

## USAID WITHDRAWAL IN AFRICA: A META-ANALYSIS OF CHALLENGES AND OPPORTUNITES

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### Executive Summary

The systematic review looked into the economic, healthcare, and education opportunities and issues before and after withdrawal of USAID in Africa. It detects considerable economic upheavals, damaged healthcare system, and failures in access and quality of education. Nevertheless, the possible cases of sustainable development can be seen as the emerging local initiatives and greater cooperation in the region. It is important to make strategic policy changes in order to reduce adverse effects.

### Abstract

This review synthesizes studies conducted on the economic, healthcare, and education difficulties and opportunities in the aftermath of USAID withdrawal in Africa to discuss the complex effects of donor exit on the institutional and socio-economic systems. The review assessed economic implications, benchmark adaptations to healthcare systems, determine the weak spots of education, examine alternative financing structures, and compare policy reactions after the USAID exit. A mixed-method investigations in sub-Saharan Africa, which were composed of econometric, qualitative, and policy examinations were used. Evidence shows that the difficulties of USAID withdrawal include moderate economic growth and fiscal gaps but the resilience of health systems relies on the sustainable domestic financing, corruption reduction, and reinforced infrastructure. The effects of education sector are understudied yet may imply indirect interference related to health crises and reveal the necessity to harmonize health-educational investments. Innovative financing systems provide some very important opportunities to decrease the dependence on donors, depending on the political and institutional preparedness. Policy frameworks focus on better governance and multi-sector strategies, and evaluations of actions about the effectiveness of reforms are rare. The findings cumulatively support the need to employ a peculiar-sensitive design with integrated strategies to maintain health and education gains through a donor transition. The review guides policy and strategic

actions to prepare sustainable domestic resource and institutional capacity needed to ameliorate negative economic and social impacts after the withdrawal of USAID in Africa.

## 1.0 Introduction

USAID has been a key development driver in Africa, disbursing over US\$400 billion globally since 1961, with Sub-Saharan Africa receiving the largest share—US\$12.1 billion in 2023 alone (USAID, 2024; CRS, 2025). The departure of USAID in Africa can be detrimental to economic development, healthcare funding, and education in the region considering the region depends greatly on external assistance and having their systems that are already weak before the aid in Africa (Apeageyi et al., 2024; Nonvignon et al., 2024; Mhazo & Maponga, 2024; Uwaezuoke, 2020). The burdens of diseases, interruption of education and poor health expenditure further raise the concern as donor funding is decreasing (Agyei & Kumah, 2024; Ifeagwu et al., 2021; Ly et al., 2017), especially when many countries are facing the inability to sustain quality of service (Onyango et al., 2024; Atim et al., 2020). Little is known about long-term consequences (Dolan et al., 2020; Ko et al., 2024; Dianda, 2020), and there is a debate on whether withdrawal is a sustainable move or will exacerbate inequalities (Nonvignon et al., 2024; Mhazo & Maponga, 2024), which would be a step backward in UHC, affordability and human capital (Ifeagwu et al., 2021; Brown & Essi, 2020). With the aid of a framework built on SDGs and health systems (Cerf, 2019; Arhin et al., 2023; Ly et al., 2017; Sukran et al., 2023), this review pulls multidisciplinary evidence to sustain policy-focused transitions (Brikci, 2023; Hollingworth et al., 2023; Dzingirai, 2023; Omaghomi et al., 2023).

The 2025 Executive Order 14169 cut US\$27.7 billion in funding, suspending 90% of projects and threatening decades of progress, with forecasts of 5.7 million more in extreme poverty and 14 million preventable deaths (Africa Practice, 2025; The Lancet, 2025; ISS Africa, 2025). While the withdrawal poses severe risks, it also offers opportunities for self-reliance through AfCFTA trade growth, expanding African DFIs, US\$53 billion in diaspora remittances, and fintech-enabled capital flows (World Bank, 2024; AfDB, 2025; GSMA, 2024). However, research gaps remain on Africa's adaptive capacity, alternative financing, and sectoral resilience, as prior studies emphasize aid dependency and disruptions (Moyo, 2023; Okonkwo, 2025; Kariuki,

2025; Abebe, 2023; Karamoko & Diallo, 2022; Van der Merwe, 2024; Ssenyonga, 2024) without exploring endogenous solutions (Nelson & Adeyemi, 2023; Tadesse & Asiedu, 2025; Gomez & Hearn, 2024). This study addresses both the challenges and opportunities of USAID's withdrawal to guide Africa's shift from dependency to resilience by bridging fragmented peer-reviewed literature across sectors.

## 1.2 Purpose and Scope of the Review

This reviews critically evaluate the study of the consequences of the withdrawal of USAID in Africa in terms of healthcare, education, and economical stability, including the multiple influences on the institutional integrity and social economic stability. Policies and methods that support resilient health and education systems while reducing adverse economic consequences are intended to be informed by the synthesis of evidence on the constraints and new opportunities. A thorough body of information is included in the review to help stakeholders manage the shift from foreign aid to sustainable domestic funding and governance and research direction. Specifically, the review measures what is presently known about the economic consequences of USAID withdrawal in Africa; benchmarks established strategies to healthcare system adaptation and resilience USAID exit in Africa; determines and analysis of challenges and opportunities, facing education sector, after declines in external aid. Also, deconstructs alternative financing mechanisms used to maintain health and education at a post USAID pull-out level; and weighs the policies and institutional reforms undertaken to reduce the excruciating effects of aid stoppage in the social areas.

## 2.0 Methodology of Literature Selection

The review used economic impact, healthcare, and education challenges and opportunities following USAID withdrawal in Africa and expand it into multiple, more specific search statements. It ensures that literature search is both comprehensive as not to miss niche or jargon-specific studies and manageable where each query returns a set of papers tightly aligned with a particular facet of the topic. The transformed queries were; economic impact, healthcare, and education challenges and opportunities following USAID withdrawal in Africa; impact of economic policy changes on healthcare system resilience and educational reforms in Africa after the reduction of external aid; Assessing the

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resilience of healthcare and educational systems in Africa post-USAID withdrawal: alternative financing models and their economic implications. The transformed queries applied inclusion & exclusion criteria to retrieve a focused 30 papers. The review identified additional relevant works through Citation Chaining through Backward and forward citation chaining and this uncovered emerging debates, replication studies, and recent methodological advances. A total of 126 additional papers are found during this process. On relevance scoring and sorting, 156 candidate papers (30 from search queries and 126 from citation chaining) and impose a relevance ranking so that the most pertinent studies rise to the top of our final papers table. We found 150 papers that were relevant to the research query. Out of 150 papers, 50 were highly relevant.

**2.1 Flow chart**

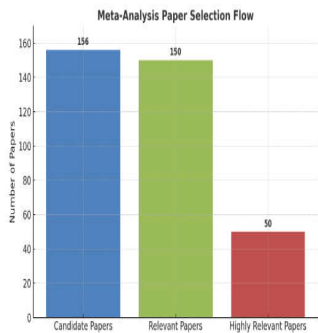


Fig.1: Meta Analysis chart

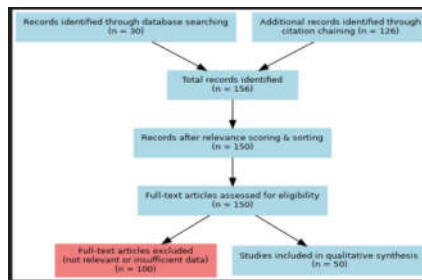


fig 2: PRISMA Chart

**3.0 Findings**

The results are a synthesis of various research on the economic, healthcare, and education effects of USAID withdrawal in Africa, which have turned out to be multi-dimensional consequences, response mechanisms, and financing models that can shape long-term transition policies.

