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Expressions of Concern Series
Failures of Imagination, Intellect, Integrity
A continuing series responding to actions by governments, UN system agencies, multilateral organizations, NGOs, civil society, commercial organizations

Center for Vaccine Ethics & Policy

Expression of Concern
America First Global Health Strategy – Bilateral Health MOUs Transparency; Pathogen/Patient Data Sharing; Access/Benefits Sharing Provisions

30 December 2025

Concise Context

- Announced in September 2025, the *America First Global Health Strategy* represents a fundamental departure from its historical model comprising broad multilateral engagement and country-specific programs, significant financial support, and deep collaborative expertise. Instead, the strategy is anchored on new, bilateral country agreements to frame limited and time-bound funding and transactional collaboration.
- WHO, UNICEF, Gavi, and other UN system agencies and global health organizations receive no mention in the strategy and no funding. The Global Fund is the sole exception.
- Thirteen country bilateral health MOUs have been announced in December, all with countries in the Africa region. No list of countries being targeted for MOUs has been released.
- The US did not seek public comment on its strategy or template language for the country MOUs, and has not made the text of any of the signed MOU agreements available for public review. Kenya is the only country which has posted its agreements.
- All MOUs include outbreak response commitments by countries that involve data sharing of country genetic sequencing, biospecimens, and patient health data.
- Benefit sharing based on this data sharing are unclear and will apparently require separate agreements. Language in unofficial template agreements suggests only marginal and potentially meaningless benefits sharing provisions for countries which provide genetic sequencing, biospecimens and other data.
- Implementation agreements under these MOUs are in development and will address all details.
  [See fuller context discussion and appendices below]

Key Concerns

- GE2P2 Global assesses that the *America First Global Health Strategy* and its anchoring MOU agreements could seriously impact and potentially confound global, regional and country pandemic response. Specifically, we assess that the *WHO Pandemic Agreement* adopted earlier in 2025, and its PABS [Pathogen Access Benefits Sharing} mechanism now in active negotiation, will be materially challenged. Immediate and ongoing transparent access to full bilateral agreement documentation is required to fully assess likely impacts and mitigation options.
- In parallel, we assess that the data sharing, and access and benefits sharing elements of the strategy and country MOU agreements should be analyzed with urgency.

GE2P2 Global Action Requests

US Government

- Immediately post the full text of all signed country MOUs announced to date and as they are secured in future, including implementation plans both in draft and as they are finalized.
- Clarify specific details of data sharing provisions in these agreements, including:
  - Country genetic sequencing, biospecimens and patient data sharing mechanisms,
  - life cycle detail on utilization of these data for discovery and development of medical countermeasures, including limits on the organizations that will be provided with these data to support development of countermeasures, duration of access, etc.,
  - continuing country control and ownership of these data after initial sharing,
  - specific provisions involving benefits sharing including country priority access to medical countermeasures as developed, and other benefits such as IP, financial, and other options.
- Immediately launch established U.S. government public comment mechanisms on core MOU and implementation plan elements to identify issues and opportunities to strengthen and refine their terms and outcomes.
- Provide a USG assessment of the impacts of its strategy and bilateral MOU program on global pandemic preparedness and response as soon as possible.

Countries with Bilateral MOUs Agreed or in Negotiation

- Where an MOU has been concluded, immediately post the full text of all documentation for public access. If an MOU is still in negotiation, post draft stage documentation and engage country public consultation processes to strengthen and refine final versions. In all instances, post implementation plan drafts and engage existing public consultation processes to strengthen and refine final versions.
- Publish MOU Steering Committee selection rationale, membership roster, and quarterly assessments

Africa CDC

- Immediately secure the current 13 country bilateral agreements [and others in the Africa region and associated implementation plans as they are announced] to develop a real time assessment of their impact on the integrity and resilience of Africa's pandemic response strategy and capacity.

