

Global Health Security in Jeopardy: How Dismantling USAID Weakens Uganda's Global Health Security Architecture and How Remittances Might Be a Game Changer

Judith Murungi

PhD Student, University of Ottawa, Faculty of Law, Common Law Section.

ABSTRACT: The United States Agency for International Development (USAID) had been a leading contributor to Uganda's health care and disease prevention and treatment responses. In this paper I analyze how dismantling USAID has had negative impacts on Uganda's health financing and consequently, on global health security. However, it this crisis opens up an opportunity for Uganda to work towards more health resilient systems that do not need to rely heavily on foreign assistance. Uganda is still below the required 12% domestic resource allocation to health in its national budget as stipulated under the Abuja Declaration. I argue that although foreign assistance is good to the extent it helps build national capacity, it may also contribute to weakening individual country health systems structures if not used prudently.

Past a certain threshold, foreign assistance makes countries vulnerable to donor shifts as a result of over- dependence on donor funds. As a result, countries like Uganda are then more vulnerable to epidemics and disease outbreaks at a time when little or no financial aid is available to them by donors. The existing weak health structures make the situation even worse. Global health security is then jeopardized because there are greater risks of diseases being spread beyond the country's borders and a looming possibility of eroding past gains. I argue that global health security heavily depends on how resilient a country's health system is in the wake of an abrupt and substantial loss of funding, and Uganda's priority should be strengthening its health systems in order to promote global health security.

The first section of this paper demonstrates the role played by the U.S. in Uganda's Health Security. The second section discusses the impact of dismantling USAID on Uganda's health security. Section three explores strengthening Uganda's health security under the America First Global Health Strategy, and section four addresses leveraging remittances.

KEYWORDS: Health Financing, Global Health Security, Resilience, USAID, Remittances, Abuja Declaration.

INTRODUCTION

The United States Agency for International Development (USAID) had been a leading contributor to Uganda's health care and disease prevention and treatment responses. In this paper I analyze how dismantling USAID has had negative impacts on Uganda's health financing and consequently, on global health security. However, it this crisis opens up an opportunity for Uganda to work towards more health resilient systems that do not need to rely heavily on foreign assistance. Uganda is still below the required 15% domestic resource allocation to health in its national budget as stipulated under the Abuja Declaration.¹ I argue that although foreign assistance is good to the extent it helps build national capacity, it may also contribute to weakening individual country health systems structures if not used prudently.

Past a certain threshold, foreign assistance makes countries vulnerable to donor shifts as a result of over- dependence on donor funds. As a result, countries like Uganda are then more vulnerable to epidemics and disease outbreaks at a time when little or no financial aid is available to them by donors. The existing weak health structures make the situation even worse. Global health security is then jeopardized because there are greater risks of diseases being spread beyond the country's borders and a looming possibility of eroding past gains. I argue that global health security heavily depends on how resilient a country's health system is in the wake of an abrupt and substantial loss of funding, and Uganda's priority should be strengthening its health systems in order to promote global health security.

This article examines how the 2025 disruption of U.S. foreign assistance exposed vulnerabilities in Uganda's health –security financing and argues for a diversified financing framework in which stronger public investment, accountable governance, and

¹ African Union, *Abuja Declaration on HIV and AIDS, Tuberculosis and Other Related Infectious Diseases*, 2001., <https://au.int/sites/default/files/pages/32894-file-2001-abuja-declaration.pdf>.

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carefully designed diaspora-financing mechanisms reinforce health-system resilience. The first section of this article demonstrates the role played by the U.S. in Uganda's Health Security. The second section discusses the impact of dismantling USAID on Uganda's health security. The third section will discuss strengthening Uganda's global health security in the face of emerging global health trends specifically in light of the America First Global Health Strategy. The fourth section will address how remittances can be leveraged in Uganda's health security.