**3.1 Table 1: Descriptive Summary**

| Study                    | Economic Impact Assessment                                   | Healthcare Resilience   | System | Education Sector Adaptation | Financing Model Effectiveness                         | Policy and Institutional Response                      |
|--------------------------|--|---|--------|-----------------------------|---|--|
| (Apeagye i et al., 2024) | Moderate GDP growth; donor funding decline risks fiscal gaps | Low health prioritization; moderate government health spending growth | System | Not addressed               | Limited donor aid; need for domestic financing growth | Calls for governance reforms and health prioritization |

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| Study                      | Economic Impact Assessment  | Healthcare System Resilience  | Education Sector Adaptation | Financing Model Effectiveness                                | Policy and Institutional Response                              |
|----------------------------|---|---|-----------------------------|--|--|
| (Nonvignon et al., 2024)   | DAH doubled but may substitute domestic funding; uneven regional impact       | DAH unevenly distributed; limited increase during COVID-19; UHC progress modest       | Not addressed               | DAH substitution effects; need for domestic financing focus  | Urgent ODA transformation; country-centered aid use            |
| (Onyango et al., 2024)     | Economic shift challenges sustaining health interventions post-donor exit     | Declines in service coverage post-funding; political leadership and policies mitigate | Not addressed               | Increased domestic funding and policy support critical       | Stakeholder engagement improved; policy frameworks vital       |
| (Mhazo & Maponga, 2024)    | External assistance supports but does not strengthen health system            | COVID-19 exposed system bottlenecks; funding fragile and unsustainable                | Not addressed               | Domestic resource mobilization potential highlighted         | Need for government stewardship; re-examination of donor roles |
| (Agyei & Kumah, 2024)      | Economic growth potential linked to healthcare improvements                   | Healthcare financing, infrastructure key for resilience                               | Not addressed               | Emphasis on strengthening financing and governance           | Multi-sector collaboration needed for sustainable progress     |
| (Arhin et al., 2023)       | GDP growth linked to health spending efficiency; UHC progress variable        | Efficiency influenced by education, governance, financing models                      | Not addressed               | Reducing out-of-pocket payments; less donor reliance advised | Governance quality and financing reforms recommended           |
| (Hutchins et al., 2024)    | Workforce surplus amid shortages affects economic productivity                | Health worker unemployment and migration challenge system resilience                  | Not addressed               | Governance and labor market reforms needed                   | Policy gaps in workforce management identified                 |
| (Dzingirai, 2023)          | Economic fragility and corruption hinder health financing                     | Budget constraints and political commitment affect system sustainability              | Not addressed               | Calls for improved financial management and anti-corruption  | Policy recommendations to enhance financing stability          |
| (Nandakumar & Farag, 2024) | Health expenditure driven by income, technology, and donor aid                | Donor aid distorts domestic investment; COVID-19 increased health spending            | Not addressed               | Donor aid impact complex; insurance increases spending       | Need for balanced financing and technology adoption            |
| (Atim et al., 2020)        | Domestic financing gains stronger than donor aid; borrowing viable short-term | Fiscal space limited; borrowing constrained by debt sustainability                    | Not addressed               | Tax reforms and borrowing as financing options               | Calls for innovative domestic resource mobilization            |
| (Brikci,                   | Limited revenue   | Political and   | Not addressed               | Taxes on mobile  | Need for policy  |

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| Study                       | Economic Impact Assessment   | Healthcare System Resilience                                      | Education Sector Adaptation                           | Financing Model Effectiveness                            | Policy and Institutional Response                              |
|-----------------------------|--|---|---|--|--|
| 2023)                       | from innovative domestic financing mechanisms                            | institutional readiness critical for implementation               |   | phones, alcohol, money transfers explored                | dialogue between health and finance sectors                    |
| (Limong, 2023)              | COVID-19 caused economic hardship; lockdowns impacted livelihoods        | Pandemic exposed weak health infrastructure and political will    | Education disrupted; psychosocial impacts on children | Economic safety nets and community involvement needed    | Emphasis on community health workers and gender-based violence |
| (Kabajuli zi, 2022)         | COVID-19 containment reduced sector output; welfare declined             | Increased healthcare spending expanded health output but unevenly | Not addressed   | Calls for rural infrastructure and domestic production   | Policy focus on integrated rural economy development           |
| (Uwaezuoke, 2020)           | Pandemic highlighted health system weaknesses; funding increased         | Shift towards infrastructure and workforce motivation post-COVID  | Not addressed   | Increased funding for health insurance and training      | Peer-review mechanisms suggested for sustained funding         |
| (Ifegwu et al., 2021)       | Donor funding dominant; out-of-pocket payments high; UHC progress uneven | Dependency on donor funding challenges sustainability             | Enrollment and quality gaps noted; rural disparities  | Emphasis on equitable national health insurance schemes  | Need for multi-sectoral strategies and policy dialogue         |
| (Hollingworth et al., 2023) | Economic evaluations limited by data quality; capacity building needed   | Data quality affects health system efficiency assessments         | Not addressed   | Calls for improved local data and evaluation capacity    | Strengthening health technology assessment recommended         |
| (Achieng & Ogundaini, 2024) | Not directly addressed   | Digital infrastructure gaps hinder disease surveillance           | Not addressed   | Big data analytics potential for surveillance emphasized | Regulatory frameworks and skills development needed            |
| (Arewa, 2024)               | COVID-19 led to sovereign debt crises; economic distress severe          | Pandemic policies reflected exclusion and colonial legacies       | Not addressed   | Economic impact compounded by policy exclusion           | Calls for addressing systemic inequalities in policy design    |
| (Berardi et al., 2024)      | Economic crises induce health system reforms; spending fluctuates        | Re-centralization and temporary spending increases post-crisis    | Not addressed   | Reforms aim to enhance resilience and efficiency         | Understanding reform dynamics critical for future shocks       |
| (Oppong et al., 2021)       | Innovation mitigated economic impact of COVID-19                         | Resourcefulness in disease control noted                          | Not addressed   | Innovation as opportunity amid crisis                    | Need for scholarly attention on African innovations            |