WHO – Intergovernmental Working Group on the WHO Pandemic Agreement

- Immediately secure the 13 country bilateral agreements [and others in all regions and associated implementation plans as they are announced]. Develop and publish an immediate assessment of their impact on the integrity and resilience of global pandemic response capacity and, in particular, on the PABS mechanism.

Global Fund

- Based on its specific mention in the *America First Global Health Strategy* and presumably in some/all country bilateral MOUs, implementation plans, etc., clarify its role and limitations it may have in fully collaborating with other UN system agencies and global health INGOs in the context of country health systems and specifically with regard to pandemic response.

WHO, UNICEF, UNAIDS, Other UN System Agencies

- Based on the availability of the current 13 country bilateral agreements [and others in all regions and associated implementation plans as they are announced], develop and publish immediate and continuing assessments of their impact on the integrity and resilience of global pandemic response capacity.

Gavi, CEPI, IPPS, Other Global Pandemic Response INGOs/Organizations

- Based on the availability of the current 13 country bilateral agreements [and others in all regions and associated implementation plans as they are announced], develop and publish immediate and continuing assessments of their impact on the integrity and resilience of global pandemic response capacity from the respective vantages.

Civil Society/Academic Community

- Based on the availability of the 13 country bilateral agreements [and others in all regions and associated implementation plans as they are announced], develop and publish immediate and continuing assessments of their impact on the integrity and resilience of global pandemic response capacity.

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Expression of Concern – Fuller Context

:: The US America First Global Health Strategy was announced on September 18, 2025, noting that it "….outlines a comprehensive vision to make America safer, stronger, and more prosperous. It will protect the homeland by preventing infectious disease outbreaks from reaching U.S. shores; strengthen our bilateral relationships by entering into multi-year, bilateral agreements that require co-investment from recipient governments, saving millions of lives and moving countries along the path to decreased dependency on foreign assistance; and promote American health innovation around the world."

:: The America First Global Health Strategy does not reference collaboration or coordination with WHO, UNICEF, Gavi, CEPI, etc. regarding planning or implementation. The Strategy does reference the Global Fund:

> …U.S. contributions to large multilateral funds such as the Global Fund have also created new markets for U.S. products. Since 2010, the Global Fund has procured $3.5 billion in goods and services from U.S. corporations while other multilateral health organizations purchased over $12.5 billion in goods from U.S. manufacturers between 2012 and 2023…*[p.14]*

:: The America First Global Health Strategy does not detail interagency coordination or reference specific collaboration with, for example, CDC, HHS and other relevant Federal departments/agencies.

:: The stated intent and preference of the strategy is to enter into "…multi-year, bilateral agreements that advance American interests, save lives, and enable economic growth," with an "…aim to complete bilateral agreements with recipient countries receiving the vast majority of U.S. health foreign assistance by December 31, 2025 with the goal of beginning to implement these new agreements by April 2026."

:: As of 30 December 2025, the U.S. Department of State has announced 13 bilateral agreements under the strategy:

- Botswana
- Cameroon
- Eswatini
- Ethiopia
- Kenya
- Lesotho
- Liberia
- Madagascar
- Mozambique
- Nigeria
- Rwanda
- Sierra Leone
- Uganda

Note: We have not identified any stated reason by the U.S. as to why the announced agreements are limited to countries in the Africa region, or any specific list of target countries for these bilateral agreements, either within Africa or globally.

:: The U.S. has not posted the full text of any of the announced MOUs and has not indicated it plans to do so.

:: **The only country that has made their bilateral MOU documentation public is Kenya here:**
Cooperation Framework- Kenya- U.S and Data Sharing Agreement | Ministry of Health
PDF of "Cooperation Framework"
PDF of "Data Sharing Agreement"

:: **The country bilateral health MOUs –** based on the text and structure of the Kenya bilateral MOU agreement text, unofficial MOU templates and country draft MOUs:

- stipulate that an "implementation plan" be developed within 90 days of the signing of the MOU which is to include timelines for all areas of the MOU,
Note: We have not identified any implementation plan example to date.