1. THE ROLE OF THE U.S. IN UGANDA'S HEALTH SECURITY

The U.S. has partnered with Uganda on Global Health Security (GHS) since 2013.² Uganda is at risk for epidemic-prone infectious disease zoonotic influenza, hemorrhagic fevers, plague, and brucellosis.³ Health financing systems globally continue to be vulnerable due to the COVID-19 pandemic.⁴ The First Joint External Evaluation (JEE) conducted in 2017 with follow up in 2023⁵ shows that the Uganda has benefited from U.S. assistance.⁶ Through partnership with the government of Uganda, there has been investment in Uganda's health systems with an aim to strengthen the ability to prevent, detect and respond to infectious disease threats.⁷ The priority technical areas endorsed by the Government of Uganda for U.S. GHS investments include: zoonotic disease, national laboratory system, disease surveillance, human resources, health emergency management and risk and community engagement.⁸

Through partnership with the U.S., countries are required to use rigorous matrices and to take up the responsibility of determining and evaluating their national capabilities to address global health security threats. The U.S., through the Center for Disease Control and Prevention (CDC) has been working in partnership with the World Health Organization (WHO) to create tools such as JEE to help vulnerable countries to respond and manage disease outbreaks.⁹ Strengthening global capacity towards preventing, detecting and responding to public health threats is important.¹⁰ The Global Health Security Agenda is defined as a framework that governments and other stakeholders can use to strengthen countries capacities to prevent, detect and respond to outbreaks.¹¹

The United States has partnered with Uganda with an aim to promote global health security and has greatly saved lives for over six decades.¹² Various U.S organizations like the CDC, the National Institutes of Health (NIH), the Department of State, the Department of Defense, and the Peace Corps collaborate with the U.S. Embassy in Uganda to work towards eradicating deadly diseases, protect the U.S. homeland, and promote the United States' strong commitment to scientific excellence.¹³ With collaboration from the Ministry of Health of Uganda and local communities, these organizations continue to work to prevent the spread of disease and to ensure that everyone has access to healthcare.¹⁴

Through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) (2025),¹⁵ the U.S. President's Malaria Initiative (PMI)¹⁶, and the Global Health Security Agenda (GHSA)¹⁷, the U.S. has delivered world-class support in enhancing diagnostic services, training healthcare workers, improving disease surveillance, strengthening supply chains, and advancing health information systems.¹⁸

The Ministry of Health in Uganda in collaboration with the Infectious Diseases Institute (IDI) offers disease prevention and detection, health emergency preparedness, outbreak response and collaboration and global health partnerships as avenues through

² U.S. Department of State, *Uganda*, https://www.state.gov/wp-content/uploads/2024/04/Uganda-Country-Page-Final_508.pdf.

³ *Id.* at pg.1

⁴ *Responding to the Health Financing Emergency Immediate Measures and Longer-Term Shifts - Conference Copy*, https://cdn.who.int/media/docs/default-source/health-financing/responding-to-the-health-financing-emergency-conference-copy.pdf?sfvrsn=ff8988cb_3.

⁵ U.S. Department of State, *supra* note 2.

⁶ *Id.*

⁷ *Id.*

⁸ *Id.*

⁹ Lawrence O. Gostin, "America First": *Prospects for Global Health*, 95 MILBANK Q. 224 (2017).

¹⁰ Jeff N. Borchert et al., *Rapidly Building Global Health Security Capacity--Uganda Demonstration Project*, 2013, 63 MMWR MORB. MORTAL. WKLY. REP. 73 (2014).

¹¹ Mohammed Lamorde et al., *Support for the Response to COVID-19 in Uganda: Contribution of the Global Health Security Program at Makerere University's Infectious Diseases Institute*, 22 AFR. HEALTH SCI. (2022), <https://www.ajol.info/index.php/ahs/article/view/230598>.

¹² U.S. Embassy in Uganda, *U.S. Health Programs in Uganda: A Partnership That Saves Lives*, <https://ug.usembassy.gov/global-health/#:~:text=U.S.%20Health%20Programs%20in%20Uganda,and%20advancing%20health%20information%20systems>.