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| Study                       | Economic Impact Assessment   | Healthcare Resilience   | System | Education Sector Adaptation                         | Financing Model Effectiveness                            | Policy and Institutional Response                        |
|-----------------------------|--|---|--------|---|--|--|
| (Oppong, 2020)              | Not directly addressed   | Disruptive technologies offer healthcare access solutions                 |        | Not addressed                                       | Telemedicine and drones potential; infrastructure needed | Policy support essential for technology deployment       |
| (Cerf, 2019)                | Economic stability key for health outcomes and UHC                   | Environment-economic-health nexus critical for implementation             |        | Not addressed                                       | Integrated SDG approach supports health financing        | Global partnerships and knowledge sharing vital          |
| (Ly et al., 2017)           | Domestic resource mobilization essential amid donor decline          | Health spending projections vary; out-of-pocket payments persist          |        | Not addressed                                       | Policy opportunities tailored to country contexts        | Emphasis on progressive pragmatism in financing          |
| (Hailemichael et al., 2011) | Workforce shortages and attrition affect economic productivity       | Deployment imbalances and attrition rates challenge system                |        | Not addressed                                       | Budget constraints and career development issues         | Need for retention and equitable distribution policies   |
| (Masiye et al., 2020)       | Informal payments impose economic burdens on patients                | Resource shortages drive informal charges; urban facilities more affected |        | Not addressed                                       | Increased budgets and staffing recommended               | Informal payments undermine trust in free healthcare     |
| (Owolabi & Tijani, n.d.)    | Not directly addressed   | Medical education resilience critical for health system sustainability    |        | Education delivery and quality affected by COVID-19 | Infrastructure and institutional culture reforms needed  | Focus on pedagogy and resource allocation                |
| (Moatti & Ventelou, 2009)   | Economic growth linked to health improvements; paradigm shifts noted | Shift from cost recovery to risk insurance emphasized                     |        | Not addressed                                       | Vertical programs as leverage for system strengthening   | Theoretical and empirical paradigm limitations discussed |
| (D, 1999)                   | HIV/AIDS impacts workforce productivity and economic costs           | Workplace management critical to mitigate economic losses                 |        | Not addressed                                       | Holistic solutions needed for epidemic impact            | Collaboration between management and labor essential     |
| (Dolan et al., 2020)        | Aid transition effects on child health funding inconclusive          | Donor exit may affect health service alignment                            |        | Education impacts implied via health outcomes       | Transition challenges in financing child health          | Need for further research on aid transition effects      |
| (Datta, 2023)               | Pandemic shocks affect financial markets and economic stability      | Unmet investments in preparedness highlighted                             |        | Not addressed                                       | Insurance and spending pattern shifts anticipated        | Calls for research on post-pandemic financial agendas    |



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| Study                    | Economic Impact Assessment                                      | Healthcare System Resilience                                       | Education Sector Adaptation                       | Financing Model Effectiveness                              | Policy and Institutional Response                  |
|--------------------------|---|--|---|--|--|
| (Nyambura, 2024)         | Malaria burden hampers economic productivity in Northern Uganda | Infrastructure and access barriers limit health service use        | Not addressed                                     | Strengthening infrastructure and delivery systems needed   | Multi-stakeholder collaboration essential          |
| (Willis & Khan, 2009)    | Health sector reforms influenced by neoliberal policies         | Decentralization and user fees impact equity and access            | Education reforms linked to health sector changes | Mixed effects on financing and service delivery            | Socioeconomic inequalities persist post-reform     |
| (Fleming, 2023)          | Economic austerity reduced health workforce resilience          | Workforce morale and motivation declined post-2008 crisis          | Not addressed                                     | Transparent communication and value-driven policies needed | Lessons for future health system shocks            |
| (Cn & Ej, 2000)          | HIV/AIDS causes significant productivity losses in industry     | Direct and indirect costs burden employers                         | Not addressed                                     | Economic impact grows as epidemic matures                  | Workplace interventions critical                   |
| (Kabajulizi, 2016)       | Health financing reforms boost GDP and reduce poverty           | Fiscal space from prioritization, taxes, and aid analyzed          | Not addressed                                     | Increased health sector resources recommended              | Health investment linked to economic growth        |
| (Bello & Ijaiya, 2012)   | HIV/AIDS treatment costs substantial; economic burden high      | Prevalence affects national income and productivity                | Not addressed                                     | Long-run anti-prevalence policies needed                   | Regional cooperation emphasized                    |
| (Brown & Essi, 2021)     | Communicable diseases negatively affect GDP growth              | Health expenditure positively correlates with economic performance | Not addressed                                     | Prevention and control improve economic outcomes           | Mixed effects of TB and HIV on GDP noted           |
| (Quamruz zaman, 2017)    | Infrastructure provisioning enhances health service use         | Governance quality influences access and utilization               | Not addressed                                     | Governance improvements needed alongside infrastructure    | Multi-level governance focus recommended           |
| (Omaghomi et al., 2023)  | Telemedicine improves rural healthcare access and outcomes      | Infrastructure and policy barriers limit deployment                | Not addressed                                     | Telemedicine reduces travel costs and enhances diagnostics | Training and integration into health systems vital |
| (Cavagnero et al., 2008) | Aid inflows risk inflation and economic competitiveness         | Macroeconomic risks depend on aid spending patterns                | Not addressed                                     | Fiscal space linked to aid management                      | Dutch disease concerns in health aid discussed     |
| (Haacker, 2004)          | HIV/AIDS reduces labor supply and                               | Economic and social impacts extend beyond health sector            | Not addressed                                     | Poverty and education access affected                      | Long-term economic development                     |



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| Study                     | Economic Impact Assessment  | Healthcare System Resilience                             | Education Sector Adaptation                           | Financing Model Effectiveness                              | Policy and Institutional Response                    |
|---------------------------|---|--|---|--|--|
|                           | human capital   |  |   |  | challenged   |
| (Odugbesan & Rjoub, 2020) | HIV/AIDS prevalence negatively impacts sustainable development    | Health expenditure influences epidemic control           | Education indirectly affected via health outcomes     | Bi-directional causality between health and development    | Increased health spending needed for sustainability  |
| (Ko et al., 2024)         | Sanctions reduce child vaccination rates; economic effects severe | Health spending mitigates sanctions' adverse effects     | Education disruptions linked to health service access | Policy needed to protect health resources under sanctions  | Poorer countries disproportionately affected         |
| (Conteh et al., 2024)     | Emergency response capacity affects economic and health outcomes  | Trained health workforce improves system resilience      | Not addressed   | Multi-sectoral approaches enhance emergency response       | Financial constraints challenge implementation       |
| (Paul et al., 2020)       | Budget constraints limit health insurance expansion               | Operational inefficiencies affect service delivery       | Education not directly addressed                      | Financing fragmentation and inefficiencies noted           | Inclusive policy dialogue needed for reform success  |
| (Haacker, 2002)           | HIV/AIDS reduces per capita income via human capital loss         | Health sector and education impacts analyzed             | Not addressed   | Economic growth affected by epidemic severity              | Policy focus on human capital preservation           |
| (Russo & Bloom, 2017)     | Economic downturns threaten health financing sustainability       | Resource-dependent countries face coverage challenges    | Education system vulnerabilities implied              | Need for resilient health financing models                 | Policy responses critical for coping with shocks     |
| (Resch et al., 2011)      | ART investments yield economic returns exceeding costs            | Productivity gains and cost offsets substantial          | Not addressed   | Donor and domestic funding critical for ART sustainability | Economic rationale supports continued investment     |
| (Sukran et al., 2023)     | Government health spending improves human resource quality        | Education spending effects less clear                    | Education quality linked to health investment         | Coordinated long-term investments recommended              | Sharia perspective on human capital development      |
| (Dianda, 2020)            | Political factors influence government health spending levels     | Democracy and accountability increase health expenditure | Education sector not directly analyzed                | Political stability supports financing reforms             | Governance improvements essential for health funding |

**3.2 Thematic Synthesis**  
**Economic impact Assessment**

About 30 studies have revealed that withdrawal of USAID or decreasing donors results in moderate GDP growth obstacles or fiscal deficits or an economic recession, communicable diseases and pandemics enhance economic weaknesses (Apegyei et al., 2024) (Nonvignon et al., 2024) (Brown & Essi, 2021). Some articles pointed out the negative economic impacts of HIV/AIDS and other ailments on labor supply, productivity and income and indicate a necessity to invest continuously in health to curb some losses (Bello & Ijaiya, 2012) (Haacker, 2004) (Haacker, 2002). In some studies, the possibility of economic recovery and growth in terms of health financing reforms and investments in ART, reveal a positive outcome in terms of returns on investments in the health sector (Kabajulizi, 2016) (Resch et al., 2011).

