AFRICA FRONTLINE FIRST

AFRICA FRONTLINE FIRST · UNGA81 ROUNDTABLE

From Transition Ambition to Investment Reality

Synthesis of UNGA81 roundtable on community health financing and sustainability and additional analysis of Africa's community health financing landscape.

New York · September 2026 · Prepared for roundtable participants and AFF partners

On the margins of the 81st UN General Assembly, Africa Frontline First convened Ministries of Health, regional institutions, philanthropic and multilateral funders, community health workers, and implementing partners in New York for a roundtable on community health financing and sustainability. This report synthesizes that discussion and pairs it with AFF's own analysis of the community health financing landscape.

01 — SUMMARY AND PRINCIPLES FOR THE TRANSITION

Financing Principles In Practice

Community health financing is at an inflection point. External funding fell sharply in 2025, even as countries like Kenya showed that political will and coordinated financing can move fast when aligned. The roundtable's throughline was that this transition can be financed deliberately, or it can be financed by accident. We can build a bridge toward sovereignty or fall off a fiscal cliff. The five principles below point toward the former. Drawn from the discussion, they are intended for anyone financing, designing, or implementing community health programs through this transition.

1

Finance the transition, not just the destination.

Governments are increasingly ready to fund CHW salaries; the gap is in the one-time, upfront costs of the systems that make that financing durable — data, payment rails, workforce development. Time-limited catalytic capital targeted at those costs is the highest-leverage dollar in the room.

2

Put data in government hands.

Performance data is only a political asset if the government holding it can use it to make the case for its own budget. Shared dashboards and masterlists should be built as government infrastructure, not donor reporting tools.

3

Coordinate before you fund.

The “one funder bloc, one compact” vision and the Accra Reset's “one-stop country compacts” are the same idea from two directions. Funders who align behind a single national plan do more with the same dollar than funders who don't.

4

Integrate by design, not by retrofit.

CHWs belong inside primary health care and the broader workforce team from the start of program design, not folded in after the fact. Catalytic funds that require integration as a condition of financing, like the ICHS Fund, are a model worth replicating.

5

Direct new capital toward adoption, not just tools.

Technology-motivated philanthropy is a real opportunity for the sector, but only if a meaningful share funds the governance, implementation capacity, and infrastructure that determine whether a tool actually gets used.

02 — WHERE WE STAND

Progress We Can Point To and Distance Still to Travel

The room began by naming how far we have come. A decade ago, professionalized community health was still an idea gaining traction; today it is national policy in a majority of the countries doing this work seriously. Countries are shifting from volunteer to professional cadres. Donors, delivery partners, and governments are increasingly moving together under one country agenda.

1.04M of 2M	50 of 92	106,826	$250M+
CHWs deployed vs. the AU's 2030 target (Africa CDC-UNICEF survey)	CHIC priority countries with proCHW policy in national plans	CHWs supported by AFF and the Global Fund since 2023	Unlocked by AFF across 18 countries since 2023

CHW density, however, remains at just 7.5 per 10,000 population — well below the 25-per-10,000 benchmark Africa CDC has set for reaching universal health coverage, and only six countries currently finance more than 80% of their CHW programs domestically.

Country Examples: What Momentum Looks Like

Uganda is moving from a volunteer model to a salaried cadre of Community Health Extension Workers, backed by a costed ten-year financing plan and new CHEW lines in the national budget. The government is clear that it can own the recurrent wage bill if partners target support in areas like digital supervision systems, payroll integration, or district budgeting pilots. These are the systems that let government pay and manage its workforce well.

Zambia is moving 1,800 of its 11,600 Community Based Volunteers onto government financing by 2029 (15% of the cohort). It is already paying them through PayFlex, a government platform. Barriers include a need to strengthen the PayFlex system and community data and a lack of integration between community data tools and national systems. Zambia's invitation to partners is to complete the national workforce registry and route payments and performance data through one channel, rather than build parallel ones.

Kenya is a pacesetter. Powered by political will, delivery partners, and donors increasingly acting together via the CHU4UHC platform, Kenyan CHWs were recently added to the country's social health insurance scheme, with their fees paid for. From policy announcement to implementation, CHWs saw benefits delivered at an incredibly rapid pace.