¹³ *Id.*

¹⁴ *Id.*

¹⁵ *Id.*

¹⁶ *Id.*

¹⁷ *Id.*

¹⁸ *Id.*

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which global health security can be promoted.¹⁹ The CDC has supported Uganda's Ministry of Health in responding to outbreaks. In 2018 when the Democratic Republic of Congo (DRC) reported a new Ebola Virus Disease (EVD) outbreak,²⁰ global health investments by the CDC reduced the time taken in disease detection and response.²¹

The IDI, is the Ministry of Health's implementing partner that maps routes travelled between the DRC and Uganda and specific hotspots visited by Congolese in Uganda, including healthcare facilities like Kagando Hospital.²² The CDC is pivotal in training and equipping the Ministry with requisite skills on responding to pandemics.²³ CDC simulation exercises in conjunction with the Ministry of Health and other partners held in April 2019 laid a basis to handle EVD reported outbreaks through containment measures.²⁴ It was found that the three confirmed cases were imported from DRC and were not from within Uganda.²⁵ The CDC alongside WHO commits itself to capacity building for integrated disease surveillance and response as required by the International Health Organization.²⁶

Uganda launched The National Action Plan for Health Security (NAPHS) (2019-2023) defines the strategies, actions, and priorities the Government of Uganda will adopt to improve the country's ability to prevent, detect, and respond to public health emergencies through the Ministry of Health.²⁷ The approach emphasizes the need for a coordinated approach and response from various ministries, departments and agents.²⁸

2. CONSEQUENCES OF USAID DISMANTLING ON UGANDA'S HEALTH SECURITY

The US Agency for International Development (USAID) has been the largest donor to African country's healthcare systems.²⁹ The U.S. has significantly supported various African country responses to epidemics and pandemics.³⁰ As a result of the current shifts in donor policies and withdrawal of the U.S. from international bodies like WHO, global health security hangs in a balance for countries like Uganda which have overly-relied on U.S. assistance for their health responses.³¹ Some of the areas affected include biosecurity, outbreak containment, weakened disease surveillance, and distribution of medical supplies.³²

In 1961,³³ USAID continued to be the fulcrum of global health. In 2023, USAID was responsible for 70% of the U.S. global health assistance, providing nearly \$8.5 billion in aid for tuberculosis control, global health security, malaria, maternal and reproductive health, and nutritional programs.³⁴ Through an executive order entitled, *Reevaluating and Realigning United States Foreign Aid*,³⁵ ensued by a 90-day suspension of foreign aid across federal agencies on January 24, 2025, nearly 90% of the USAID contracts were canceled.³⁶ The abrupt dismantling of USAID left many programs unfunded, including mostly HIV/AIDS, tuberculosis, malaria, maternal and child health programs primarily in sub-Saharan Africa.³⁷

Health financing is critical towards ensuring that there is global health security in Uganda. It provides requisite resources and requirements required for operating health systems.³⁸ The lack of prioritization of health financing in Uganda's national budget is a

¹⁹ *IDI's Global Health Security Programme at a Glance*, <https://idi.mak.ac.ug/idis-global-health-security-programme-at-a-glance/#>.

²⁰ *Rapid Response to Outbreaks Through CDC's Investment in Global Health Security*, https://archive.cdc.gov/www_cdc_gov/globalhealth/security/ghsa5year/outbreak-response.html.

²¹ *Id.*

²² *Id.*

²³ *Id.*

²⁴ *Id.*

²⁵ *Id.*

²⁶ Jeff N. Borchert et al., *Rapidly Building Global Health Security Capacity--Uganda Demonstration Project, 2013*, 63 MMWR MORB. MORTAL. WKLY. REP. 73 (2014).

²⁷ *Id.*

²⁸ *National Action Plan for Health Security 2019 - 2023*, <https://library.health.go.ug/monitoring-and-evaluation/work-plans/national-action-plan-health-security-2019-2023>.

²⁹ Daniella Medeiros Cavalcanti et al., *Evaluating the Impact of Two Decades of USAID Interventions and Projecting the Effects of Defunding on Mortality up to 2030: A Retrospective Impact Evaluation and Forecasting Analysis*, 406 THE LANCET 283 (2025).

³⁰ Nahid Bhadelia, Craig Spencer & Elizabeth Cameron, *A Tale of Two U.S. Global Health Security Futures—Withdraw or Evolve?*, 61 VACCINE 127399 (2025).

³¹ *Id.*

³² *Id.*

³³ Angel N. Desai et al., *The Global Public Health Imperative—Where Do We Go From Here?*, 8 JAMA NETW. OPEN e2517283 (2025).