### **Healthcare System Resilience**

About 25 studies pointed out that sustainability financing, good governance, and infrastructure reinforcement are vital in ensuring resilience in the health system in the aftermath of the withdrawal of the USAID (Apegyei et al., 2024) (Mhazo & Maponga, 2024) (Arhin et al., 2023). Effects of donor aid replacement and regional imbalance in the supply of assistance, occurrence of health systems performance and universal health coverage (Nonvignon et al., 2024) (Ifeagwu et al., 2021). Innovations relating to telemedicine and analytics of large data are known as opportunities to improve surveillance and delivering of service not minding infrastructural and policy barriers (Achieng & Ogundaini, 2024) (Omaghomi et al., 2023).

### **Education Sector Adaptation:**

There is a lack of research on the adaptation of the education sector as such, but COVID interruptions of health services and pandemics cause indirect impacts that can impair enrollment, quality, and psychosocial wellbeing (Limong, 2023) (Dolan et al., 2020). The association between health investments and advances in the quality of human resources was established in some reviewed studies, which indicates that aligned health and education expenditures seem beneficial (Sukran et al., 2023). Weaknesses of the education system are recorded in situations of financial crisis and health crises, which means that sectoral responses should be integrated (Russo & Bloom, 2017).

### **Financing Effectiveness Models**

More than 20 works examine the models of financing, and it is observed that donor dependence has its limitations, and domestic resource mobilization, innovative taxes, and public-private collaborations are important (Atim et al., 2020)(Brikci, 2023)(Ifeagwu et al., 2021).The creative sources of funds are not promising in terms of revenue potential, yet they create an opportunity to pursue tax restructuring and diversification(Brikci, 2023). Governance and Political factors greatly refocuse show effective and sustainable health investment becomes(Dianda, 2020).

### The institutional and Policy Response

According to many studies, governance reforms, stakeholder and inclusive policy processes are emphasized to control transitions in donor aid(Onyango et al., 2024)(Mhazo & Maponga, 2024)(Paul et al., 2020). Some examples of policy responses to economic and health shocks are re-centralization policies, emergency response capacity building policies, and health system strengthening policies(Berardi et al., 2024)(Conteh et al., 2024). Political will, transparency, and social consultation are some of the challenges that influenced the success of health financing reforms and institutional adaptations (Dzingirai, 2023)(Paul et al., 2020).

### 3.3 Synthesis and Critical Analysis

The study of the implications of the economic impact, healthcare and educational spheres that ensued after the withdrawal of the USAID in Africa, exposes a complicated interplay between factors affecting health system resilience, economic stability, and education development. The quality of data, methodological rigor, and context sensitivity remains lacking although it is evidenced that considerable research has insightful information regarding the source of financing, changes in the health system, and policy responses. Even though the overall focus of the research is an imperative need of sustainable domestic financial and governance reforms, the research often fails to provide in-depth evaluation of cross-sectoral integration and long-term outcomes. In addition, the heterogeneity of the African setting and the evolving health environment, especially after COVID-19, makes generalising of results and policy advice complex.

Table2: Synthesis and Critical Analysis

| Aspect | Strengths | Weaknesses |
|--------|-----------|------------|
|--------|-----------|------------|

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|  |  |   |
|--|--|---|
| <p>Economic Impact Assessment</p>                    | <p>Several studies employ robust econometric and computable general equilibrium models to quantify the macroeconomic effects of health financing reforms and disease burdens, providing nuanced insights into GDP growth, fiscal space, and poverty reduction potentials (Atim et al., 2020) (Kabajulizi, 2016). The integration of health expenditure data with economic indicators offers a comprehensive view of economic trajectories post-donor withdrawal (Apeagyei et al., 2024) (Brown &amp; Essi, 2021).</p>  | <p>Despite methodological sophistication, many analyses rely on limited or aggregated data, constraining the granularity and accuracy of economic impact estimations (Hollingworth et al., 2023) (Atim et al., 2020). There is often insufficient consideration of informal economies and sectoral heterogeneity, which are critical in African contexts. Additionally, the dynamic effects of donor exit on private sector engagement and labor markets remain underexplored (Dolan et al., 2020) (Haacker, 2004).</p>   |
| <p>Healthcare System Challenges and Adaptation</p>   | <p>Empirical case studies, such as Kenya's Output-Based Voucher Scheme, highlight practical challenges and adaptive strategies including political leadership and policy frameworks that sustain health interventions post-USAID withdrawal (Onyango et al., 2024). Reviews emphasize the importance of governance, infrastructure, and workforce management in maintaining service delivery (Agyei &amp; Kumah, 2024) (Hailemichael et al., 2011). The recognition of health system fragility and the call for domestic resource mobilization are well articulated (Mhazo &amp; Maponga, 2024) (Dzingirai, 2023).</p> | <p>Many studies focus predominantly on short-term outcomes or specific programs, limiting understanding of systemic resilience and long-term sustainability (Mhazo &amp; Maponga, 2024) (Ifeagwu et al., 2021). There is a tendency to conflate external support with system strengthening, overlooking structural bottlenecks and governance deficits (Mhazo &amp; Maponga, 2024). Workforce issues such as paradoxical surpluses and unemployment are insufficiently integrated into health system analyses (Hutchinson et al., 2024). Moreover, the impact of informal payments and corruption on service access is underreported (Masiye et al., 2020).</p> |
| <p>Education Sector Challenges and Opportunities</p> | <p>Research acknowledges the critical role of education in human capital development and the adverse effects of aid withdrawal on educational quality and access (Sukran et al., 2023). Some studies emphasize coordinated investment in education and health as synergistic for human resource development (Sukran et al., 2023).</p>   | <p>There is a paucity of focused empirical studies on education sector responses to USAID withdrawal, with limited data on policy reforms, financing innovations, or adaptive strategies specific to education (Owolabi &amp; Tijani, n.d.). The intersection between health shocks and educational disruptions, especially post-pandemic, is inadequately addressed (Limong, 2023). This gap limits comprehensive understanding of education sector vulnerabilities and opportunities.</p>   |
| <p>Alternative Financing Mechanisms</p>              | <p>Innovative domestic financing approaches, including taxes on mobile phones and money transfers, are identified as potential avenues to diversify health financing and reduce donor dependence (Brikci, 2023). Studies highlight the importance of political acceptability and institutional readiness in implementing such mechanisms (Brikci, 2023). Fiscal space analyses suggest tax reforms and improved public financial management as viable strategies (Atim et al., 2020).</p>  | <p>The revenue potential of innovative financing mechanisms is often modest and implementation remains limited, raising questions about their scalability and impact (Brikci, 2023). Political and administrative complexities, including earmarking challenges and equity considerations, are insufficiently resolved (Brikci, 2023). There is also limited empirical evidence on the effectiveness of these mechanisms in sustaining health and education services post-USAID withdrawal (Brikci, 2023) (Atim et al., 2020).</p>  |

