

Inside controversial Shs8 trillion

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BY TONY ABET

Negotiations between the Ugandan and United States (US) governments on a new health-financing model yesterday culminated in the signing of a memorandum of understanding (MoU).

In a landmark effort to strengthen Uganda's health system and counter global disease threats, the two nations signed a five-year, \$2.3 billion (about Shs8 trillion) bilateral health cooperation agreement that also obligates Uganda to share vital health data with the US.

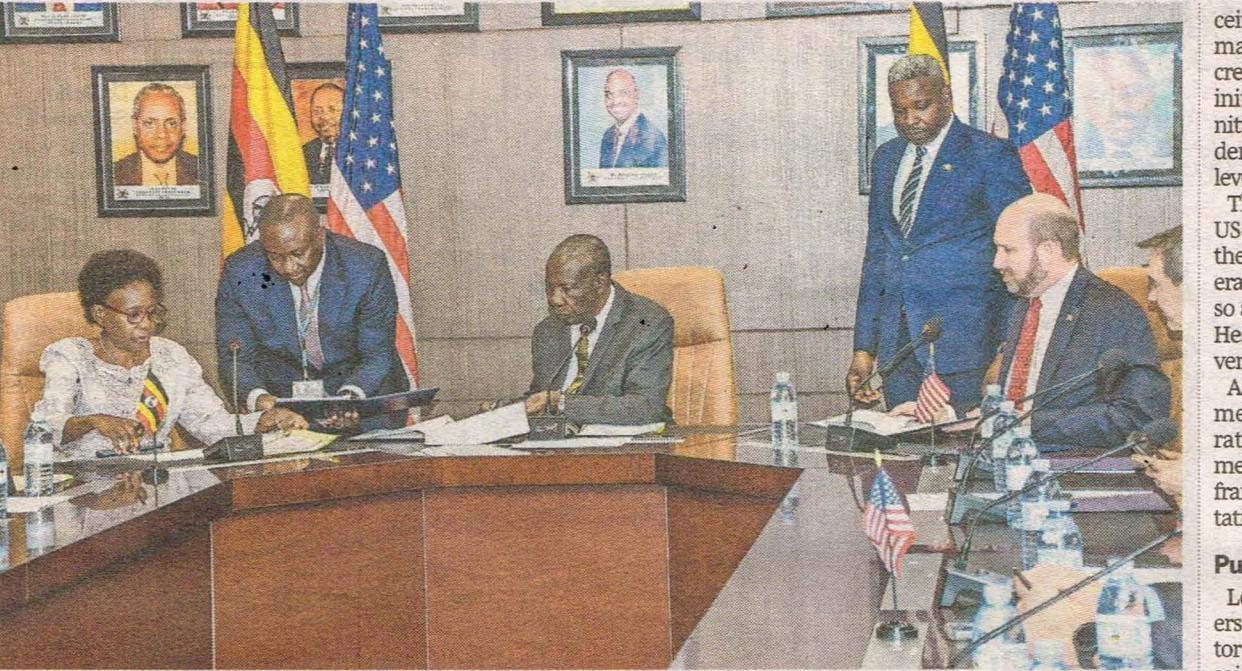
The MoU was signed yesterday afternoon at the Ministry of Finance headquarters in Kampala.

US Ambassador William Popp, Uganda's Finance Minister Matia Kasaija, Health Minister Jane Ruth Aceng, and other dignitaries attended the ceremony.

The MoU that will run from 2026 to 2030 requires the US to commit up to \$1.7 billion (over Shs6 trillion) to priority programmes, including HIV/Aids, tuberculosis, malaria, maternal and child health, polio eradication, global health security, disease surveillance, and emergency preparedness.

Uganda, on the other hand, pledges to increase domestic health spending by more than \$500 million (Shs1.7 trillion), gradually, and later assume greater financial responsibility as US support tapers.

A joint statement by the two parties said the co-investment model aims to sustain health gains and empower Uganda to steer its own health agenda.



Left to right (seated): Health minister Dr Jane Ruth Aceng, Finance minister Matia Kasaija and US Ambassador to Uganda William W. Popp after signing the memorandum of understanding (MoU) at the Ministry of Finance offices in Kampala yesterday. PHOTO/GEOFREY MUTUMBA



Hopeful.
This collaboration will yield not only disease-specific outcomes but also significant improvements in national systems, institutions, workforce capacity, and. This is highly commendable.

- Matia Kasaija, Finance Minister

Ambassador Popp indicated that the agreement marks a pivotal shift toward Ugandan self-reliance while advancing shared priorities in infectious disease control.

"This agreement represents a significant commitment by the United States and Uganda to co-invest in our shared global health priorities," Amb Popp said.

"Today, we are building on prior successes and making a significant shift toward promoting self-reliance in the health sector through strong community health systems, clear performance metrics, and a foundational commitment to data systems and global health security that will prevent and stop outbreaks from threatening Uganda, the United States, and the world," he added.

