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From Disease Control to Health Sovereignty: Why Africa Must Lead the Next Era of Global Health

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Abstract

Africa has made significant progress in improving population health over recent decades, yet many of these achievements continue to rely heavily on external funding, imported technologies, and research agendas shaped beyond the continent. This editorial argues that the next phase of Africa's health development should be guided by the principle of health sovereignty, where countries have the capacity to define their own priorities, strengthen local research and innovation, invest in resilient health systems, and participate as equal partners in global health. It highlights the critical roles of governments, universities, researchers, industry, and international collaborators in building sustainable health systems that respond to African realities. The editorial calls for greater investment in scientific capacity, local manufacturing, interdisciplinary research, and evidence informed policy as essential foundations for achieving lasting health security and improved health outcomes across the continent.

Keywords: Health sovereignty; Africa; global health; research; innovation; health systems

For decades, Africa has made important progress in improving the health of its people. Child mortality has fallen in many countries. More people are living longer. Diseases such as HIV, tuberculosis, and malaria are better controlled today than they were twenty years ago. These achievements deserve recognition because they reflect the dedication of health workers, researchers, governments, communities, and international partners who have worked tirelessly to improve millions of lives.

Yet success should not prevent honest reflection.

Behind many of these achievements lies a difficult reality. Much of Africa's health progress continues to depend heavily on external financing, imported technologies, and research agendas that are often shaped outside the continent. International partnerships have saved lives and strengthened health systems, but they have also exposed an uncomfortable truth. Too many countries remain vulnerable to decisions made elsewhere.

Recent reductions in development assistance have reminded us how fragile this dependence can be. A change in donor priorities can interrupt essential health programmes, weaken disease surveillance, delay medicine procurement, and threaten years of progress. These events should encourage us to ask an important question.

Can Africa achieve sustainable health while depending largely on resources that it does not control?

This question is not about rejecting partnerships. Global collaboration remains essential in addressing diseases that know no borders. Rather, it is about redefining the nature of those

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partnerships. Africa should no longer participate only as a recipient of support. It must increasingly become a producer of knowledge, innovation, technology, and solutions.

This is where the idea of health sovereignty becomes important.

Health sovereignty is the ability of countries to determine their own health priorities, invest in their own research, strengthen their own institutions, and develop solutions that reflect their own realities. It is not isolation. It is ownership. It is the confidence to lead while remaining open to meaningful collaboration.

Fortunately, Africa already possesses many of the ingredients needed to achieve this goal.

The continent has one of the youngest populations in the world. Universities continue to expand. Scientific output has increased steadily over the past decade. African researchers are contributing to genomics, vaccine development, behavioural science, digital health, public health, artificial

intelligence, and many other fields. During recent disease outbreaks, African scientists demonstrated that they are capable of producing evidence that influences both national and global responses.

The problem has never been a lack of talent.

The greater challenge has been creating systems that allow talent to thrive.

Universities must therefore move beyond their traditional role of teaching and become centres of innovation that generate practical solutions for society. Research should not end when an article is published. It should influence policy, strengthen healthcare systems, support industry, and improve the lives of communities. When research remains locked inside journals without changing practice, its full value is never realised.

Governments also have an important responsibility. Scientific research cannot continue to rely almost entirely on external grants. Domestic investment in research, innovation, laboratories, digital infrastructure, and human capital is essential if African countries are to build resilient health systems. Knowledge is not simply an academic product. It is a national resource.

Another lesson emerged clearly during the COVID-19 pandemic. Africa's dependence on imported medicines, vaccines, diagnostics, and medical equipment exposed serious weaknesses in health security. Expanding pharmaceutical manufacturing, biotechnology, and medical innovation across the continent is no longer simply an economic ambition. It has become a public health necessity.

The same principle applies to digital health. Artificial intelligence, precision medicine, electronic health systems, and big data are transforming healthcare across the world. Africa should not merely consume these technologies. African researchers, engineers, clinicians, and policymakers should participate actively in designing technologies that respond to local needs, respect cultural contexts, and address ethical concerns. Digital innovation should strengthen health sovereignty rather than deepen dependence.

At the same time, the health challenges facing Africa are changing. Infectious diseases remain important, but they

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now exist alongside growing burdens of non-communicable diseases, mental health conditions, antimicrobial resistance, climate related health threats, urbanisation, migration, and future pandemic risks. No single discipline can solve these problems alone.

The future belongs to interdisciplinary research.

Public health specialists, clinicians, behavioural scientists, engineers, economists, environmental scientists, social scientists, data scientists, and policymakers must increasingly work together. Complex problems require integrated solutions. This is precisely the vision that interdisciplinary research seeks to promote.

Achieving health sovereignty is therefore not the responsibility of governments alone.

Researchers must focus on questions that matter to African communities. Universities must reward innovation alongside publication. Policymakers must strengthen evidence informed decision making. Professional associations should continue raising standards of practice. International partners should support equitable collaborations that build local leadership rather than reinforce dependency.

Africa stands at an important point in its history.

The continent has an opportunity to redefine its place within global health, not simply as a beneficiary of international assistance but as a respected contributor to scientific discovery, health innovation, and policy leadership. This transition will require investment, patience, and political commitment. Above all, it will require confidence in Africa's own capacity to lead.

The measure of progress in the coming decades should not only be the number of diseases controlled or the amount of external funding received. It should also be measured by the strength of African institutions, the quality of African research, the resilience of African health systems, and the ability of African nations to shape their own health futures.

Health sovereignty is not a destination that will be reached overnight. It is a long journey that demands vision, commitment, and collaboration. But it is a journey that Africa can no longer afford to postpone.

The future of global health will be stronger when Africa is not simply participating in the conversation, but helping to lead it.

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