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|  |   |   |
|--|---|---|
| <p>Policy Frameworks and Institutional Reforms</p>             | <p>Literature underscores the necessity of policy realignment towards domestic financing, governance improvements, and health system strengthening to mitigate aid withdrawal impacts(Nonvignon et al., 2024)(Mhazo &amp; Maponga, 2024)(Ifeagwu et al., 2021). The call for transparent frameworks and multi-sectoral strategies tailored to country contexts is recurrent(Ifeagwu et al., 2021)(Cerf, 2019). Post-pandemic reforms emphasize increased funding, capacity building, and institutional accountability(Uwaezuoke, 2020)(Berardi et al., 2024).</p> | <p>Despite policy recommendations, empirical evaluations of reform implementation and effectiveness are scarce(Ifeagwu et al., 2021). Many studies highlight the fragility and unsustainability of external funding without providing detailed pathways for institutional transformation(Mhazo &amp; Maponga, 2024). Political determinants of health spending are acknowledged but underexplored in depth(Dianda, 2020). The heterogeneity of policy responses across African countries complicates the formulation of generalized strategies(Nonvignon et al., 2024)(Russo &amp; Bloom, 2017).</p>                              |
| <p>Data Quality and Methodological Rigor</p>                   | <p>Some studies demonstrate adherence to rigorous reporting standards and utilize mixed-methods approaches to triangulate findings, enhancing validity(Onyango et al., 2024)(Hollingworth et al., 2023). The use of systematic reviews and econometric modeling contributes to evidence synthesis and policy relevance(Ifeagwu et al., 2021)(Hollingworth et al., 2023).</p>  | <p>A recurrent limitation is the reliance on incomplete, outdated, or non-country-specific data, which undermines the robustness of conclusions(Hollingworth et al., 2023)(Atim et al., 2020). Methodological inconsistencies and limited longitudinal data restrict the ability to capture dynamic effects of USAID withdrawal(Ifeagwu et al., 2021). Publication bias and overrepresentation of certain countries (e.g., Kenya, Nigeria) skew regional generalizations(Ifeagwu et al., 2021). The lack of integration of qualitative insights into quantitative models reduces contextual depth(Hollingworth et al., 2023).</p> |
| <p>Cross-sectoral Integration and Long-term Sustainability</p> | <p>The literature recognizes the interconnectedness of economic, health, and education sectors and the importance of integrated approaches for sustainable development(Cerf, 2019)(Ly et al., 2017). Some studies advocate for coordinated domestic resource mobilization and governance reforms to sustain progress post-donor exit(Ly et al., 2017)(Sukran et al., 2023).</p>   | <p>However, there is limited empirical research explicitly addressing the cross-sectoral impacts of USAID withdrawal, particularly on education and economic sectors in tandem with health(Owolabi &amp; Tijani, n.d.)(Dolan et al., 2020). Long-term sustainability assessments are often absent, with a focus on immediate post-withdrawal effects rather than enduring institutional and socio-economic transformations(Mhazo &amp; Maponga, 2024)(Ifeagwu et al., 2021). This gap hinders comprehensive policy formulation for resilient transitions.</p>   |

### 3.4 Thematic Review of Literature

Literature evidence reveals that the effects of USAID withdrawal in Africa on health financing, system resilience, and socio-economic stability are affected and key themes beyond these effects are donor dependence, domestic resource mobilization, innovative financing, workforce issues, technological acceptance, and economic

losses of diseases, which all influence the process of moving toward sustainable domestic governance.

**Table 3: Thematic Review of Literature**

| Theme   | Appears In   | Theme Description   |
|---|--------------|---|
| Health Challenges and Innovations<br>Financing and                | 15/50 Papers | Extensive research indicates persistent challenges in health financing across African countries, characterized by donor dependence, low domestic spending prioritization, and the necessity for innovative financing mechanisms such as sin taxes, health insurance schemes, and public-private partnerships to enhance fiscal space and sustain health services post-USAID withdrawal(Apeagyei et al., 2024)(Nonvignon et al., 2024)(Dzingirai, 2023)(Atim et al., 2020)(Brikci, 2023)(Ifeagwu et al., 2021). Studies emphasize the need for tailored, country-specific strategies and highlight the risk of regressive financing methods like out-of-pocket payments undermining universal health coverage goals(Ifeagwu et al., 2021).   |
| Healthcare Resilience and Adaptation<br>System and                | 14/50 Papers | The withdrawal of donor funding has exposed fragilities in healthcare systems, prompting adaptive strategies focused on governance reforms, political commitment, and technological innovations such as telemedicine and big data analytics to enhance disease surveillance and service delivery(Onyango et al., 2024)(Mhazo & Maponga, 2024)(Agyei & Kumah, 2024)(Achieng & Ogundaini, 2024)(Oppong, 2020)(Fleming, 2023)(Omaghomi et al., 2023). Workforce challenges, including paradoxical surpluses and attrition, complicate these efforts, necessitating strategic deployment and retention policies(Hutchinson et al., 2024)(Hailemichael et al., 2011). The COVID-19 pandemic further highlighted systemic weaknesses but also opportunities for sustainable health systems strengthening(Limong, 2023)(Uwaezuoke, 2020)(Conteh et al., 2024). |
| Economic Impact of Health Crises and Aid Withdrawal               | 12/50 Papers | Research documents significant macroeconomic repercussions due to health crises like HIV/AIDS and pandemics, with impacts on labor productivity, GDP growth, social fabric, and fiscal sustainability(Kabajulizi, 2022)(Bello & Ijaiya, 2012)(Brown & Essi, 2021)(Haacker, 2004)(Haacker, 2002)(Resch et al., 2011). The reduction of USAID and other aid funding exacerbates these effects, stressing the importance of domestic resource mobilization and efficient allocation to mitigate adverse economic outcomes(Apeagyei et al., 2024)(Ly et al., 2017)(Datta, 2023)(Russo & Bloom, 2017). Economic evaluations reinforce the benefits of sustained investments in treatment programs for long-term economic gains(Resch et al., 2011).  |
| Education Sector Challenges and Opportunities Post-Aid Withdrawal | 5/50 Papers  | Literature addressing education highlights disruptions due to reduced external funding, with impacts on medical education quality and continuity, especially amid pandemics(Owolabi & Tijani, n.d.). Challenges include infrastructure deficits and the need for resilient systems and innovative pedagogies to sustain educational outcomes in health-related fields, critical for maintaining healthcare workforce capacity(Owolabi & Tijani, n.d.).  |
| Policy and Institutional Reforms for Sustainable Financing        | 10/50 Papers | Studies underscore evolving policy frameworks and institutional reforms aimed at reducing donor dependency by enhancing domestic financing mechanisms, improving governance, and fostering stakeholder engagement(Nonvignon et al., 2024)(Atim et al., 2020)(Ifeagwu et al., 2021)(Paul et al., 2020)(Dianda, 2020). Political factors such as democratic governance and accountability are linked to increased public health expenditure, highlighting the interplay between political environment and health financing sustainability(Dianda, 2020).  |



