US–African data sharing agreements come under scrutiny

Politicians and health experts have raised concerns about data protection in the health assistance agreements between the USA and several African countries. Paul Webster reports.

The Data Sharing Agreements (DSAs) included in recently negotiated health assistance Memorandums of Understanding (MOUs) between the USA and numerous African nations are attracting growing scrutiny.

On Aug 11, 2026, a group of eight US senators wrote to the US Secretary of State, Marco Rubio, seeking details around data protection and sensitive patient information within the DSAs, and whether data transfers will be consistent with US and African nations' domestic data protection laws and the African Union's Data Policy Framework.

The senators also asked whether any of the African health data obtained by US officials will be shared with "US-based third parties for any commercial purpose, including to train any artificial intelligence models".

34 countries have signed MOUs, the senators noted, and the State Department "has not publicly shared how many include an accompanying DSA. Only eight of these MOUs and only one of the DSAs have been made publicly available, either by State or partner countries".

In some instances, the senators noted, DSAs require US Government officials to have direct log-in credentials for highly sensitive nationally owned data systems. "This is unprecedented and at odds with US policy concerning the data of American citizens", the senators said.

In response to written questions about the senators' concerns from *The Lancet*, the State Department said that the MOUs with African nations commit "more than $14·3 billion in US assistance alongside more than $9·6 billion in co-investment from recipient countries, building on decades of progress fighting HIV/AIDS, malaria, tuberculosis, and other infectious diseases around the world".

The MOUs "share only the same kinds of aggregated, de-identified data that has been shared and used for years in the fight against HIV/AIDS, malaria, tuberculosis, and other diseases. All data sharing is consistent with each country's laws and approvals. No personally identifiable information is being received or shared by the US Government", the State Department explained.

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Neither the US Government nor any private American companies receive or review any personally identifiable information under these DSAs, the Department said. "Streamlined and robust data systems within both partner countries and the US are critical to improve health outcomes in partner countries and keep Americans safe."

Jane Munga, a former Kenyan Government health data strategist who directs the Africa Technology Policy Tracker project at the Carnegie Endowment for International Peace, says that while the State Department's clarifications are helpful, much greater transparency is needed. "This should be a process that is done with visibility and publicly, due to the sensitive nature of health data and because it deals with public financing on both sides", Munga argues. And while the Department's insistence that no personally identifiable data is being shared with the USA is reassuring, Munga adds, various ways of identifying personal information within large datasets can be devised. "This is a concern that should be addressed", says Munga, "hopefully in the addendums".

Regarding the US MOU with Nigeria, which commits $2·1 billion in US health program support, Seye Abimbola, a health systems professor at the University of Sydney who was formerly a researcher with Nigeria's National Primary Health Care Development Agency, says he worries that the current US administration is heavily influenced by "Silicon Valley" and that although "the overall agreement could be very beneficial to Nigeria, of course, the data sharing elements of it are not very transparent".

"Data is the new gold", observes Deborah Sebatta, a digital health data researcher at the University of Makerere in Kampala, Uganda, who says Uganda's MOU with the USA startled many Ugandan analysts who consider it to be in conflict with national and international data protection legal acts. "The problem is once the data leaves the country of origin", Sebatta argues, "it becomes difficult for the data protection acts to even work or to protect the people whose data has been given out."

Stephanie Psaki is a senior fellow for global health and national security at the Council on Foreign Relations who led the implementation of the 2024 US Global Health Security Strategy. "I think this comes back to the perspectives of the countries on the other side of the negotiating table—do they have the same take as the US Government?" Psaki told *The Lancet*. "Would they be comfortable if those data were shared more widely? Even if that is not the intention of the State Department global health team, and I personally don't think that it is, it is always a risk, and it is more of a risk given the track record of this administration."

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