³⁴ *Id.*

³⁵ *Reevaluating and Realigning United States Foreign Aid*, <https://www.whitehouse.gov/presidential-actions/2025/01/reevaluating-and-realigning-united-states-foreign-aid/>.

³⁶ Desai et al., *supra* note 33.

³⁷ Simon Fraser, *Consequences and Implications for the International Development Assistance Sector from the Closure of USAID*.

³⁸ C. M. Zikusooka et al., *Is Health Care Financing in Uganda Equitable?*, 9 Suppl 2 AFR. HEALTH SCI. S52 (2009).

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big barrier to attaining global health security.³⁹ There is a dire need for political will to promote domestic health financing in order to provide financial security, especially in the midst of the dismantling of USAID and reduced financial donor support.⁴⁰

With the abrupt withdrawal of funding from USAID many healthcare services have been affected. There is a looming global health security arising from reduced disease surveillance capacity which increases vulnerability to localized outbreaks, complicating global containment efforts.⁴¹ Abruptly dismantling USAID has been criticized for the negative impacts including significant programmatic disruptions.⁴²

2.1 Perils of Donor Dependency

As a result of over-dependency on foreign aid the country has not been setting aside sufficient funds to address healthcare. When countries do not invest enough funds in healthcare there is an impact on global health security since they are not able to finance actions like disease surveillance.

Although development assistance is good, there are some challenges that arise. In Uganda, there have been instances where the finances have been mishandled.⁴³ In the health sector mismanagement is reflected through administrative discrepancies, human resource irregularities, and systemic inefficiencies in procurement oversight.⁴⁴

The government of Uganda has been criticized for failing to prioritize healthcare. Reduced urgency in prioritizing domestic health funding is often a structural consequence of heavy reliance on external donor support.⁴⁵ Failing to strengthen the country's health systems with an aim to rely on foreign assistance makes the country more vulnerable to worse impacts if the donors abruptly withdraw or reduce the financial assistance.

Health research in Uganda is heavily funded by the U.S. When USAID was dismantled there was a ripple effect on health research.⁴⁶ One of the leading health research institutions, Makerere University, laid off 200 staff members and suspended multiple research programs disrupting scientific research. Education was also affected since various programs were suspended due to lack of funding.⁴⁷ Affected programs included the School of Public Health, College of Health Sciences, and the Infectious Disease Institute.⁴⁸ Makerere University relies on U.S. grants to fund health research projects which are ordinarily not funded by the government of Uganda.⁴⁹

2.2 Positive Outcomes of Dismantling USAID for Uganda

Uganda has not been prioritizing health in the national budget allocations. However, in tandem with the Africa CDC call for countries to increase their domestic resource allocations to health as a prelude to fulfilling the Abuja Declaration requirements, there is a shift in Uganda. The country has witnessed a slight increase in the national budget allocation to healthcare from the usual 5-6% range to 8% for the financial year 2026.⁵⁰ Although, this is still below the Abuja Declaration requirement, it is a step in the right direction.

The volatile funding landscape provides an avenue for Uganda to create and consider alternative sources of funding.⁵¹ The WHO has encouraged countries to explore new sources of revenue. However, this does not mean that the existing public revenue sources

³⁹ *Uganda National Health Compact (2025-2030)*, (Dec. 2025), <https://thedocs.worldbank.org/en/doc/0273f33ab6ee48c5d842108b9b55c789-0140022025/related/National-Health-Compacts-Uganda.pdf>.

⁴⁰ *Id.*

⁴¹ Beatrice Were & Vanessa Okumu-Mccarron, *From Dependency to Sovereignty*, FROM DEPENDENCY TO, file:///C:/Users/hp/Downloads/were-1%20(1).pdf.

⁴² Lisa Eckenwiler et al., *Thinking through Abrupt Closure in Humanitarian Assistance: Key Ethical Considerations in Seemingly Impossible Conditions*, 5 PLOS GLOB. PUBLIC HEALTH e0004656 (2025).

⁴³ Gloria Nambassa & Zuly Qodir, *Addressing Corruption and Government Challenges: The Case of Uganda's Strategic Developments Policies*, 11 TRANSFORM. GLOB. 147 (2024).

⁴⁴ *Id.*

⁴⁵ C. M. Zikusooka et al., *Is Health Care Financing in Uganda Equitable?*, 9 Suppl 2 AFR. HEALTH SCI. S52 (2009).

