



## **Communities and Civil Society in Africa Call to Action on Health Financing at the 38th African Union Summit**

Communities of People Living with HIV (PLHIV) and those affected by HIV, Tuberculosis (TB) & Malaria including other non-communicable diseases (including diabetes, Hypertension, among others) and Civil Society not only in Africa but also around the world recognize the African Union's (AU) continued commitment to prioritizing health financing as a cornerstone of continental development. The AU's recent efforts, including the 2023 High-Level Side-Event on Health Financing and Sustaining Action to End AIDS and the One Africa TB Summit (Ethiopia 24-25 August 2023), underscored the critical need for political and financial commitments to strengthen health systems. Furthermore, Communities and Civil Society appreciate the political commitment expressed through the Abuja Declaration, which ushered in the [African Scorecard on Domestic Financing for Health](#) and later the 2019 Africa Leadership Meeting (ALM) on Health Financing and its initiatives. AU's alignment of health financing with [Agenda 2063](#) and the Sustainable Development Goals (SDGs) reflects a visionary approach to equitable development. The 2025 AU Summit's focus on reparatory justice further signals an opportunity to address historical, including structural, global economic inequities that perpetuate health disparities.

Despite progress, Africa's health systems remain underfunded and overburdened. The COVID-19 pandemic, ongoing HIV/AIDS, and emerging epidemics such as Ebola, Mpox, Murburg and other crises have exposed systemic vulnerabilities, including fragmented supply chains and inadequate infrastructure. Furthermore, climate change and conflict exacerbate health inequities, particularly in fragile settings where 60% of preventable maternal and child deaths occur.

The abrupt and tragic US Government's Executive Order Reevaluating and Realigning Foreign Aid has led to a temporary freeze on funding for existing projects resulting in the closure of many health facilities and community infrastructures worldwide, including in Africa. While we acknowledge the waiver for some programs, we observe that more than two-thirds of the programs have yet to resume programs and lack clarity on the specificities of the waivers. This disruption severely impacts the delivery of HIV, TB, Malaria and other essential health and humanitarian services, disproportionately affecting vulnerable populations, especially children and those in rural areas. We are concerned this will increase health inequities and hinder progress towards health-related SDG targets and the goal of ending AIDS by 2030.

We urge the US Government to re-evaluate its decision based on the long-standing solidarity and partnership and to adhere to Global Multilateral Principles, which have long been the foundation of US and Africa partnership.

Furthermore, we strongly urge African Union Heads of States and Governments to;

- **Increase Domestic Health Financing in achieving Universal Health Coverage as a shared responsibility:** Heads of States must show leadership and take ownership to protect and invest in their population's health and urgently announce emergency and long-term budget provisions and policy adjustments to cover the devastating gaps to avoid further harm, deaths of most vulnerable populations and regression of the responses to the impacted programmes. Heads of States must take ownership and fulfil their commitments to ensure 5% of the national GDP is allocated to health, that the health share of the national budget is at a minimum of 15% as per the 2001 Abuja Declaration, and that they invest more than \$86 per capita for health. Governments should explore health tax revenues, especially on products that have a negative public health impact, such as tobacco, sugar-sweetened beverages, and alcohol, among others, tackle health program inefficiencies, address illicit financial flows and capital flights and enable progressive taxation while negotiating on debt restructuring and debt swaps to expand the fiscal space for health. We urge the African Union to hold member states accountable and ensure that health financing remains a priority.
- **Strengthen Global Solidarity:** Acknowledging the significant health burden facing the continent that needs global solidarity and support, we urge African Heads of State to negotiate and advocate for sustained global solidarity in financing HIV, TB and Malaria and other health and humanitarian programmes. We call on Heads of State, the African Union and African CDC and Ministers of Finance and Foreign Affairs to trigger a regional public health crisis call, map and explore immediate roadmaps to reprogramming existing resources and convene the Global Fund to Fight AIDS TB and Malaria, The Pandemic Fund, the World Bank, International Finance Cooperation, Global Financing Facility, Regional Development Banks and other structures and initiatives to mitigate the deadly impact of the crisis. We urge Heads of State to announce at the Sidelines of the African Union Summit additional investments from their governments' own budgets and first fulfil their commitments and obligations as they call for global solidarity from international donors to honour existing pledges and expand support ensuring that funding is aligned with Africa's long-term health objectives and strengthens local capacities.
- **Leverage Public-Private Partnerships:** Accelerate partnerships with the African private sector to bolster health infrastructure, local pharmaceutical manufacturing, TRIPPS Flexibilities, digital health solutions and other innovations. The Finance in Common Summit (FiCS) 2025 offers a platform to align development banks and investors with health priorities. We urge the African Union to guide member states to develop and sign partnership agreements with private sector entities to formalize their contribution to health financing and track their commitments while ensuring that these initiatives do not further

cause exclusion due to costs and other access barriers to the most vulnerable and marginalised populations.

- **Integrate Health into Climate and Development Agendas:** Adopt the WHO's [Health in the Humanitarian, Development and, Peace Nexus \(HDPN\)](#) framework to ensure health systems are resilient to climate shocks and conflicts. Climate adaptation funding must include health infrastructure as a priority.
- **Amplify Community-Led Solutions:** Prioritize the voices of marginalized groups, including women, youth, people living with & affected by HIV, and people with disabilities in health policy and health financing decisions. Civil society and grassroots organizations must be recognized as equal partners in decision-making and implementation. In order to ensure that communities are heard, member states should be urged to hold regular consultations and establish public forums to gather input from civil society and grassroots organizations. These consultations should also be made accessible to all.

As the AU convenes its 38th Summit in Addis Ababa, we call on African leaders to transform commitments into actionable policies. Health financing is not merely a budgetary line; it is an investment in dignity, equity, and Africa's future. We call upon all African Union member states to reaffirm their commitment and prioritize health as a key pillar in the implementation of *Agenda 2063*. We also call for a clear action plan to counter the stop order's negative impact, ensuring that the most vulnerable populations are protected.

Let this summit be remembered as the moment Africa united to secure health for all. We have confidence that the Africa Union can champion more investments in health. Together, Africa can build a resilient, sustainable, and equitable health system that serves all its people.

In response to the unfolding crisis, more than 1,200 people from civil society organizations in Africa and around the world have launched CHANGE - Community Health & HIV Advocate Navigating Global Emergencies - a coalition formed to support urgent action.

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