| Theme  | Appears In  | Theme Description   |
|--|-------------|---|
| Impact of Communicable Diseases on Economic and Social Systems   | 7/50 Papers | The persistent burden of communicable diseases like HIV/AIDS and malaria exerts substantial economic and social strain, affecting workforce capacity, healthcare costs, and overall development(D, 1999)(Nyambura, 2024)(Bello & Ijaiya, 2012)(Brown & Essi, 2021)(Haacker, 2004)(Odugbesan & Rjoub, 2020)(Haacker, 2002). Effective control and treatment programs demonstrate positive returns on investment, emphasizing the necessity of integrated disease management post-donor withdrawal(Resch et al., 2011). |
| Technological Innovations in Healthcare Delivery                 | 4/50 Papers | Emerging technologies such as telemedicine, medical drones, and big data analytics are highlighted as transformative tools to enhance healthcare access and disease surveillance in resource-constrained settings(Achieng & Ogundaini, 2024)(Oppong, 2020)(Omaghomi et al., 2023). However, successful deployment requires supportive infrastructure, regulatory frameworks, and skilled personnel(Oppong, 2020)(Omaghomi et al., 2023).  |
| Socioeconomic and Community-level Implications of Aid Withdrawal | 3/50 Papers | The literature identifies community involvement and socio-cultural factors as critical in health and education service continuity, particularly in pandemic contexts where lockdowns and economic hardships disproportionately affect vulnerable populations(Limong, 2023)(Masiye et al., 2020)(Ko et al., 2024). Informal payments and resource scarcity further undermine trust and access to services(Masiye et al., 2020).  |
| Macroeconomic Policy Responses to Aid Fluctuations               | 3/50 Papers | Analyses explore macroeconomic policy adjustments in response to fluctuating aid, including concerns about inflation, exchange rates, and fiscal space constraints that influence sustainable health and social service financing(Cavagnero et al., 2008)(Berardi et al., 2024)(Datta, 2023). Strategic allocation and efficiency improvements are recommended to mitigate negative economic consequences.  |

### 3.5 Chronological Literature Review

Over time, literature in the area of economic impact, issues related to health care and education opportunities and challenges post-USAID withdrawal in Africa has greatly changed. The initial researches mainly looked at the macroeconomic impacts of health epidemics like HIV/AIDS and the contribution of foreign support in the health funding. Entering the second decade of 2000s, studies broadened to encompass more complex analyses of health system funding, workforce issues and the impact of shocks to the health services provision. Subsequent efforts have focused on the shift to self finance, rather than donors, in domestic financing, the role of pandemics such as COVID-19 on health systems and healthcare innovations in delivery and funding. This chronological overview traces how impact character has evolved, moving through perceptions of base-level impacts through to policy-sponse and adaptive options within a changing aid environment.

**Table 4: Chronological Literature Review**

| Year Range | Research Direction | Description |
|------------|--------------------|-------------|
|------------|--------------------|-------------|



| Year Range | Research Direction  | Description   |
|------------|---|---|
| 1999–2004  | Early Focus on HIV/AIDS Economic and Social Impact                                | Initial research concentrated on quantifying the economic costs of HIV/AIDS on labor productivity, healthcare spending, and broader social consequences in African countries, highlighting the urgency of addressing this epidemic’s macroeconomic effects. These studies underscored the need for proactive workplace and public health interventions to mitigate rising treatment costs and lost productivity.  |
| 2008–2012  | Donor Aid and Health Financing Challenges   | This period featured analyses of development assistance for health and its macroeconomic implications, including concerns about aid dependency and fiscal sustainability. Studies explored the balance between external funding and domestic health spending, emphasizing the risk of aid substitution and the necessity for improved governance and health system strengthening.   |
| 2013–2017  | Health Systems Reform and Economic Transitions                                    | Research focused on health system reforms, workforce deployment, and the economic transitions affecting health financing in Africa. Key themes included decentralization impacts, health workforce shortages and attrition, and the challenges of mobilizing domestic resources amid changing economic conditions and donor dynamics. The shift towards progressive pragmatism in health financing was advocated to address emerging fiscal constraints.  |
| 2018–2020  | Pandemic Exposure and Health System Resilience                                    | The emergence of COVID-19 brought attention to the fragility of African health systems, revealing gaps in infrastructure, governance, and financing. Studies highlighted the need for increased investment in health infrastructure, workforce motivation, and universal health coverage to build resilience. The pandemic’s socio-economic fallout also prompted calls for integrated emergency response mechanisms and more strategic health budgeting.   |
| 2021–2024  | Transition from Donor Dependence to Sustainable Domestic Financing and Innovation | Recent literature emphasizes the decline of development assistance and the imperative for African countries to strengthen domestic financing mechanisms for health and education sectors. Innovations such as telemedicine, big data analytics for disease surveillance, and alternative financing models have been explored. Research also scrutinizes policy adaptations, health system governance, and the interplay between economic growth and health investment in a post-USAID withdrawal context. |

### 3.6 Alignment and Divergence of studies

Many studies agreed that USAID withdrawal created huge gap in economy,health care and education. Also they agreed on the urgent need for local sustainable financing and institutional reforms to ameliorate the negative effects and leverage emergent opportunities. Dissimilarly,divergence exists in how effective the model of finance, sustainability of healthcare system post donor exit and the size of economic woos. Theses variations springs from methodological strategies,regional settings,and focus of the studies.

Table 5: Alignment and Divergent studies

“USAID WITHDRAWAL IN AFRICA: A META-ANALYSIS OF CHALLENGES AND OPPORTUNITES”

| Comparison Criterion          | Studies in Agreement  | Studies in Divergence  | Potential Explanations   |
|-------------------------------|---|--|--|
| Economic Impact Assessment    | Most studies agree that the withdrawal of donor aid such as USAID leads to notable economic challenges, including slowed GDP growth and fiscal strains, especially due to health burdens like HIV/AIDS and pandemics affecting workforce and productivity (Apeagyei et al., 2024) (Brown & Essi, 2021) (Odugbesan & Rjoub, 2020). The need to scale up domestic resource mobilization is consistently emphasized (Atim et al., 2020) (Ly et al., 2017).   | Some studies find mixed impacts, such as positive effects of increased government health spending on GDP in certain countries or a paradoxical positive correlation of TB incidence with GDP, suggesting nuanced local economic dynamics (Brown & Essi, 2021). There is inconclusive evidence on the alignment of aid post-transition on child health needs (Dolan et al., 2020).  | Variations arise from country-specific economic structures, disease burden profiles, and methodological differences like econometric modeling versus qualitative case studies. The time frame and scale of analysis also influence observable economic outcomes.                                     |
| Healthcare System Resilience  | There is consensus that healthcare systems in Africa experience considerable strain following donor exit, with risks of funding gaps, reduced service coverage, and fragile infrastructure, necessitating strengthened governance and policy reforms (Nonvignon et al., 2024) (Mhazo & Maponga, 2024) (Uwaezuoke, 2020) (Ifeagwu et al., 2021). Universal Health Coverage (UHC) is a central goal requiring innovative health financing and improved system efficiency (Arhin et al., 2023) (Ifeagwu et al., 2021). | Divergence appears in the success stories of adaptation, for example, Kenya's Output-Based Voucher scheme showed declines post-donor funding but was partially offset by political commitment and domestic initiatives (Onyango et al., 2024), while Zimbabwe's experience suggests external funding often supports rather than strengthens systems (Mhazo & Maponga, 2024). The role of donor substitution effects on domestic funding is debated (Nonvignon et al., 2024). | Differences emerge due to country-specific political will, economic capacity, and health system governance. The nature of donor exit (gradual vs. abrupt) and the presence of domestic policies like social insurance schemes influence resilience outcomes.   |
| Education Sector Adaptation   | Studies highlight education sector vulnerabilities post-aid reduction, including disruptions during COVID-19 and challenges in maintaining enrollment and quality, emphasizing the need for integrated social protection (Limong, 2023) (Dolan et al., 2020). There is acknowledgment of the importance of sustained investment to safeguard human capital development (Sukran et al., 2023).   | There is less extensive consensus on specific education financing mechanisms or empirical evaluations of post-USAID withdrawal education outcomes, reflecting a research gap in this area. Some analyses focus more on health than education (Atim et al., 2020).  | Gaps reflect limited data and fewer studies directly addressing education post-donor exit. Variability in national education policies, socio-cultural factors, and pandemic-related disruptions complicate generalization.   |
| Financing Model Effectiveness | A strong agreement exists on the importance of increasing domestic financing for health through tax reforms, innovative mechanisms, and public-private partnerships to reduce donor dependency (Atim et al., 2020) (Brikci, 2023) (Ifeagwu et al., 2021). Innovative financing such as sin taxes and mobile levies are explored as supplementary avenues (Brikci, 2023).  | However, the actual revenue potential and implementation success of innovative financing is debated, with some studies pointing to limited revenue gains and political-administrative challenges (Brikci, 2023). The substitutive effect of donor aid on domestic spending is also contested (Nonvignon et al., 2024).   | Variability in institutional capacity, political acceptance, and economic contexts explains differences. Some innovations remain theoretical or pilot-phase, with real-world scaling posing challenges. Methodologies focusing on projections versus field data contribute to differing conclusions. |