- reference the formation of a joint steering committee composed of senior representatives of each government "and other key stakeholders" to meet quarterly to "monitor implementation, review progress and propose areas of possible modification," and,
Note: We have not identified any announcement of steering committee formation or membership to date.

- include a parallel "data sharing agreement" which is referenced in the MOU proper.
:: With regard to data sharing, country provision of genetic sequencing and "physical samples" upon US request is referenced in the U.S. strategy as below:

> **America First Global Health Strategy**
> *Pillar 1: Making America Safer*
> *Outbreak Response*
> *Goal 2: Contain outbreaks that originate outside of the United States rapidly at their source.*
> The first 72 hours of the response to an epidemic are often the most critical to keep a pathogen contained. The U.S. government will prioritize mobilizing a response to every outbreak that threatens the United States within 72 hours of detection. The U.S. government will use a combination of U.S.-funded disease surveillance capabilities, technical collaborations, and diplomacy to obtain real-time information about an outbreak's trajectory and any mutations to the pathogen causing disease. **We will engage counterparts in the local government to understand the risks for additional spread and obtain basic genetic sequencing information or physical samples of the pathogen to inform the response and development or deployment of medical countermeasures**…
> **When necessary, the United States will also surge diagnostics, vaccines, therapeutics, personal protective equipment, and other commodities to aid in the response. These surge resources will be maintained centrally by the U.S. government,** with contract mechanisms in place in each country or region onto which we can rapidly deploy resources for outbreak response as needed…

:: With regard to benefits sharing, the data sharing agreement involving Kenya – with other MOUs presumed to utilize similar language notes:

> **Data Sharing Agreement – Kenya and US**
> Article 3. Data Use and Confidentiality
> …f. Benefits arising thereof: **All benefits obtained based on insights derived from data provided shall require entering into other subsidiary agreements.**

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Appendix A – U.S. Key Announcements – *America First Global Health Strategy*; Country Bilateral Agreement

Advancing the America First Global Health Strategy Through Landmark Bilateral Global Health MOUs with Botswana, Madagascar, Sierra Leone, and Ethiopia

Press Statement December 23, 2025

On December 22 and 23, the United States signed four additional new, landmark global health Memorandums of Understanding (MOUs) with Madagascar, Sierra Leone, Botswana, and Ethiopia, reinforcing U.S. leadership that delivers measurable results for the American people and puts America First by directly countering global infectious disease threats and reducing foreign dependence on U.S. taxpayers.

Across the four MOUs, which total nearly $2.3 billion, the United States has committed almost $1.4 billion, with recipient countries co-investing more than $900 million of their own resources – demonstrating a decisive shift toward country ownership for infectious disease control programs. Each MOU includes clear benchmarks, strict timelines, and consequences for nonperformance – ensuring U.S. assistance delivers results against priority disease threats and reduces long-term dependence on U.S. assistance.

In Ethiopia, the United States signed a bilateral global health cooperation MOU totaling $1.466 billion. The agreement includes $1.016 billion in U.S. investment and $450 million in co-investment by the Ethiopian government. Priority programs include HIV/AIDS, tuberculosis, malaria, polio eradication, maternal and child health, and infectious disease preparedness and response, including ongoing support for the Marburg response. The MOU is structured to preserve and transition gains achieved through more than $5 billion in U.S. health assistance to Ethiopia over the past two decades, ensuring continuity of essential health functions under Ethiopian leadership. (More than $1.466 billion total, $1.016 billion in U.S. assistance, $450 million in recipient co-investment.)

