

African Union–European Union cooperation on health

SUMMARY

In line with its 2022 global health strategy (GHS), the expansion of international partnerships on health is a priority for the European Union (EU). As the 2020 Africa strategy underlines, the African continent, including at regional and national levels, is one of the EU's strategic partners, not least on health. Nevertheless, it was not until February 2022, in the wake of the COVID-19 pandemic, that health was explicitly included as one of the strategic priorities of the EU–African Union (AU) partnership. Since then, AU–EU cooperation on health has evolved. In February 2024, the partners confirmed their intention to enhance their health partnership, and identify new areas of joint work within the frameworks provided by the EU GHS and the AU New Public Health Order.

Five Team Europe initiatives (TEIs) underpin the EU's cooperation with African partners on health. The focus is on sustainable strengthening of the African architecture for health security and pandemic preparedness with the 'One Health' approach; enhancing Africa-based public health capacity, including through digital health; local production of health products; and improving sexual and reproductive health. The TEIs are supported by investment from the Global Gateway Africa–Europe investment package. The EU is also committed to the EU–Africa Global Health EDCTP3 Joint Undertaking under the Horizon Europe research and innovation funding programme.

Despite significant progress in EU–African cooperation on health during the past few years, several divergences and points of contention exist. For instance, both the EU and African partners state their commitment towards their shared goal of equity and equitable access to health products; however, their stance on making this priority operational diverges, and arguably constitutes the main friction point in the relations. The ongoing negotiations at the World Health Organization aiming to strengthen international health security highlight persisting issues.

The European Parliament advocates an ambitious and comprehensive AU–EU health agenda. Parliament has for instance called for prioritisation of health in AU–EU relations, technology transfer, enhanced financing, and a focus on sexual and reproductive health and rights and a 'One Health' approach.



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Introduction

The expansion of international partnerships is a priority for the EU, as confirmed in the 2022 global health strategy ([GHS](#)), which aims to contribute to better health and well-being of people throughout life; strengthen health systems and advance universal health coverage ([UHC](#)); and prevent and combat health threats applying a '[One Health](#)'¹ approach. As the 2020 EU [strategy](#) with Africa underlines, the African continent, including at its regional and national levels, is one of the EU's strategic partners, not least on health. However, while cooperation on health has been a part of the partners' relations for decades, it was only in the wake of the COVID-19 pandemic that the EU and the African Union (AU) put health at the heart of their relations, resulting in the inclusion of health as one of their partnership's strategic priorities in February 2022. The 2022 AU–EU summit significantly strengthened the [health partnership](#) between the partners. The [joint declaration](#) of this summit includes commitments on access to vaccines, African health sovereignty, and a comprehensive World Trade Organization (WTO) response to the pandemic, including an investment package for pandemic preparedness, health security and access to essential health services.

Africa's approach to public health

Africa faces various public health [challenges](#) – the continent suffers from the largest burden of endemic diseases, the detrimental impact of climate change, and an often dire humanitarian situation on health, including SRHR. Lack of a public health financial and regulatory capacity, health workforce shortage, over-reliance on imports of health products due to lacking local manufacturing capacity, and persistently compromised equitable access to affordable quality health products, among other issues, contribute to lower health outcomes. As many African countries are constrained by a tight fiscal space, the domestic resource mobilisation for health remains insufficient. All of this compromises Africa's capacity to comply with international agreements, including the WHO 2005 International Health Regulations ([IHR](#)).

To achieve a better level of health of the African people, in 2007, the AU developed the first Africa Health Strategy ([AHS](#)) for the years 2007 to 2015. The [second](#) AHS for the 2016-2030 period was developed on the basis of an assessment of the previous strategy and the relevant AU health policy instruments, with a view to integrating research and innovation for health. The stated goal of the 2016-2030 AHS is to ensure healthy lives and promote the well-being for all in Africa in the context of AU Agenda 2063 and UN SDGs. The AHS aims to achieve universal health coverage by 2030, by fulfilling existing global and continental commitments to strengthen health systems, increase investment in health in line with the [Abuja commitments](#), improve equity, and address social determinants of health in order to reduce the priority diseases burden. To operationalise the AHS, in January 2016, the AU established the Africa Centres for Disease Control and Prevention ([Africa CDC](#)), an autonomous health agency of the AU, which supports member states' public health initiatives and strengthens the capacity of their health institutions to deal with health threats. In 2022, Africa CDC developed a [New Public Health Order](#) that highlights strengthened public health institutions and workforce, expanded manufacturing of health products, and increased domestic resources and partnerships as essential elements to improve health security. In 2019, the AU set up the African Medicines Agency ([AMA](#)) dedicated to improving equitable access to quality, safe and effective medical products in Africa. It is still in the [process](#) of signing and ratification.

On 5-7 February 2024, the AU Commission and the Team Europe (represented by the Belgian Council Presidency, high-level officials from nine EU Member States and Commission services)² convened for a [high-level dialogue](#) on strengthening health partnership between Africa and Europe, with the aim of highlighting the partnership's achievements since the 2022 AU–EU summit and further strengthening the AU–EU partnership on health. During the event, the EU and AU confirmed their intention to identify new areas of joint work within the frameworks provided by the EU GHS and the AU New Public Health Order (see box) respectively. The partners reaffirmed their joint commitment to the [universal right](#) to health and the shared goal of strengthening Africa's health security. They emphasised the role the health sector could play in triggering job creation, economic prosperity, and pandemic prevention, preparedness and response, among other things. In addition, they underlined the broader context of health, with a particular focus on the nexus of humanitarian