Frontline health workers currently funded by the US will be mapped to Ugandan government payroll cadres, ensuring long-term employment stability. Significant investments will also enhance Uganda's data ecosystem, advancing electronic medical records (EMRs) and integration with the national data warehouse.

In the MoU, faith-based healthcare providers, a critical component of Uganda's health delivery network, will re-

"The Government of Uganda acknowledges the critical importance of preventing the spread of emerging and existing infectious disease threats globally. In this regard, the Government of Uganda notes the United States Government's commitment to support Uganda with a budget allocation of \$1.7 billion for the period 2026-2030," he said.

"This collaboration will yield not only

ceive targeted support through performance-based service agreements, increased primary healthcare grants, and initiatives for digitisation and community health insurance. This inclusion underpins the MoU's holistic approach to leveraging existing infrastructure.

The agreement builds on decades of US-Uganda health collaboration, with the US remaining Uganda's largest bilateral and multilateral health partner. It also aligns with the America First Global Health Strategy, prioritising disease prevention to protect both nations.

Amb Popp emphasised that government-to-government collaboration, rather than reliance on non-governmental organisations (NGOs) as in prior frameworks, will streamline implementation and accountability.

Public engagement gaps?

Leaders of NGOs and other key players in the health sector that Daily Monitor approached yesterday for comments said they couldn't comment about the matter because some of them had neither seen the draft nor the signed MoU.

Our attempts to get a copy of the signed MoU from the government were also futile by press time yesterday.

"I don't know what came through (what the two countries agreed upon) and so I can't give comments," said Noor Nakibuuwa Musisi, the deputy executive director at Centre for Health, Human Rights and Development (CEHURD).

Dr Andrew Kambugu, the director of Infectious Diseases Institute at Makerere University, said he also does not know the content of the MoU nor seen one.

"We have a meeting with the [US] Embassy tomorrow, and I think they will tell us, so I cannot comment now," he said.

Other lawyers, who have been following the discussion, also said they have not yet seen the MoU, but indicated they are looking for the documents.

Targets

Dr Aceng explained what Ugandans stand to gain in this new agreement. "There'll be more doctors, nurses, mid-

US-Uganda health deal



The MoU that will run from 2026 to 2030 requires the US to commit up to \$1.7 billion (over Shs6 trillion) to priority programmes, including HIV/Aids. PHOTO/FILE

tors and laws.

Mr Gilbert Ssettuma, the legal officer at the government's Personal Data Protection Office (PDPO), described the US government's proposal as a power grab. Mr Ssettuma said then that the deal demands "real-time access to our health information systems," yet it ignores Uganda's new Digital Health Guidelines, released in September by the Ministry of Health. It is unclear what the final position of the government is, since we did not see the signed MoU.

Dr Aceng, during the signing of the agreement, explained why they are open to sharing data and information with the US government. "Uganda repeatedly served as the global first line of defence. Our ability to rapidly detect, diagnose and contain outbreaks is a global public good," she said.

"A central pillar of this new collaboration is, therefore, a modern, respectful framework for sharing data and related information for public health purposes. And to be more unequivocal, Uganda's sovereignty over its biological resources and health data is invaluable and non-negotiable," she added.

Dr Aceng said they will ensure no violations, but aim to optimise benefits from the data sharing agreement.

"We have left behind outdated, extractive models of the past. All sharing will rest on three non-negotiable principles: Mutual benefit, and equitable access to resulting knowledge, vaccines, and therapeutics," she said.

"Prior Sovereign consent, full transparency, and compliance with Ugandan laws and ethics. Three is timely, responsible action towards emergencies to protect both Uganda and the world. This framework proves that respect for national sovereignty and global solidarity are not opposites; they are the very foundation of a trustworthy corpora-

wives, and Community Health workers, who are well trained, motivated, and equitably distributed. Upgraded laboratories, functional health facilities throughout the country, and resilient supply chains," she said.

She also highlighted stronger disease surveillance, diagnostic capacity, and rapid response readiness as some of the targets in the agreement.

"There will be a renewed momentum to mitigate HIV/Aids as a public health threat. Eliminate malaria and march confidently towards universal health coverage. We shall have healthier mothers and children and a stronger shield against future pandemics," she added.

He explained that this will ensure that "we're achieving the performance and the results-based measurements to underscore the impact of our resources, to justify to our Congress, to explain the impact that we're having with these investments and to the Ugandan people and the American people as well."

"So that data is not about individual people's information. The privacy rules and requirements, and laws of Ugan-

da are, of course, going to be respected. This is about having the broad information to know that the systems and the investments that we are building together are having the impact that they promised to give," he emphasised.

"On the data element again, this is not personally identifiable information; this is data and information that is at a national level. Incidents of HIV, rates of maternal and child mortality, those things of macro-level information," he said.

"There will be a renewed momentum to mitigate HIV/Aids as a public health threat. Eliminate malaria and march confidently towards universal health coverage. We shall have healthier mothers and children and a stronger shield against future pandemics," she added.

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