In Botswana, the United States entered into a bilateral arrangement that increases Government of Botswana ownership of HIV clinical and community service delivery. With the United States providing $106 million in targeted assistance, and Botswana contributing more than $380 million of its own resources, the MOU strengthens self-reliance, supports workforce reform, and sustains HIV epidemic control beyond the 95-95-95 targets. The MOU will modernize electronic medical records and disease surveillance systems, including U.S. supported networking infrastructure that may leverage American satellite-based technologies to strengthen outbreak preparedness while advancing U.S. technological leadership. (More than $487 million total, $106 million in U.S. assistance, $381 million in recipient co-investment.)

In Sierra Leone, the United States will front-load more than $30 million in 2026 to rapidly strengthen disease surveillance, laboratory capacity, health workforce, and data systems, while Sierra Leone steadily increases its own financial contributions. By 2030, Sierra Leone will assume responsibility for most commodity costs, workforce, and laboratory expenses, significantly reducing long-term U.S. burden. The agreement aims to reduce malaria deaths by 75% and improve HIV diagnoses by ensuring that 98% of people know their HIV status and are on treatment by 2030, integrate thousands of health workers into the national payroll, and establish a national outbreak surveillance system capable of detecting epidemic and pandemic threats in accordance with the 7-1-7 standard. (More than $173 million total, $129 million in U.S. assistance, more than $44 million in recipient co-investment.)

In Madagascar, U.S. investments focus on malaria, maternal and child health, and global health security, while transitioning the infectious disease-focused community health workforce to national ownership. The arrangement aims to increase antenatal care attendance from 40% to 75% by 2030, maintain zero new polio cases, ensure nearly all confirmed malaria cases receive first-line treatment, and strengthen national surveillance and outbreak response capacity consistent with 7-1-7 benchmarks. (More than $175 million total, more than $134 million in U.S. assistance, more than $41 million in recipient co-investment.)

This is what America First leadership looks like: the United States leading the global health agenda, protecting its people from infectious disease threats, demanding accountability from U.S. assistance recipients, and delivering results for American taxpayers. The United States remains committed to signing multi-year Bilateral MOUs on Global Health Cooperation in the coming weeks with dozens of countries receiving U.S. health assistance, advancing the America First Global Health Strategy.

Restoring America's Global Health Leadership

Press Statement, December 22, 2025
Marco Rubio, Secretary of State

For far too long, the United States spent billions of dollars on global health by writing checks to NGOs and hoping results would follow. Too often, recipient nations had little say, accountability was weak, and only a fraction of that money ever reached patients on the ground. That approach was inefficient, ineffective, and unsustainable. Under President Trump's leadership, we put a stop to it.

Today, guided by the America First Global Health Strategy, the United States is working directly with sovereign nations – with governments, not intermediaries that impose one-size-fits-all solutions from the outside. This shift has restored accountability, reaffirmed national ownership, and restored America as the world's global health leader.

In recent weeks, that approach has delivered results at record speed. **Since December 4, the United States has signed landmark bilateral health Memorandums of Understanding (MOUs) with Kenya, Rwanda, Liberia, Uganda, Lesotho, Eswatini, Mozambique, Cameroon, and Nigeria**. These MOUs represent more than $8 billion in direct U.S. assistance, alongside more than $5 billion in recipient country co-investment, to combat infectious disease threats over the next five years.

These MOUs advance America's national interest. They save lives, export American health innovation, reduce waste and inefficiency, and coordinate directly with national governments to prevent, detect, and respond to global health threats on their own – making nations less reliant on U.S. taxpayers.

And this is just the beginning. More bilateral health MOUs are on the way as we continue to deliver results, keep our promises, and put American leadership – and American interests – first.

Delivering on President Trump's Commitment: America First Global Health Strategy and Bilateral Health MOUs

Fact Sheet December 22, 2025
Office of the Spokesperson

The Trump Administration is proud to announce historic progress in delivering on the America First Global Health Strategy. In just three months, we have moved with unprecedented speed and focus to

conclude a series of landmark bilateral Memorandums of Understanding (MOUs) with recipient countries. These MOUs are proof positive that President Trump's leadership is making America safer, stronger, and more prosperous — saving millions of lives and helping recipients stand on their own. The United States will continue to build on this momentum, with additional MOUs to be signed in the coming weeks.