> ***"There was no lag between policy commitment to policy implementation."***
> CHW ROUNDTABLE PARTICIPANT

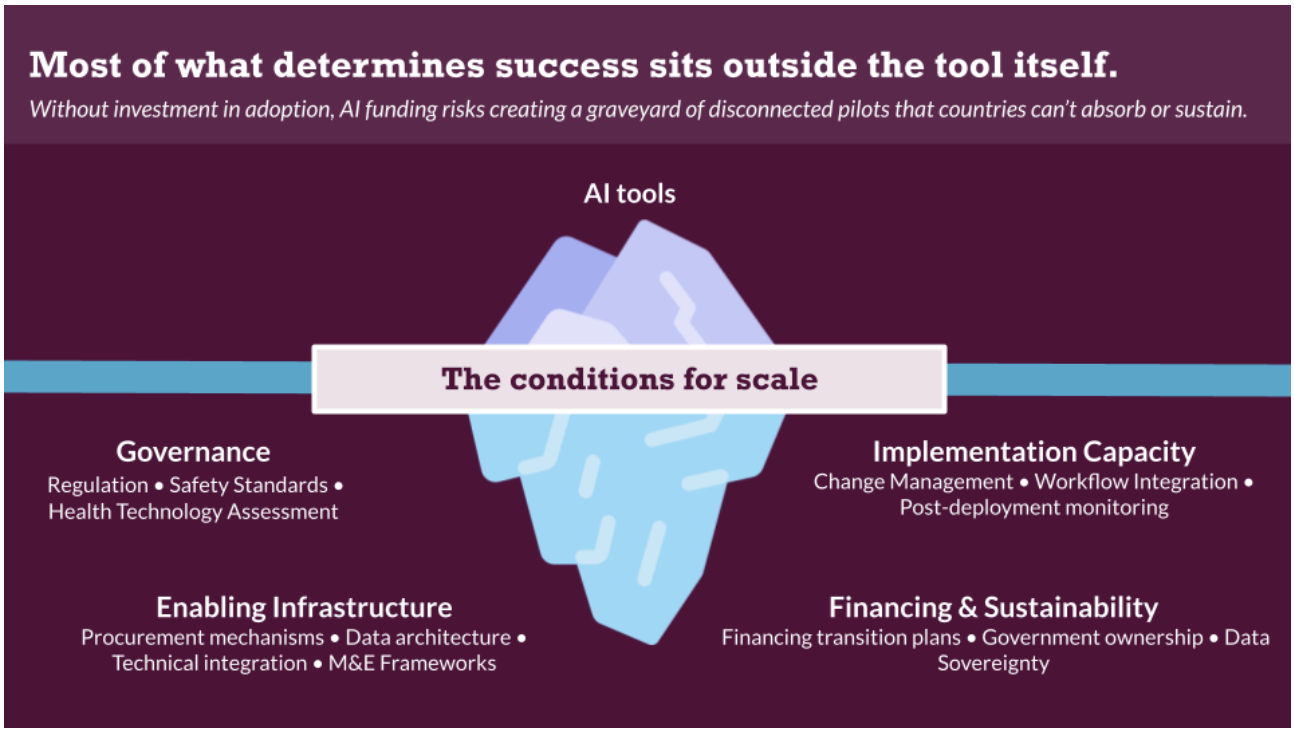
The Financing Reality and the AI Wave

That progress sits against a financing environment which shifted hard in 2025. Global ODA fell 23.1% to $174.3 billion, the largest annual contraction on record. Bilateral ODA to sub-Saharan Africa fell 26.3% in 2025, with another 11.6% decline expected in 2026. Under the Global Fund's eighth replenishment cycle (GC8), combined Global Fund and U.S. government funding across 29 countries is projected to fall 29% from $11.3 billion to $8 billion compared to last cycle. Community health funding specifically is contracting between 10% and 35% across several focus countries.

Two different numbers are worth noting:

I. Sub-Saharan Africa's annual UHC financing gap is an estimated **$66 billion**.
II. The annual financing needed for professionalizing and sustaining CHWs is **$4.3 billion**, per the upcoming Africa CDC Continental Acceleration Plan. This is large but a fraction of the UHC gap, and one where targeted, catalytic capital can make a difference.

As UNGA81 conversations made clear, a new wave of technology-motivated philanthropic capital is entering global health. It won't replace shrinking ODA, but it will be significant. Frontline delivery is a major platforms to deploy AI-enabled health services responsibly. The roundtable's caution was equally clear: whether an AI tool succeeds depends mostly on what's below the waterline (governance, implementation capacity, enabling infrastructure, and financing sustainability), not on the tool itself. Without investment in adoption, AI funding risks creating a graveyard of disconnected pilots that governments can't absorb or sustain. **The opportunity is to direct a share of this capital toward exactly that adoption readiness and shared infrastructure, so it reinforces the transition.**



Four Threads, One Argument

The Aid Transition

Countries agreed on the destination: sustainability. Governments are increasingly willing to absorb recurring CHW costs including pay, but need targeted, time-limited support for upfront costs of getting there such as building data systems, strengthening payment infrastructure, and workforce development. A growing number of countries are developing sustainable financing plans for community health (at least seven supported by AFF), and there is a real body of experience to learn from, including Gavi's experiences in graduating countries from Gavi support.

