)
Global Health Council
Good Health Community Programmes
Health Global Access Project
ICHANGE
IDEAo (Inclusivity, Diversity & Equity Advocacy Organization)
Innovations for Development
Itabashi Peace Museum campaign
JCRC
LAMBDA
LHL International Tuberculosis Foundation
Malawi Civil Society Advocacy Forum
NETWORK Lobby for Catholic Social Justice
Oxfam in Africa
Raise Your Voice
Salud por Derecho

⁵ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02315-3/fulltext?rss=yes](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02315-3/fulltext?rss=yes)

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WACI Health
Women for Water Partnership
Women of Destiny
Wote Youth Development Projects CBO
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