Overview of MOUs Signed to Date

Under President Trump's America First Global Health Strategy, the United States has signed major bilateral health MOUs with Kenya, Rwanda, Liberia, Uganda, Lesotho, Eswatini, Mozambique, Cameroon, and Nigeria — representing more than $8 billion in direct U.S. investment, matched by more than $5 billion in co-investment by recipient countries.

These new MOUs are a game-changer. They maximize the impact of U.S. global health assistance to counter infectious disease threats, strengthen bilateral relationships, and help recipients build resilient, self-reliant health systems – preserving what works in U.S. health foreign assistance while rapidly fixing inefficiencies, reducing dependency, and ensuring that every tax dollar delivers real results for the American people.

- **Kenya:** Supports Kenya's leadership in charting its own health priorities by shifting more resources into the national system and reducing reliance on NGOs. Invests in data, commodities procurement, and modernization to build sustainable capacity. Incorporates meaningful co-investment commitments from Kenya aligned with ambitious yet realistic performance benchmarks, paving the way for long-term health self-reliance. $2.5 billion (More than $1.6 billion from the United States, more than $850 million from Kenya)
- **Rwanda:** Outlines a comprehensive vision to save lives and strengthen Rwanda's health system, including by moving away from NGO delivery systems, investing in cutting-edge health care infrastructure, fostering greater national ownership, and positioning Rwanda to take full control of its HIV/AIDS response by year four of the partnership. Builds on the Department's landmark award to Zipline International Inc. to support the construction of American-made advanced robotics to deliver life-saving medical products. Expands private sector partnership and investment, including developing next generation HIV treatments and deploying artificial intelligence (AI) for healthcare. $228 million (Nearly $158 million from the United States, $70 million from Rwanda)
- **Liberia:** Accelerates Liberia's transition toward self-reliance and sustainability, saving U.S. taxpayers money and securing long-term health outcomes. Supports critical areas such as HIV/AIDS, malaria, maternal and child health, and global health security. Increases Liberia's commitment to domestic health expenditures by almost $51 million to assume greater financial and operational responsibility for domestic health systems. $183 million (More than $132 million from the United States, nearly $51 million from Liberia)
- **Uganda:** Invests $1.7 billion in U.S. assistance to combat HIV/AIDs, tuberculosis (TB), malaria, and other infectious diseases while strengthening Uganda's health system matched by a more than $500 million pledge from Uganda to co-invest in line with the National Development Plan IV and Uganda's Vision 2040. Furthers Uganda's national health digitization effort. Provides support for faith-based health care providers and health care services to the Ugandan military. $2.3 billion (More than $1.7 billion from the United States, more than $500 million from Uganda)
- **Lesotho:** Supports Lesotho's efforts to combat HIV/AIDS, while bolstering the health workforce, data systems, and disease surveillance and outbreak response. Includes $132 million commitment from Lesotho to invest in its domestic HIV/AIDS response. Opens the door to innovation by providing internet connectivity for health clinics, as well as advanced robotics delivery of life-saving medical products. $364 million ($232 million from the United States, $132 million from Lesotho)