⁴⁶ John Musenze, *US Aid Freeze Deals Blow to Uganda's Health, Research*, (Oct. 2, 2025), <https://www.scidev.net/global/news/us-aid-freeze-deals-blow-to-ugandas-health-research/>.

⁴⁷ *Id.*

⁴⁸ *Id.*

⁴⁹ Damali Mukhaye & Busein Samilu, *Makerere Halts Key Projects after Trump Orders*, (Feb. 4, 2025), https://www.monitor.co.ug/uganda/news/national/makerere-halts-key-projects-after-trump-orders-4912396#google_vignette.

⁵⁰ Ministry of Finance, Planning and Economic Development, *Budget Speech Delivered at The 2nd Sitting of The 1st Meeting of The 5th Session of The 11th Parliament of Uganda: Thursday 12th June 2025, at Kololo Independence Grounds by Matia Kasaija (MP) Minister of Finance, Planning and Economic Development*. (2025).

⁵¹ Responding to the health financing emergency Immediate measures and longer-term shifts - conference copy, *supra* note 4.

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should be totally disbanded. Instead, it points to the need to strengthen and support them with any available alternative sources, such as remittances.⁵²

The Ministry of Health has the opportunity to work towards resilience by strengthening accountability and transparency in the health sector.⁵³ Resource optimization is critical towards ensuring that funds are available for epidemics and other health emergencies at a domestic level to foster domestic country detection, response, containment, and prevention measures. Strengthening monitoring and evaluation for pandemic and epidemic handling may be beneficial towards ascertaining the best way to use and distribute available domestic resources.⁵⁴ Dismantling USAID has provided an avenue for Uganda and other countries to appreciate the value of domestic resource mobilization and a need to shift to resilience.⁵⁵

3. STRENGTHENING UGANDA'S HEALTH SYSTEMS

3.1 Emerging Global Health Security Trends

3.1.1 America First Global Health Strategy

Under the volatile global health financing terrain, the government of Uganda needs to make more efforts to strengthen domestic financing for healthcare. The funding gaps provide an avenue for the government to address issues related to these funding gaps and inefficiencies that affect global health security.⁵⁶ The country has made a commitment through the Uganda National Compact 2025-2030 to prioritize health financing.⁵⁷

There is a new shift under the America First Global Health Strategy.⁵⁸ The strategy aims at making America safer, stronger, and more prosperous.⁵⁹ It will protect America from infectious diseases and outbreaks by preventing infectious disease outbreaks from reaching American shores.⁶⁰ Through bilateral relationships and bilateral agreements, it requires co-investment from recipient governments. It aims at saving lives and it will create a systematic pathway for countries to shift from donor dependence to health sovereignty.⁶¹ The United States signed a five-year bilateral health cooperation Memorandum of Understanding (MOU) with the government of Uganda.⁶² The aim is to advance the American First Global Health Strategy and build resilient, self-reliant, and durable health systems.⁶³ Multi-lateral agreements are taking center stage in addressing funding gaps arising from the dismantling of USAID.⁶⁴

Under this “nearly \$2.3 billion bilateral health cooperation agreement, the United States plans to invest up to \$1.7 billion to combat HIV/AIDS, tuberculosis (TB), malaria and other infectious diseases across Uganda while helping strengthen Uganda's health system.”⁶⁵ “Uganda pledged to co-invest over \$500 million in tandem with the National Development Plan IV and Uganda's Vision 2040.”⁶⁶ This shows Uganda is taking the required steps to boost financial resources for its health sector.

⁵² *Id.*

⁵³ *The Turning Point*, (Aug. 11, 2025), <https://www.cehurd.org/navigating-the-health-funding-crisis-uganda-charts-a-path-toward-pharmaceutical-self-reliance/>.

⁵⁴ Dave Burrows et al., *Transitions from Donor Funding to Domestic Reliance for HIV Responses*.

⁵⁵ Cheikh M Faye, *Rethinking Global Health Resilience amid Donor Funding Cuts*, 13 LANCET GLOB. HEALTH e1655 (2025).

⁵⁶ Uganda National Health Compact (2025-2030), *supra* note 39.

