

Donor Advisory Group Meeting

17 February 2026

Briefing on the 'America First Global Health' Strategy and implications for the Africa Region

Background

Following the shuttering of USAID in the early weeks of the second Trump administration, the US Government launched the America First Global Health Strategy in September 2025. The Strategy charts a decline in US government (USG) support to governments over a few years, while prioritizing American business interests, and security. The Strategy is a departure from the USG's focus on cooperation with other stakeholders including civil society, to a new direction of bilateral agreements, non-disclosure of those agreements, and an active effort to shut out CSOs in favour of faith-based organisations.

Bilateral negotiations with 18 African governments begun immediately after the launch of the Strategy on the sidelines of the UN General Assembly and continued in earnest throughout November 2025 with representatives from the USG conducting a whirlwind tour across the continent.

During this time, SRHR stakeholders, human rights advocates and other actors became aware of these closed-door negotiations and sought to find out more information about the MOUs being negotiated and their potential implications. At this point, the following concerns were identified:

- MoUs have clauses related to:
 - Helms Amendment
 - Data sharing by recipient governments for 25 years
 - Future policy change requests/requirements
 - Mutually approved implementation partners
 - Prioritisation of American business interests
- Additional concerns centered on:
 - Future expansion of the Mexico City Policy / Global Gag Rule
 - Exclusion of Ministries of Health
 - Shifts in the USGs approach to Human Rights and evidence
 - Domestic resource mobilisation commitments by recipient governments
 - Framing of civil society by the USG and recipient governments

Current situation

In December 2025 Kenya became the first country to sign an MOU at a very public ceremony in Washington D.C., despite the details of the agreement not being made available for public scrutiny. Kenya was quickly followed by Rwanda, Eswatini, Lesotho, Cameroon, Cote d'Ivoire, Ethiopia, Liberia, Madagascar, Mozambique, Sierra Leone, Nigeria, Uganda, Botswana, and Malawi. Between 2026-2030 this MOUS amount to \$11B US funding, with \$6.6B country co-investment. It is not clear how countries will meet the co-investment obligations.

In January 2026, the USG expanded the Global Gag Rule. The new policy titled 'Promoting Human Flourishing in Foreign Assistance (PHFFA)' introduced rules that restrict services, advocacy and speech related to abortion, transgender, intersex and nonbinary people, as well as diversity, equity and inclusion. The PHFFA applies to all non-military US foreign assistance and expands who is affected by the new rules. It affects:

- Foreign NGOs
- International organisations including the UN
- Foreign governments

The PHFFA will take effect on 26th February 2026 and will apply to all new grants and cooperative agreements, and all existing grants and cooperative agreements when amended to add new funding.

IPPF Member Associations & Civil Society Response

The contents of the MOUs and the implications of the PHFFA have become closely guarded information by both the USG and recipient governments. However, IPPF Member Associations and partners have been able to take some early actions including:

- **Kenya (RHNK):** leading a collation of CSO and public sector actors build a response which led to the court case against the Kenyan government.
- **Rwanda (HDI) and Kenya (RHNK):** Developing a multi-stakeholder strategy focusing on advocacy, communications, and coalition building.
- **Zambia (PPAZ):** Hired a lawyer familiar with PEPFAR agreements to review the document from a legal perspective vis-à-vis national legislation and policies. Recognising that information is not widespread across government, the MA has been sharing information with the Parliamentary Caucus towards empowering the MPs to engage with the process and contents of the MOUs.
- **Mozambique (AMODEFA):** The MA learned that information about the MOU and its contents was not widely known by officials from the Ministry of Health. Towards building allyship, the MA has been working with officials to develop strategies aimed at stemming regression of rights and damage to health systems and supply chains.

CSO response has been hampered by several challenges including:

- Shrinking civic space and fear for safety (compounded by a demonisation of civil society by anti-rights and the USG)
- The bilateral approach taken by the USG which has made it difficult to build a regional response and learn from other countries.
- The general absence of information especially from traditional cooperation partners which has made it difficult to navigate and chart a way forward.

Discussion Points

- Have you observed any shifts in your engagement with African partner governments in light of the new US bilateral MOUs? For example, in dialogue on health governance, human rights?
- How is your government interpreting the implications of the America First Global Health Strategy and the bilateral MOUs and its restrictions ? Are these developments influencing your global health/SRHR or Africa policy priorities?
- Does your government foresee how the MOUs will impact the results of your investments in SRHR/health? Are there particular areas where you anticipate increased pressure or scrutiny?