

Lusaka Agenda Explained
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December 2024

Throughout 2024, the Lusaka Agenda has been a hot topic in global health. What is it and why is it generating so much buzz?

While the Lusaka Agenda refers to a [specific document](#) that was born out of a 14-month research and consultation process, the name has come to be interpreted in different ways. On the one-year anniversary of its launch – December 12th, Universal Health Coverage (UHC) Day – it is worthwhile to reflect on how the Lusaka Agenda has evolved from a list of policy recommendations to a multifaceted effort to transform health financing and accelerate progress toward UHC.

The genesis of the Lusaka Agenda was in late 2022, when a multisectoral group of stakeholders came together under the leadership of Kenya and Norway to form the [Future of Global Health Initiatives](#) (FGHI). FGHI consisted of a [Steering Group](#), a [Research and Learning Task Team](#), and a [Commitments Task Team](#). Each of these groups was composed of a diverse range of representatives from countries, civil society and philanthropic organizations, global and regional health agencies, as well as financing partners. Their job: engage in research, dialogue, and deliberation to identify how financing for global health could be restructured to ensure that countries are in the lead when it comes to setting priorities for their own health systems.

Why the Lusaka Agenda? Why Now?

Many of the ideas put forward in the Lusaka Agenda are not new. The Paris Declaration on Aid Effectiveness (2005) offered a practical roadmap to guide donors and recipient countries toward new modes of collaboration to achieve impactful development outcomes. Nearly two decades later, however, the landscape of global aid continues to be fragmented and neglectful of recipient countries' priorities.

So, what makes the Lusaka Agenda different?

There are significant new political and economic pressures on donor and implementing countries, as well as global health initiatives (GHIs), to make every dollar count. The global health ecosystem has evolved, and new initiatives and actors continue to emerge, creating more fragmentation in financial flows. Power imbalances in decision-making persist, and countries' efforts to achieve UHC through patient-centered primary healthcare are far from being realized. At the same time, disease burdens are changing and placing new and different demands on health systems. Non-communicable diseases and mental health conditions are on the rise, outbreaks of infectious diseases continue apace, and new health risks presented by climate change have proven to be unpredictable and often devastating.

By some accounts, the status quo of global health funding is [unsustainable](#). The FGHI process that led to the development of the Lusaka Agenda sought to identify alternatives to the current situation, recognizing that any durable change to the ecosystem will realistically take years, if not decades, to achieve. And while this transition is expected to be gradual, there has already been a remarkable level of political commitment, including from [G7](#) and [African Union](#) leaders, to the principles of the Lusaka Agenda. Many activities have been undertaken to begin embedding its principles into global health praxis. This responsiveness is a testament to the fact that many stakeholders are prepared to make a real change in how business is done. That the agenda has been embraced by so many constituents is also a reflection of the sound consultative process to develop the recommendations.

Applying the Lusaka Agenda Principles

The Lusaka Agenda – which is a presentation of conclusions from the FGHI process – proposes five key shifts to stimulate change in global health financing over the long-term. The recommendations give special attention to the role of GHIs that contribute substantially to financing global health.¹

1. GHIs strengthen their support for **integrated delivery of primary healthcare services**, in alignment with one national plan
2. GHIs and other external sources of financing support a **gradual transition toward sustainable, domestically-financed health services** and public health functions
3. Promote equity in health outcomes by **strengthening the complementarity** between GHIs and existing public and private sector providers, and community-led organizations
4. Ensure GHI's **governance and operating models are streamlined** to reduce administrative burden on countries and ensure responsiveness to communities' needs
5. **Improve access to quality health products** in underserved regions by promoting research and development, and regional manufacturing capacities for products that are “fit-for-purpose”

In many ways, these objectives are self-evident when considering the evolution of global health priorities. Some of these ideas have been endorsed in other recent multilateral policy instruments, showing that the Lusaka Agenda accurately reflects the current zeitgeist in global health.^{2,3}

¹ GHIs included Gavi, the Vaccine Alliance (Gavi), the Global Fund to Fight AIDS (GF), Tuberculosis and Malaria and the Global Financing Facility for Women, Children and Adolescents (GFF), with additional consideration of Coalition for Epidemic Preparedness Innovations (CEPI), Unitaid and the Foundation for Innovative New Diagnostics (FIND).