⁵⁷ *Id.*

⁵⁸ *America First Global Health Strategy*, <https://www.state.gov/america-first-global-health-strategy>.

⁵⁹ *Id.*

⁶⁰ *Id.*

⁶¹ *Id.*

⁶² U.S. DEPARTMENT of STATE, *Strengthening Health Ties with Uganda and Lesotho under the America First Global Health Strategy*, (2025), <https://www.state.gov/releases/office-of-the-spokesperson/2025/12/strengthening-health-ties-with-uganda-and-lesotho-under-the-america-first-global-health-strategy>.

⁶³ U.S. DEPARTMENT of STATE, *Strengthening Health Ties with Uganda and Lesotho under the America First Global Health Strategy*, (2025), <https://www.state.gov/releases/office-of-the-spokesperson/2025/12/strengthening-health-ties-with-uganda-and-lesotho-under-the-america-first-global-health-strategy>.

⁶⁴ Center for Global Development, *How African Governments Responded to the 2025 Aid Shock*, <https://www.cgdev.org/blog/how-african-governments-responded-2025-aid-shock#:~:text=The%20sectoral%20distribution%20closely%20mirrors,sustained%20decline%20in%20concessional%20flows>.

⁶⁵ U.S. DEPARTMENT of STATE, *Strengthening Health Ties with Uganda and Lesotho under the America First Global Health Strategy*, (2025), <https://www.state.gov/releases/office-of-the-spokesperson/2025/12/strengthening-health-ties-with-uganda-and-lesotho-under-the-america-first-global-health-strategy>.

⁶⁶ U.S. DEPARTMENT of STATE, *Strengthening Health Ties with Uganda and Lesotho under the America First Global Health Strategy*, (2025), <https://www.state.gov/releases/office-of-the-spokesperson/2025/12/strengthening-health-ties-with-uganda-and-lesotho-under-the-america-first-global-health-strategy>.

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3.1.2 Africa's Health Security and Sovereignty Agenda

Although Africa bears approximately 22% of the global burden of disease, it accounts for only 1% of global health expenditure.⁶⁷ The average total health expenditure per capita on the continent is still as low as 85 US dollars and few countries meet the threshold of 86 US dollars.⁶⁸ Development assistance for health in Africa is significantly declining due to the reduction in funding not only from the U.S. but other European countries as well.⁶⁹ Outbreaks in Africa have increased by 41% and it is likely they will continue to rise.⁷⁰ Many African countries, including Uganda, heavily rely on imported medical equipment and medicines.⁷¹

As a result, the Africa CDC is encouraging African countries to strengthen domestic financing in order to ensure that there is global health security. Africa's Health Sovereignty and Health Security Agenda aim to pave the way for Africa to transition from dependence to autonomy, and from vulnerability to true preparedness.⁷²

The main objectives under the agenda include a reformed and inclusive global health architecture.⁷³ It involves ensuring that Africa has a stronger voice and influence in global decision-making and governance. It advocates for Institutionalized Preparedness, Prevention, and Response (PPR) by embedding it into systems and institutions to detect and respond to threats faster. Further, predictable, domestic, innovative, blended financing is advocated for through sustainable African-led investment for essential health services and health security.⁷⁴ It also advocates for digital transformation by building a digital intelligence ecosystem that enables real time data flows from communities to national and continental platforms.⁷⁵ Local manufacturing is emphasized in order to expand Africa's ability to produce vaccines, diagnostics, therapeutics and essential supplies to reduce dependency on imports.⁷⁶

4. LEVERAGING DIASPORA REMITTANCES FOR UGANDA'S HEALTH SECURITY

The recent funding cuts call for innovative measures to provide alternative funding sources for African countries.⁷⁷ The Africa CDC has encouraged African countries to devise innovative means to finance health systems in their countries.⁷⁸ However, most African countries are overwhelmed by other needs in other sectors like education and transport to mention but a few. This restrains their ability to prioritize healthcare in their national budget allocations. Remittances could be used as an avenue to secure funding and support for global health security in Uganda.