WHAT THIS MEANS: *This aid transition period is a high-opportunity moment to create a new, more durable compact between governments and donors.*

Enabling Conditions: Five Drivers of Sustainability

AFF's own framework, drawn from this and prior engagements, identifies five drivers of a sustainable transition that were all raised at the Roundtable. They are mutually reinforcing. Weakness in one undermines progress in all.

Some participants envisioned funders organizing so a country negotiates with one bloc under one compact, echoing the Accra Reset's call for "one-stop country compacts" (below). Funders also spoke of building closer, more direct relationships with governments in service of a sovereign agenda. Kenya's CHU4UHC is one example to learn from.

Better decisions, including allocation decisions, also require better data: a growing number of countries have built CHW masterlists in recent years, and digital payment systems are proving to be a double win. This combination improves remuneration reliability and CHW performance while generating the data governments need to make their own case for sustained investment.

Integration: Not Another Silo

CHWs cannot become another silo in the health system, and funders should not accidentally build one around them. CHWs need to be a fully integrated part of primary health care and the broader health workforce team. **This also means taking the dialogue to Ministries of Finance.**

> ***"If the conversation stays only in health circles, it will die in health circles."***
>
> ROUNDTABLE PARTICIPANT

The catalytic financing landscape reflects an attempt to integrate community health into PHC. Each of these vehicles is significant alone, and together could be transformative.

Vehicle	Timeframe	Funding	Reach	Focus
Project BIRCH	2023–2025	$26.5M	17 countries	Technical assistance to help governments cost and plan CHW programs, align GF funding and domestic financing, and strengthen supervision, payment, and data systems
AFF Catalytic Fund	2024–2026	$97.6M	106,000+ CHWs	Catalytic grants for CHW pay, training, supplies, and supervision, designed to unlock government commitments to sustain them
Integrated Community & Health Services (ICHS) Fund	2027–2029	$112.9M	24 countries	Integrating CHWs into primary health care, workforce planning, public financial management, and digital health systems, with domestic co-financing built in; matched to GC8
Mastercard Foundation Community Health Workforce Program	Through 2030	~$500M	600,000 CHWs across 24+ countries	Dignified, fulfilling work for CHWs, especially young people and women, through career pathways, systems strengthening, and financial sustainability

WHAT THIS MEANS: *There is a significant opportunity to align catalytic and philanthropic capital in the next few years, and push for integration of community health, which strengthens sustainability.*

Sovereignty

The Accra Reset supplied both the political container and, at UNGA81, a concrete framework for this conversation. Launched by Ghana's President John Mahama a year earlier, following an August 2025 health sovereignty summit in Accra, the Accra Reset's High-Level Panel used UNGA81 to release A Sovereign Future for Health — a blueprint proposing five political shifts and ten recommendations for reforming global health cooperation.

The report's core recommendations map directly onto what the room discussed: domestic resources as the foundation of national health financing, rather than the residual; one-stop country compacts jointly led by Ministries of Health, Finance, and Planning; and a call to reform — through "commit, collaborate, consolidate, close" — the five global institutions that account for the largest flows of health funding and the most burdensome country-level processes: Gavi, the Global Fund, the Global Financing Facility, the Pandemic Fund, and Unitaid.

> **WHAT THIS MEANS:** *Sovereignty is a financing agenda as much as a political one — and community health, with its heavy reliance on external financing, is one of the clearest tests of whether the Accra Reset's principles translate into practice.*

04 — WHAT'S NEXT

Continuing the Work, Together

In the coming months, Africa CDC's Continental Acceleration Plan will provide detailed guidance for reaching the next million community health workers and sustaining the workforce already in place; the Continental Coordination Mechanism has been directed to convene in Abuja to launch it. AFF will continue to pair catalytic financing with the technical assistance and country partnerships that make both sustainable, and we look forward to continuing this conversation with everyone who joined us in New York.

Thank you for being part of this year's roundtable. We've come far. There's a lot more to do, and we're glad to be doing it together.

Additional Resources:

This report was prepared from a roundtable discussion held at the UNGA81 in New York and AFF's internal analysis and materials. Additional key reference materials include:

- Financing Progress Towards Health Sovereignty: Africa Frontline First's 2023-2025 Impact Report
- Africa CDC Call to Action on Scale-up to 2 Million CHWs
- ProCHW Policy Dashboard - Community Health Impact Coalition
- Accra Reset 2026 High Level Report and Implementation Recommendations