- **Eswatini:** Strengthens national health efforts, leverages American technology, and facilitates long-term sustainability of Eswatini's health system. Improves public health data systems, provides access to HIV antiretroviral medications, scales up access to highly effective HIV prevention interventions, including American-made lenacapavir. Increases Eswatini's domestic health care expenditures by $37 million. $242 million ($205 million from the United States, nearly $37 million from Eswatini)
- **Mozambique:** Expands access to cutting edge solutions to HIV/AIDS prevention, like lenacapavir. Drives advancements in malaria prevention. Increases Mozambique's domestic expenditures on healthcare by nearly 30% over five years. Improves maternal, newborn, and child health while increasing national efforts to eliminate mother-to-child transmission of HIV/AIDS. (More than $1.8 billion from the United States, and an increase of 30% in domestic health expenditures by Mozambique)
- **Cameroon:** Funds frontline health commodities and healthcare workers, strengthens laboratory networks, and modernizes data systems with secure interoperable digital tools to enhance disease surveillance and outbreak preparedness. $850 million ($400 million in U.S. assistance and a $450 million commitment from Cameroon)
- **Nigeria:** Strengthens health cooperation and reinforces national long-term leadership of Nigeria's national health systems. Drives joint action in critical areas such as ensuring reliable access to medicines and affordable integrated health care services that combat HIV/AIDS, tuberculosis (TB), and malaria, while improving maternal and child health outcomes. Invests significant resources in the more than 900 faith-based clinics and hospitals across the country. $5.1 billion (approximately $2.1 billion from the United States, nearly $3 billion from Nigeria)

The maximum duration of these MOUs is five years with no future commitment of U.S. assistance.

Core Elements of Each Bilateral MOU

Each bilateral Memorandum of Understanding reaffirms the United States' commitment to the ambitious goals that we have set over the past decades for combatting the spread of HIV/AIDS, tuberculosis, malaria, and polio, and prioritizes maternal and child health, disease surveillance, and infectious disease outbreak preparedness. The guiding principles in these MOUs include streamlining performance monitoring, reducing non-frontline investment by integrating U.S. programming within a country's broader health system, mobilizing the private sector and faith-based organizations, and requiring increased co-investment from receipt countries for healthcare workers and commodities.

Each Memorandum of Understanding also contains important and innovative provisions that facilitate long-term sustainability such as:

- **Commodities:** The procurement of commodities will be transitioned from the U.S. government to partner governments gradually over the period of the MOU. The United States has committed to covering 100 percent of frontline healthcare workers and commodities responsible for U.S. foreign assistance for the next fiscal year and will work with countries to co-invest in these efforts over time.
- **Frontline Health Workers:** Frontline health workers currently funded by the U.S. government will be mapped to the cadres of health workers that can be employed by partner governments, and those cadres of health workers will be transitioned to the partner government payroll over a multi-year period as jointly agreed.
- **Data Systems**: Funding will support the scale up of partner governments' health data systems to ensure key programmatic data for HIV/AIDS, TB, malaria, polio, and disease outbreaks can be tracked at scale long-term.

- **Co-Investment**: Partner governments will increase their domestic health expenditures over the MOU period, a critical step in ensuring partner governments have the resources they need to sustain their health response long-term without support from the U.S. government.
- **Performance Incentives**: U.S. government financial support will be linked to countries' ability to meet or exceed key health metrics with financial incentives for countries who exceed those metrics.

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APPENDIX B – Bilateral MOU - Template Agreement [unofficial]

MODEL SPECIMEN SHARING AGREEMENT BETWEEN THE GOVERNMENT OF THE UNITED STATES OF AMERICA AND THE GOVERNMENT OF [INSERT COUNTRY NAME]

PREAMBLE

The United States of America (U.S. Government) and [INSERT COUNTRY NAME] (together the "Parties") seek to engage in a bilateral Specimen Sharing Agreement ("Agreement").

Article 1. Purpose and Scope

a. The purpose of this Agreement is to promote global health security through the facilitation of the rapid sharing of specimens, samples, sequencing data, and any other associated data related to novel and emerging infectious diseases with epidemic or pandemic potential ("specimen and related data") between the U.S. Government and [INSERT COUNTRY NAME] for legitimate public health purposes, including responding to outbreaks and the development of diagnostics and medical countermeasures.

