2026

AHS INDEX

AFRICA **HEALTH SECURITY** INDEX

Tracking Progress and Building Resilience

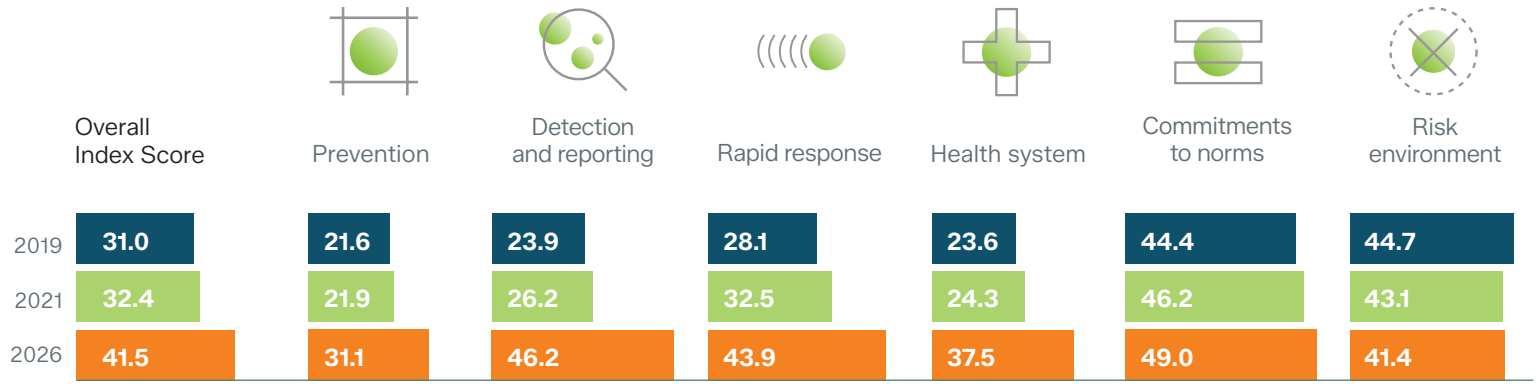
African countries are building stronger systems to advance health security and sovereignty. However, the scale and speed of rising health threats call for urgent actions and increased investment.

More frequent outbreaks, climate change, unstable funding, and political and security risks continue to increase vulnerability. Investment and partnership are more important than ever.

The AHS Index offers objective, transparent, comparable data over time to support evidence-based decision-making, strengthen accountability, and guide investment priorities for African-led preparedness and resilience.

Africa's health security capacity has improved, with gains across prevention, detection, and response. The average **score reached 41.5 out of 100**, up from 32.4 in 2021. Scores in 52 of 54 countries and five of six categories improved by at least one point since 2021.

THE INDEX ASSESSES DATA ACROSS SIX CATEGORIES



**Data is out of 100*

Health security capacities are growing but are not yet enough.

Biosecurity and biosafety capacities improved but remain critically low

- Average capacity scores improved but remain low: 14.9 for biosecurity, 18.2 for biosafety, and 1.9 out of 100 for dual-use research of concern.
- The number of national labs and specimen transport systems increased, but growth is outpacing biosecurity and biosafety capacities.

Biosurveillance capacity is growing

- Early detection and reporting improved in 53 countries, reflecting stronger biosurveillance systems, though progress varies by region.
- Fifty-two countries have wastewater and environmental surveillance efforts and 48 have genomic sequencing capacity—but programs vary in maturity.

Medical countermeasure (MCM) development is outpacing deployment

- MCM capacity rose across all five regions, however countries have better capacities to develop MCMs (average score: 56.5 out of 100) than deploy them (20.7 out of 100).
- Adoption of non-pharmaceutical interventions declined post-pandemic; fewer countries maintain pandemic-era guidelines in 2026.