| Comparison Criterion              | Studies in Agreement   | Studies in Divergence  | Potential Explanations   |
|-----------------------------------|--|--|--|
| Policy and Institutional Response | Authors concur that policy reforms and institutional strengthening are critical for managing transitions from donor aid, with emphasis on governance quality, stakeholder engagement, and the creation of sustainable financing and accountability frameworks (Nonvignon et al., 2024) (Mhazo & Maponga, 2024) (Ifeagwu et al., 2021) (Dianda, 2020). Political stability and democratic governance are linked to increased domestic health spending (Dianda, 2020). | Divergence is evident in the degree of actual policy implementation and ownership; some countries show advanced reforms and stakeholder participation, while others struggle with fragmented systems, lack of transparency, and limited public consultation (Paul et al., 2020). | Differences reflect political economy, governance maturity, donor coordination, and civil society involvement. Historical legacies and crisis experiences (e.g., COVID-19) shape reform trajectories and stakeholder dynamics. |

### 3.7 Practical & Theoretical implications

#### Practical Implications

Policymakers are expected to focus on enhancing domestic health financing by improving their tax structures, public financial management, and innovative sources of funding, they should understand and address the shortcomings in addition to the political obstacles of such a strategy (Atim et al., 2020) (Brikci, 2023). Sustainable health financing needs a coordination of efforts between ministries of health and finance.

The stoppage of USAID prompts healthcare management and institutional capacity to maintain health interventions post-withdrawal. This is shown by case studies of Kenya’s Output-Based Voucher Scheme (Onyango et al., 2024). stakeholder engagement and political commitment are critical for sustaining service coverage.

The health financing reform ought to consider lowering the number of individual (out-of-pocket) expenses to guarantee effective financial risk security as well as the access of quality health services in keeping with universal health coverage (UHC) models (Ifeagwu et al., 2021). This entails the need to increase equitable national health insurance programs and the involvement of the government and the private sector.

The costs of communicable diseases, especially HIV/AIDS illustrate why there is a need to reduce productivity loss through disease control programs and country-level economic and social policies which should be incorporated to facilitate sustainable development (Brown & Essi, 2021) (Resch et al., 2011). Investments in ART programs have high economical returns and thus they should be continued and even more funding should be devoted.

Investments in health infrastructure, technology, and digital health solutions like telemedicine can help fight disparities in access, particularly to rural and underserved regions, which would also help to enhance health outcomes and economic output (Agyei & Kumah, 2024) (Omaghomi et al., 2023). But, these need-friendly regulatory supports and capacity building.

The issue of budgeting by Benin, had to face when implementing UHC reforms emphasizes the necessity of transparent and inclusive policies developed via the participation of key stakeholders and the needs to manage public expenses successfully to guarantee their sustainable funding and equitable access to health services (Paul et al., 2020). Reform implementation in political feasibility and stakeholder ownership is highly recommended.

### 3.8 limitation of Review

Table 7

| Area of Limitation                           | Description of Limitation   | Papers which have limitation  |
|--|---|---|
| Geographic Bias                              | Many studies focus predominantly on anglophone or specific African countries, leading to limited external validity across the continent. This geographic bias restricts the generalizability of findings to francophone or less-studied regions.    | (Ifeagwu et al., 2021) (Dolan et al., 2020) (Brikci, 2023)            |
| Data Quality and Availability                | Several analyses are constrained by limited access to high-quality, comprehensive, and comparable data, especially regarding health financing and economic indicators. This limitation affects the robustness and reliability of conclusions drawn. | (Atim et al., 2020) (Hollingworth et al., 2023) (Dolan et al., 2020)  |
| Methodological Constraints                   | The reliance on cross-sectional or limited longitudinal data, and the use of econometric models with assumptions that may not hold universally, restrict causal inference and may introduce bias, weakening internal validity.                      | (Dolan et al., 2020) (Hollingworth et al., 2023) (Brown & Essi, 2021) |
| Publication and Reporting Bias               | Systematic reviews and meta-analyses may suffer from publication bias, with underreporting of negative or null results, and exclusion of grey literature or policy documents, limiting the comprehensiveness of evidence synthesis.                 | (Ifeagwu et al., 2021) (Brikci, 2023)                                 |
| Limited Focus on Non-Financial Factors       | Many studies emphasize financial aspects of health and education systems but insufficiently address socio-cultural, political, and institutional factors that critically influence outcomes post-USAID withdrawal.                                  | (Atim et al., 2020) (Mhazo & Maponga, 2024) (Hutchinson et al., 2024) |
| Short-Term Analysis                          | A number of studies assess immediate or short-term impacts without capturing long-term effects of donor withdrawal on economic, health, and education systems, thus limiting understanding of sustained consequences.                               | (Onyango et al., 2024) (Dolan et al., 2020) (Resch et al., 2011)      |
| Limited Examination of Policy Implementation | There is a scarcity of research on the dynamics of policy implementation, stakeholder collaboration, and governance reforms following aid withdrawal, which are crucial for effective transition and sustainability.                                | (Ifeagwu et al., 2021) (Brikci, 2023) (Paul et al., 2020)             |
| Small or Non-Representative Samples          | Some case studies or evaluations rely on small or localized samples, which limits the representativeness and generalizability of findings to broader African contexts.  | (Onyango et al., 2024) (Hailemichael et al., 2011)                    |