Article 2. Specimen Sharing with the U.S. Government

a. Upon a request by the U.S. Government, [INSERT COUNTRY NAME] agrees to initiate sharing specimen(s) and related data with the U.S. Government within [five (5)] days of [INSERT COUNTRY NAME] receiving such a request from the U.S. Government or on an alternative timeline as mutually agreed to between the U.S. Government and [INSERT COUNTRY NAME] on a case-by-case basis. If requested by the U.S. Government, [INSERT COUNTRY NAME] may provide sequencing data via sharing on a public database instead of or in addition to directly sharing specimens and related data with the U.S. Government.

b. [INSERT COUNTRY NAME] consents to the U.S. Government sharing the specimen and related data for the purpose of developing diagnostics and medical countermeasures with up to [ten (10)] non-U.S. Government U.S. entities ("U.S. Recipients"), each of whom must have the capability to assist in developing diagnostics and/or medical countermeasures.

Article 3. Benefits to [INSERT COUNTRY NAME]

a. In the event that a medical countermeasure is developed primarily from specimen and related data shared under this Agreement by [INSERT COUNTRY NAME], the U.S. Government, subject to the availability of funds and applicable law, shall prioritize any request by [INSERT COUNTRY NAME] for the medical countermeasure immediately behind the U.S. Government's domestic need for such medical countermeasure and make best efforts to make such medical countermeasure available to [INSERT COUNTRY NAME] at prices equal to or below those paid by the U.S. Government.

Article 4. Representations

a. Each Party affirms that its participation in any multilateral agreement or arrangement, including surveillance and laboratory networks, governing access and benefit sharing of human and zoonotic specimens and related data shall not prejudice its compliance with this Agreement.

b. [INSERT COUNTRY NAME] acknowledges that, pursuant to Section 4.7 of the Memorandum of Understanding between [INSERT COUNTRY NAME] and the U.S. Government, of [date] (MOU), so long as the U.S. Government is providing any funding under the MOU, the U.S. Government has a significant and material interest in ensuring that [INSERT COUNTRY NAME] fulfills the commitments for specimen and related data sharing set out in this Agreement and that failure by [INSERT COUNTRY NAME] to fulfill these commitments could result in changes in U.S. Government planned assistance contemplated under the MOU, the discontinuation of the MOU, or the termination of this Agreement by the U.S. Government.

Appendix C – Media Reporting; Analysis, Academic Literature Addressing Bilateral MOUs

US-Kenya health agreement suspended over patient data concerns
BMJ 2025; 391 doi: https://doi.org/10.1136/bmj.r2634 (Published 15 December 2025)
Frank Burkybile

Kenya's High Court has suspended a new US-Kenya health cooperation agreement after it received petitions over data privacy and procedural problems.

Justice Bahati Mwamuye's 11 December order halts any transfer or sharing of sensitive health data while the case proceeds.

The suspended agreement—signed in Washington on 4 December—is the first publicly announced bilateral cooperation arrangement under the US government's America First Global Health Strategy.1

The US will provide up to $1.6bn (£1.2bn; €1.4bn) in support over five years, while Kenya has committed about $850m in domestic financing…

Africa is Stuck Between Global Pathogen-Sharing Talks and Conflicting US Bilateral Agreements
Health Policy Watch, 01/12/2025 Kerry Cullinan

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The GE2P2 Global Foundation is an integrated non-profit foundation/501[c]3 and public benefit corporation affiliate founded in 2016 to advance scientific rigor, ethical resilience, and integrity in research and evidence generation across the sciences – informing governance, policy, and practice.

The Foundation has a strong record of responding to public comment and public consultation opportunities globally to strengthen and refine the development of laws, regulations, standards, policies, and guidance, and in support of other deliberative processes involving scientific rigor, research ethics and integrity. These calls are issued from organizations in the United Nations system, multilateral agencies, governments and country regulatory bodies, non-governmental organizations, civil society organizations, academic institutions, professional societies, and commercial organizations.

This Expression of Concern is one of a series where the Foundation takes note of and urges mitigating responses to actions taken by organizations as listed above which we assess to challenge, compromise or confound scientific rigour, ethics, or integrity.

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