Align Behind Country Decisions:
A Call to Action on Health Innovation Introduction

Issued by the ALIGN Consortium (Duke Global Health Innovation Center, ENDA Santé, Keprecon, and the South African Medical Research Council) together with the Ministries of Health of Kenya, Senegal, and South Africa. Call to action developed following the 6th African Health Research and Innovation Funders Forum (AHRIFF), Cape Town, 19–21 October 2026, ahead of CPHIA 2026, Addis Ababa, 22–27 November 2026.

Why this matters now

Every year, new health products—vaccines, diagnostic tests, medicines, and digital tools—become available to African health systems through various channels: donor-funded programmes, commercial and private-sector markets and, increasingly, hybrid models combining the two. No country can afford to make every product available, even when combining public and private financing.

The task at hand is to ensure the right products are identified, prioritised, financed, and integrated into health systems in ways that respond to national public health needs and remain sustainable. Governments must lead on these decisions. Yet the way the global health ecosystem currently operates does not always enable them to do so.

Global health partners have played a pivotal role in supporting access to life-saving products and technologies over the past 20 years. Their role in financing, negotiating mutual beneficial ventures, and supporting delivery has saved lives and improved health and well-being across the continent. The global health architecture is now being reshaped around health sovereignty. The Accra Reset, outlined in the High-Level Panel's report on reforming global health architecture and governance presented at the 81st session of the UN General Assembly, calls for a shift from "nominal country ownership" to "practical sovereignty." This means establishing one national plan, one budget and one platform, with partners aligning their strategies, financing, and reporting with countries' health priorities. That shift must extend to how health products are prioritised and introduced into health systems.

The ALIGN Consortium, through our work and engagement with governments in Kenya, Senegal, and South Africa, has identified recurring pressures on these decisions.

Ministries of health carry responsibility for sustaining essential services, primary healthcare, and essential health products within a constrained fiscal space for health. Their ability to do so is further shaped by decisions of ministries of finance, subnational governments, and other actors who control budgets and resource allocation. Investments concentrated on a small number of new products or priority diseases can pull attention and resources away from these core, critical responsibilities. Funders typically focus on a handful of products for a handful of diseases. Ministries of health, by contrast, answer for the whole population and every condition affecting it.

New products are often introduced with external financing for the first years of roll-out, while assessment of total cost, recurrent expenditure, and fiscal space for health are frequently deferred until that financing comes to an end. Disease-specific financing has built valuable expertise, but also parallel structures and reporting that fragment introduction decisions. Streamlined grant processes and consolidation among funders are welcome; however, on their own, they will not deliver the change needed unless matched by investment in country institutions, implementation capacity and decision-making systems.

What country ownership means in practice

Country ownership is more than a term in the health sovereignty conversation, and it goes beyond governments being consulted on, or participating in, partner-funded projects. In the words of the Accra Reset, countries should "own the decisions, the financing framework and the data." In practice, **governments set the priorities and their sequence**, **empower national institutions** with the authority and resources to implement these decisions, **own the data and tools** behind decisions, **convene the decision process** across ministries, treasury, and regulators, **communicate the decision** to partners and communities, and **remain accountable** after partner support ends. They do so through participatory introduction processes that engage civil society, communities, health workers, and other stakeholders in defining needs and assessing results. Civil society, in turn, has an essential role in accountability and oversight, holding both governments and partners to their commitments. The role of global partners is to support and respect country-owned systems and processes for health product introduction, even when this means a country chooses not to introduce a product a global partner has sponsored. When national evidence points to a different sequence from a partner's product priorities, saying "not now" is sound governance, not a closed door.

> *"Where there is no alignment, there is no adoption. If partners come in at the beginning, at the design stage, with communities and with government, we avoid that."*
> **–DR. NONHLANHLA NDLOVU, DEPUTY DIRECTOR-GENERAL, NATIONAL DEPARTMENT OF HEALTH, SOUTH AFRICA**

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Our call to global partners

The Accra Reset calls for partners to align behind one national plan, one budget, and one platform. Building on this, the ALIGN Consortium calls on global partners financing and supporting health product introduction to commit to the following:

1. **Bring governments in early:** Engage African governments in research and development (R&D), product development, market-shaping, and financing discussions before launch decisions are fixed, so that investment follows country priorities, demand and health system capacity, and R&D responds to the priorities set out in national health plans.

> *"We are at the steering wheel. Funders should co-create and co-develop with us the innovations that will solve our priorities."*
> ***–DR. NAZILA GANATRA, DIRECTOR, DIRECTORATE OF HEALTH PRODUCTS AND TECHNOLOGIES, MINISTRY OF HEALTH, KENYA***

2. **Finance national priorities, not individual products:** Align funding with nationally determined priorities and national health plans, informed by disease burden, equity, health technology assessment, and budget-impact analysis, and protect the essential services and primary healthcare that ministries of health must sustain. Support national priority-setting requiring comparative, portfolio-based appraisal rather than single-product advocacy and align funding cycles with government planning and budgeting cycles.

> *"Countries must define their own priorities. Every new proposal should be assessed against [the National Health System Transformation Strategy (SNTSS) 2025–2034], not decided project by project."*
> ***–ABDOULAYE DIALLO, HEAD OF THE RESEARCH DIVISION, DIRECTORATE OF PLANNING, RESEARCH, AND STATISTICS, MINISTRY OF HEALTH AND PUBLIC HYGIENE, SENEGAL***

3. **Plan for sustainability from the start:** Make financing predictable and multi-year. Assess total cost, recurrent expenditure and fiscal space at the point of prioritisation, not when external financing ends. Co-develop credible, costed transition plans with governments before a product is introduced, setting out what each partner funds and delivers, and when external support ends, so that continuity of essential services is protected.