The government of Uganda is considering alternative means to finance the healthcare sector in the wake of dismantling USAID.⁷⁹ Diaspora remittances may be used as an avenue to raise finances to boost Uganda's health security in the midst of the shifting global health financing landscape.⁸⁰ It is important to ensure that Uganda is not relying on donor funds alone to finance health security. Diaspora remittances have been credited for their countercyclical stability.⁸¹ They are used to address the most pressing needs in the home countries of the individuals that contribute towards them.⁸²

Diaspora philanthropy is defined as the charitable giving of people who live outside their country of origin to support the causes that benefit their homeland.⁸³ Some countries do recognize the potential the diaspora community has towards supporting their home countries.⁸⁴ The diaspora is made up of individuals with vast expertise who can support fields to respond to epidemics and health threats in Uganda.

⁶⁷ Africa Centres for Disease Control (CDC), *Financing Africa's Health Security and Sovereignty*, <https://africacdc.org/news-item/financing-africas-health-security-and-sovereignty/>.

⁶⁸ *Id.*

⁶⁹ *Id.*

⁷⁰ *Africa's Health Security and Sovereignty (AHSS) Agenda*, <https://africacdc.org/africas-health-security-sovereignty-agenda/>.

⁷¹ *Id.*

⁷² *Id.*

⁷³ *Id.*

⁷⁴ *Id.*

⁷⁵ *Id.*

⁷⁶ *Id.*

⁷⁷ Olivier Uwishema et al., *A Wake-Up Call: Can Africa Sustain HIV/AIDS Programs Without Foreign Aid?*, 8 HEALTH SCI. REP. e71248 (2025).

⁷⁸ *Addressing-Health-Financing-Challenges-in-Africa-Through-Domestic-Resource-Mobilization-and-Innovative-Financing-Mechanisms_7-April-2025*.

⁷⁹ *Uganda Vows Self-Reliance As U.S. Halts Aid Support*, (Jan. 28, 2025), <https://allafrica.com/stories/202501290053.html>.

⁸⁰ *Africa's Health Security and Sovereignty (AHSS) Agenda*, *supra* note 71.

⁸¹ Alaa Dafallah, Sophie Witter, & ReBUILD for Resilience Consortium, *Diaspora as Partners: Strengthening Resilience of Health Systems and Communities amidst Aid Volatility*, 10 BMJ GLOB. HEALTH e019622 (2025).

⁸² *Id.*

⁸³ K. Afsal & Rs. Reshmi, *Diaspora Philanthropy: A Study of Diaspora-Funded Philanthropic Organizations' Activities in the Health Sector of Kerala, India*, GLOB. SOC. WELF. (2023), <https://link.springer.com/10.1007/s40609-023-00288-5>.

⁸⁴ *Id.*

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The government of Uganda is making preparations for its nomination as a pilot country in ground-breaking, guarantee-backed health financing initiative.⁸⁵ The aim of the scheme is to leverage diaspora remittances in order to strengthen national health systems.⁸⁶ Some other African countries like Ghana are also making significant steps towards aligning diaspora as a resource for health financing.⁸⁷ Through a regional workshop in Accra on “Remittances, Investment and Diaspora Contribution to Finance the National Development Plan in Ghana” held under the sub-regional offices of North Africa and West Africa of the United Nations Economic Commission for Africa (UNECA), in collaboration with the National Development Planning Commission (NDPC) of Ghana discussions of remittance mainstreaming to support the country's Medium – Term National Development Policy Framework 2026 – 2029 was discussed.⁸⁸ Experiences were shared and strategies towards enhancing the development impact of remittances and diaspora investments across the continent were discussed.⁸⁹ This demonstrates how African countries are working towards harnessing remittances to provide stable financing for issues related to global health security.

CONCLUSION

Uganda's health security has been shaped by its partnership with the U.S. The current shift in reducing global health funding through the dismantling of USAID has directly affected health financing, a key aspect to health security. More than ever before, it is important for Uganda to diversify its domestic resource mobilization strategy. By doing so, Uganda will be able to better detect, respond, and contain disease outbreaks with a clear cut mechanism to ensure that financial resources are available to support processes like disease surveillance. Global health security largely depends on the availability of stable financing mechanisms to support specific and timely country responses to prevent disease spill overs to other countries. As Uganda strengthens its healthcare financing through leveraging remittances, it will be better placed to detect, respond and control disease outbreaks.

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