Climate-related health security capacity is improving

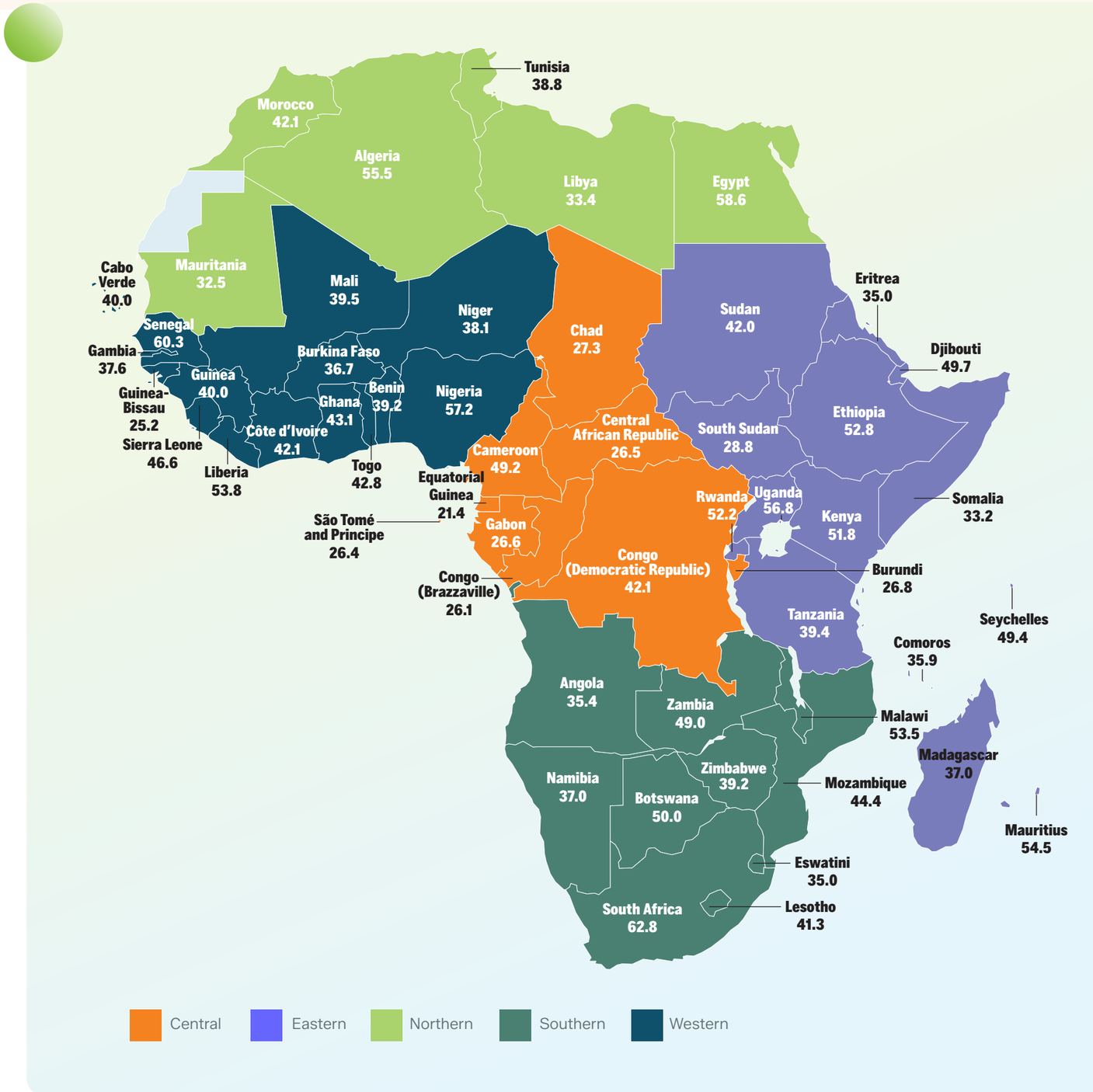
- Access to water infrastructure rose to 69% (up from 51%); and sanitation infrastructure rose to 46% (up from 38%).
- Zoonotic disease management capacities strengthened by more legislation, plans for expanded surveillance, data sharing, and emergency response planning.

Regional health security infrastructure is strengthening, but unevenly

- The number of countries meeting field epidemiologist staffing thresholds nearly doubled; 52 countries now have Emergency Operations Centres, and animal health emergency agreements grew from two countries to 36 since 2019.
- Only eight countries are tracking dangerous pathogen facility locations.

National health security financing commitments show signs of strain

- The average score tracking commitments to pandemic-capacity improvements declined slightly, from 52.5 to 50.5.
- Eighteen countries no longer show evidence of commitments, while seven new countries do.



The data highlight progress and prompt a call to action

The data show important gains but may not yet reflect the full impact of declining official development assistance, which could erode progress. Ongoing investment and targeted action are required to close critical gaps and maintain capacities.

Governments, multinational organizations, regional entities, funders, and the private sector must act.

- Require all future investments in infectious disease research and pandemic prevention, preparedness, and response (PPR) to include biosecurity and biosafety resources and training.
- Develop and adopt national-level biosecurity and biosafety legislative and regulatory frameworks, leveraging regional guidance.
- Expand investment in emerging surveillance approaches and early warning and detection capacity, along with commensurate investment in decision-making tools to translate data into action.
- Formalize inter-country cooperation agreements that support the response to infectious disease outbreaks that cross borders.
- Build robust MCM deployment capacities—such as workforce surge planning, last-mile distribution, and for non-pharmaceutical-intervention implementation frameworks modeled on initiatives like the 100 Days Mission—to complement the strong push on MCM development.
- Prioritize the development of a harmonized emergency use authorization framework as an integral piece of further building the Africa Medicines Agency.
- Strengthen water and sanitation infrastructure to prevent disease transmission.
- Adopt a One Health approach to disease surveillance by establishing and maintaining infectious disease surveillance systems within wildlife, poultry, and livestock populations.
- Make public and demonstrable commitments to financing pandemic PPR.
- Establish a systematic, publicly accessible, global, pandemic spending tracker and endorse minimum pandemic PPR financing benchmarks.

EXPLORE DETAILED DATA FOR EACH COUNTRY

ADDITIONAL FINDINGS, RECOMMENDATIONS, AND DETAILS

LEARN HOW THE INDEX WAS DEVELOPED
Shaped by African experts to meet the needs of health security leaders.

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Co-led by NTI, Brown University Pandemic Center, Economist Enterprise, and Science for Africa Foundation, in collaboration with University of the Witwatersrand (Johannesburg, South Africa) and University of Tunis El Manar (Tunis, Tunisia), and guided by African public health and security leaders.

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