> *"Context and governance are critical whenever we want to innovate. The only way to understand the context for sustainability is to bring government to the table."*
> ***–PROF. MOSOKA FALLAH, DEPUTY DIRECTOR, AFRICA CDC***

4. **Invest in the institutions that decide:** Strengthen whole-of-government capacity, at national and subnational levels, to assess, govern, and monitor how health products are introduced and scaled, including health technology assessment (HTA) units and processes, horizon scanning, implementation research, national regulatory systems, and cross-government coordination mechanisms. Use and reinforce existing country systems, including supply chains, health information systems, and the health workforce, rather than building parallel ones.

> *"Invest in public-sector capacity: our national and county institutions, our regulators, and our technical experts."*
> ***–DR. NAZILA GANATRA, DIRECTOR OF HEALTH PRODUCTS AND TECHNOLOGIES, MINISTRY OF HEALTH, KENYA***

5. **Share market intelligence and decision-support tools:** Provide timely, transparent data on health products. To make informed choices, governments need information on pipelines, regulatory status, costs, supply, and demand. Support public decision-support tools that let governments compare products against consistent, nationally defined criteria, alongside appropriate local and regional manufacturing.

> *"To decide, we need the information: the priority need, where it is, the gaps, readiness, and the full cost, including training."*
> ***–ABDOULAYE DIALLO, HEAD OF THE RESEARCH DIVISION, DIRECTORATE OF PLANNING, RESEARCH, AND STATISTICS, MINISTRY OF HEALTH AND PUBLIC HYGIENE, SENEGAL***

6. **Align with one another:** Coordinate funding, processes, and reporting in alignment with each country's national health plan, so that reforms in how funders work—such as streamlined grants and consolidation—mean fewer parallel processes and less reporting for governments. Where regional action adds value, such as regulatory cooperation through the African Medicines Agency, channel support through African regional institutions, while decisions stay with national governments.

> *"Do not run parallel systems. Fund systems."*
> ***–DR. NONHLANHLA NDLOVU, DEPUTY DIRECTOR-GENERAL, NATIONAL DEPARTMENT OF HEALTH, SOUTH AFRICA***

7. **Respect country decisions and share accountability:** Accept nationally determined decisions on whether, when, and at what scale an innovation is introduced, including a decision of "not now," and do not make wider support conditional on the uptake of a specific product. Agree on transparent commitments, shared results frameworks, and regular joint review with governments, with progress tracked publicly.

> *"Stewardship means holding to the evidence, even under external pressure, and assessing every request against our national plan."*
> ***–ABDOULAYE DIALLO, HEAD OF THE RESEARCH DIVISION, DIRECTORATE OF PLANNING, RESEARCH, AND STATISTICS, MINISTRY OF HEALTH AND PUBLIC HYGIENE, SENEGAL***

Our commitment

The Governments of Kenya, Senegal, and South Africa are already leading this work to strengthen their systems for prioritising and introducing health products. In support of that leadership, the ALIGN Consortium will continue to:

- **Generate and share evidence** on prioritisation and decision-making systems, examples of portfolio-based approaches to introducing innovations, and approaches to strengthen coordination across government and market actors.
- **Make practical tools openly available,** including the ALIGN Global Market Intelligence Hub, an interactive decision-support tool, alongside readiness assessment and portfolio planning resources for governments and partners, and **support their integration into national decision-making systems** through country-led data governance, regular updates, and application to prioritisation, pricing, and procurement decisions.
- **Convene governments and global partners,** enabling government-to-government learning across Kenya, Senegal, and South Africa, and reporting back on progress against these commitments at the next AHRIFF.

Country ownership is not a destination reached when external financing ends. It is built now, in the way global partners choose to invest and engage. We invite global partners to align with it.

Invitation to endorse

We invite you to endorse this call to action and join us in championing country-led decision-making for health product prioritisation and introduction.

Click here to endorse.

Endorsements

- **Access Bridge**
- **African Society for Laboratory Medicine (ASLM)**
- **ASKAAN**
- **AVAC**
- **Centre for Point-of-Care Diagnostics (CPOC-Dx), University of Pretoria**
- **Clinton Health Access Initiative (CHAI)**
- **Coalition of Health Research & Development (CHReaD)**
- **Corporate Council on Africa (CCA)**
- **Council of Governors (CoG) Kenya**
- **Global Health Technologies Coalition (GHTC)**
- **Health Programmes, Human Capital and Institutional Development Directorate, African Union Development Agency (AUDA-NEPAD)**
- **Kenya Healthcare Federation**
- **Medical Device Manufacturers of South Africa (MDMSA)**
- **National Institute for Communicable Diseases (NICD), University of Witwatersrand**
- **PATH**
- **South African Medical Technology Industry Association (SAMED)**
- **Southern African Laboratory Diagnostics Association (SALDA)**
- **Speak Up Africa**
- **Strengthening Africa's Health Technologies Advocacy Coalition (SAHTAC)**
- **West Africa Regional Office, African Population and Health Research Center (APHRC)**

About the ALIGN Consortium

The ALIGN Consortium aims to improve health outcomes by strengthening the critical decision-making systems that determine how health product innovations are prioritized and introduced in countries, to make those systems more effective and efficient. Comprised of the **Duke Global Health Innovation Center**, **the South African Medical Research Council** (SAMRC), **Keprecon**, and **ENDA Santé**, the ALIGN Consortium supports the national governments in Kenya, Senegal, and South Africa to enhance innovation introduction, looking at four focus areas: whole-of-government coordination and capacity strengthening, data-driven decision-making, whole-of-market engagement (including national, regional, and global engagement), and portfolio-based planning. The goal is to create more accountable, resilient health systems that deliver better health outcomes faster for all, and to generate insights, tools, and resources that can be used by stakeholders around the world.