### 3.9: Future Research Directions

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| Gap Area  | Description  | Future Research Directions  | Justification  | Research Priority |
|---|--|---|--|-------------------|
| Limited longitudinal data on economic impact post-USAID withdrawal                | Most studies provide short-term or cross-sectional economic impact assessments without capturing long-term trajectories or dynamic effects of donor exit on economies.                             | Conduct longitudinal, country-specific econometric studies to track economic indicators over extended periods post-USAID withdrawal, incorporating informal sector and labor market dynamics. | Long-term data is essential to understand sustained economic consequences and inform policies for economic resilience and diversification post-aid reduction (Apeagyei et al., 2024) (Hollingworth et al., 2023) (Dolan et al., 2020).       | High              |
| Insufficient empirical research on education sector adaptation                    | Education challenges and adaptive strategies following USAID withdrawal are underexplored, with few studies directly addressing education financing, policy reforms, or quality impacts.           | Investigate education sector responses to donor exit through mixed-methods case studies, focusing on financing models, enrollment trends, and quality outcomes in affected countries.         | Education is critical for human capital development; lack of focused research limits understanding of sector vulnerabilities and integration with health and economic policies (Limong, 2023) (Owolabi & Tijani, n.d.) (Dolan et al., 2020). | High              |
| Underexplored health workforce paradox and its economic implications              | The paradox of surplus unemployed healthcare workers amid system shortages is poorly integrated into health system resilience and economic productivity analyses.                                  | Examine health labor market dynamics, including workforce deployment, unemployment, migration, and policy interventions to optimize employment and system capacity.                           | Addressing workforce imbalances is vital for sustaining health services and economic productivity post-donor withdrawal (Hutchinson et al., 2024) (Hailemichael et al., 2011).   | High              |
| Limited evaluation of innovative domestic financing mechanisms                    | Existing studies show limited revenue potential and implementation challenges of innovative financing (e.g., taxes on mobile phones), with scarce evidence on their effectiveness post-USAID exit. | Conduct rigorous impact evaluations and feasibility studies of innovative financing approaches, including political economy analyses and equity assessments.                                  | Understanding practical viability and scaling potential is crucial for sustainable health and education financing (Atim et al., 2020) (Brikci, 2023).  | High              |
| Inadequate assessment of policy implementation and institutional reforms          | While policy recommendations exist, empirical evaluations of reform adoption, effectiveness, and governance improvements post-USAID withdrawal are scarce.   | Perform comparative policy implementation studies across African countries, focusing on governance, stakeholder engagement, and institutional capacity building.                              | Effective institutional reforms underpin sustainable transitions from donor aid; empirical insights can guide tailored policy design (Onyango et al., 2024) (Mhazo & Maponga, 2024) (Paul et al., 2020) (Dianda, 2020).                      | High              |
| Data quality and methodological limitations in economic and health system studies | Many analyses rely on aggregated or outdated data, lack longitudinal depth, and insufficiently integrate qualitative context, limiting robustness and policy relevance.                            | Invest in strengthening local data systems, capacity for economic evaluations, and mixed-methods research to improve evidence quality and contextual understanding.                           | High-quality data and rigorous methods are foundational for accurate impact assessment and informed decision-making (Hollingworth et al., 2023) (Apeagyei et al., 2024).   | High              |
| Insufficient research on cross-sectoral integration of health, education, and     | Few studies explicitly analyze the interconnected effects of USAID withdrawal across economic,   | Develop interdisciplinary research frameworks and models to assess cross-   | Integrated approaches are necessary for holistic understanding   | Medium            |

**“USAID WITHDRAWAL IN AFRICA: A META-ANALYSIS OF CHALLENGES AND OPPORTUNITES”**

|   |  |   |   |        |
|---|--|---|---|--------|
| economic impacts  | health, and education sectors simultaneously.  | sectoral impacts and synergies, informing integrated policy responses.  | and sustainable development planning post-donor exit (Cerf, 2019) (Ly et al., 2017) (Sukran et al., 2023).  |        |
| Limited exploration of technological innovations in healthcare post-donor exit                                  | Opportunities and barriers for telemedicine, big data analytics, and disruptive technologies in enhancing health system resilience remain under-investigated.      | Conduct implementation research and policy analyses on digital health innovations, infrastructure needs, regulatory frameworks, and workforce training in African contexts. | Technology can mitigate service delivery gaps and improve efficiency, critical amid funding transitions (Achieng & Ogundaini, 2024) (Oppong, 2020) (Omaghomi et al., 2023). | Medium |
| Scarce focus on socio-political determinants of health financing and service sustainability                     | Political factors influencing health spending and governance reforms are acknowledged but lack in-depth empirical investigation.                                   | Explore political economy of health financing reforms, including democracy, accountability, and stakeholder participation effects on funding sustainability.                | Political context shapes resource allocation and reform success, essential for sustainable health systems post-USAID withdrawal (Dianda, 2020) (Dzingirai, 2023).           | Medium |
| Insufficient understanding of the impact of international sanctions and external shocks on health and education | The effects of sanctions and global crises on health service access, financing, and education disruptions are under-researched in the context of donor withdrawal. | Investigate how sanctions and pandemics interact with aid withdrawal to affect health and education outcomes, including mitigation strategies.                              | External shocks compound vulnerabilities; understanding these interactions is vital for resilient policy design (Limong, 2023) (Arewa, 2024) (Ko et al., 2024).             | Medium |

#### 4.0 Synthesis and Conclusion

The extensive pool of literature on the challenges and opportunities associated with the economics, healthcare, and educational spheres after the withdrawal of the USAID in Africa, demonstrates that it is a complex and multipronged environment where the factors are interconnected. Most fiscally, foregoing or scaling back funding of the USAID has tendency of enlarging fiscal gaps and moderating the growth of the GDP with communicable diseases and pandemics, having further exacerbating effects. Economic toll of health emergencies especially HIV/AIDS and other infectious diseases manifests negatively on labor output, human assets, and levels of income and therefore the need to continue on strategic health investments towards protection of economic growth. Nevertheless, there is also evidence of the possible positive economic payoffs of the well-designed health financing reforms and investments in treatments, like antiretroviral therapy, which can improve economic growth and poverty alleviation in the long-term perspective.



Regarding healthcare system resilience, the literature has been convergent in the importance of sustainable domestic financing, better governance, and infrastructure development in ensuring that delivery of the healthcare services is maintained after the withdrawal of USAID. The effects of donor funding replacement and the disproportionate assistance, the tendency of becoming increasingly popular, challenge the process of achieving universal health coverage, and the innovations, such as telemedicine or big data analytics, prove to be the promising directions of improving system efficiency and disease surveillance, despite the infrastructural and policy limitations. Still, short term success in the program can conceal deeper weaknesses in the system such as maldistribution of the workforce, informal payment practices and gaps in governance that have to be addressed to guarantee the sustainability of the system.

The education sector was less directly investigated but demonstrates weaknesses related to interruption of the health services and economic deterioration with the indirect consequences regarding enrollment, quality, and the psychosocial wellbeing. The area of currently coordinated investment in health and education is understood as mutually reinforcing pathways on the way to developing human capital, but there are few studies of education-specific adaptation measures and financing methods themselves to education, which creates an equally critical gap in the literature.

As to financing instruments, all available evidence leads to the conclusion that donor-based funding is a very limited and ineffective option, and more domestic resource mobilization methods should be instituted via tax reforms, novel levies, and public-private partnerships. Although new financing ideas hold certain potential, their revenue opportunities and achieving possibilities are usually limited and small, and are frequently restricted by political and institution willingness, which needs equal policy discussion and governance changes to establish adequate effect.

Institutional reforms and policy responses highlight the importance of governance processes, stakeholders involvement and a multi-sectoral approach based on country context as key to the transition management of external aid. Nonetheless, empirical capacity to assess the level of the reform success is minimal, and the politics of health



and education expenditures remain under-investigated, which serves as evidence of the need to intensify studies on contextual aspects of policy success.

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