² [2023 Political Declaration of the High-level Meeting on Universal Health Coverage](#): Paragraph 45

³ [World Health Organization Fourteenth general programme of work, 2025–2028](#): Joint outcome 3.2, Corporate outcome 1

Stakeholders have started to own the agenda in different ways, and a spectrum of activities is underway to start realizing the five shifts. Countries in Africa have been particularly responsive to the agenda. The Central African Republic, Democratic Republic of the Congo, Ethiopia, Ghana, Malawi, Mozambique, Senegal and South Sudan, are taking the lead as “champion countries”, driving implementation of the Lusaka Agenda in their countries and on the continent.

Prominent public health institutions in Africa are also moving quickly to initiate the key shifts. The Africa Constituency Bureau is focused on advocacy for the Lusaka Agenda and communities and civil society have identified their [priorities](#) for making the Lusaka Agenda successful. The World Health Organization’s Africa Regional Office is scaling up technical assistance, including trainings on financial management for countries, and has hosted Member State convenings, including to support the development of the [Roadmap for Implementation of the Lusaka Agenda in Africa](#). The Africa Centres for Disease Control and Prevention has been mandated by the African Union Commission to operationalize February’s African Union Assembly decision to “support the establishment of an accountability mechanism within the AU architecture to ensure the effective implementation of the Lusaka Agenda in Africa”. The organization recently announced the launch of the [Continental Secretariat of the Lusaka Agenda](#), which will oversee a monitoring and accountability framework, as well as a scorecard for timely reporting to AU Heads of State.

Meanwhile, Gavi, the Global Fund, and the Global Financing Facility have also taken important steps to harmonize their business operations and streamline pathways for countries to obtain and manage grant funding. By [establishing a joint committee working group](#) to enhance collaboration and coordination, the GHIs are demonstrating responsiveness that is commendable, given the complicated administrative and decision-making structures of each of these organization.

Where Do We Go from Here?

In the year since the Lusaka Agenda launched, much has been done to embed the principles of the work into practice. Many partners are exploring how best to leverage their comparative advantages and improve upon working models. But the global health community is large and diverse, and there is still work to be done to socialize these ideas with stakeholders across sectors. The Lusaka Agenda represents a paradigm shift, and it will take time to understand if the strong initial traction can be sustained over time.

The individuals and organizations that composed the Future of Global Health Initiatives and the subsequent Lusaka Agenda Working Group have disbanded, based on the shared understanding that if the five shifts are to be successful, all partners must see themselves as owning part of the work. Relegating the entire scope of the agenda to a singular governance unit would be contrary to the spirit of the effort. That said, many desire to see

some coordination across efforts. This has led to the development of a report commissioned by the Norwegian Agency for Development Cooperation, [Stewardship of the post-Lusaka Agenda global process: Issues and options](#). Others are also thinking critically about [ways to measure progress](#) against this ambitious new change agenda.

Time will tell how much Member States choose to embed the principles of the Lusaka Agenda into their policymaking efforts in multilateral fora like UN General Assembly in New York, the World Health Assembly in Geneva, the African Union and in the work of the G7 and G20. These processes can be resistant to the use of new terminology, but it is likely the ideas expressed in the Lusaka Agenda will take root, however, because they're good ideas that have been deeply considered by a large and diverse group of global health practitioners. The appetite has never been higher for new approaches to global health financing, and while there is no single solution to complex challenges like health systems financing, the Lusaka Agenda has already stimulated new thinking and catalyzed needed change.