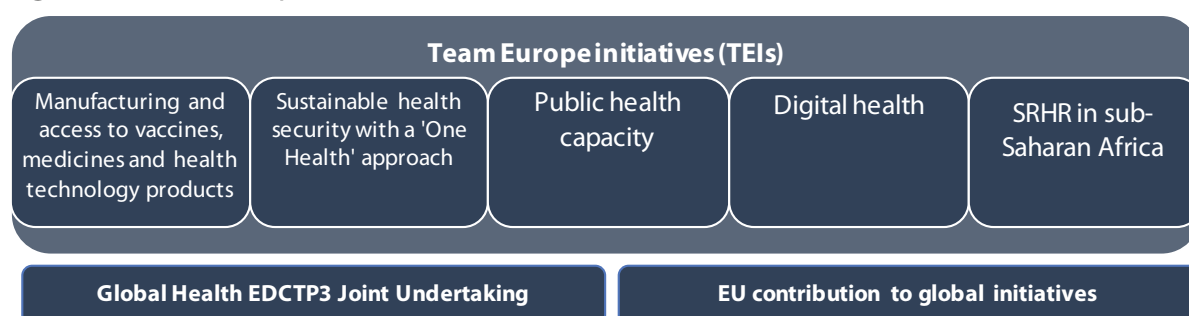
situation and health and the nexus of climate change, environment and health. The dialogue on health is set to continue during a high-level AU–EU [event](#) in Brussels on 20 March 2024.

Five Team Europe initiatives ([TEIs](#)), bringing together EU institutions and Member States, underpin the EU's cooperation with African partners on health. The focus is on sustainable strengthening of the African architecture for health security and pandemic preparedness with the 'One Health' approach; enhanced Africa-based public health capacity, including through digital health; and the local production of health products; and improving sexual and reproductive health and rights (SRHR). The TEIs are supported by the Global Gateway Africa–Europe [investment package](#), which provides funding for infrastructure investment in health and other priority area projects. In addition, as the EU GHS underlines, the EU is also committed to the EU–Africa Global Health European and Developing Countries Clinical Trials Partnership³ Joint Undertaking ([GH EDCTP3 JU](#)) under the [Horizon Europe](#) research and innovation funding programme. The African partners also benefit from the EU contribution to global initiatives, such as the [financing](#) partnership for the eradication of polio, or the Global Health Security Initiative (GHSI) and [several](#) World Health Organization (WHO) (co-)led [initiatives](#) (e.g. the [initiative](#) on [universal health coverage](#)).

Legal basis of EU action on global health

Two articles from the Treaty on the Functioning of the European Union (TFEU) – [Article 168](#) on public health and [Article 208](#) on development cooperation – form the legal basis of both the EU's global health approach, defined in a 2022 [Commission communication](#) and 2024 [Council conclusions](#) on the GHS, that reaffirms that health is a prerequisite for sustainable development. Article 168(1) TFEU requires that a high level of human health protection be ensured in the definition and implementation of all EU policies and activities. Article 168(3) TFEU provides for the EU and the Member States to foster cooperation with third countries and the competent international organisations on public health.

Figure 1 – Main European initiatives on health in Africa



Data source: European Commission.

Cooperation on health security

Global Health EDCTP

Poverty-related diseases such as HIV/AIDS, tuberculosis (TB), malaria, and neglected tropical diseases continue to pose a heavy burden on sub-Saharan Africa (SSA), and remain a major [cause](#) of death, disease and disability globally. Over the past three decades, more than 30 new pathogens have been reported across Africa, which faces over 100 public health [emergencies](#) each year. As the COVID-19 pandemic highlighted, in an interconnected world, infectious diseases have a large potential to spread. To prevent, prepare and respond to these health threats, the development of health technologies is essential. In this context, the European and Developing Countries Clinical Trials Partnership ([EDCTP](#)) has been designed to **accelerate the clinical development of new or improved health technologies** for the identification, treatment and prevention of poverty-related and neglected infectious diseases, including (re-)emerging diseases, as well as to strengthen national health research systems in SSA.

The EDCTP is an EU-funded partnership between institutions mandated by the governments of (currently) 15 European and 28 African countries. EDCTP1, which began operating in 2003 and was extended to EDCTP2 in 2014 and then to EDCTP3 in 2021, serves as the **main hub for EU assistance for global health research in SSA** and manifests the EU's commitment to the United Nations Sustainable Development Goals (UN SDGs). EDCTP was initially established by [Decision No 1209/2003/EC](#) for 10 years based on Article 185 TFEU, which provides for the EU's participation in research programmes jointly undertaken by several EU Member States. EDCTP1 took the form of a [European Economic Interest Grouping](#) and received funding of almost €400 million, of which €151.40 million from the EU; €139.08 million from the Member States (with an input of more than €46 million, the United Kingdom, then still EU Member State, was the biggest contributor); €14.51 million from the African countries; and €72.69 million from private parties such as [Global TB Alliance](#) and [Bill & Melinda Gates Foundation](#). It [focused](#) on HIV and AIDS, TB and malaria. The second EDCTP programme (EDCTP2) was approved by [Decision No 556/2014/EU](#) in 2014 as part of the EU research and innovation funding programme, [Horizon 2020](#). Running from 2014 to 2024, [EDCTP2](#) took the legal structure of EDCTP association, opening up membership to SSA countries. With a budget of €1.36 billion, the partnership's scope was expanded to non-infectious, diarrhoeal and infectious diseases of epidemic potential, as well as to lower respiratory tract infections.

In 2021, the [third](#) EDCTP partnership was adopted by [Council Regulation \(EU\) 2021/2085](#), establishing the GH EDCTP3 JU under Horizon Europe. This partnership, [embedded](#) in the AU–EU high-level policy dialogue on science, technology and innovation, takes the form of a [joint undertaking](#) between the European Commission, representing the EU, and the EDCTP association, whose members are several European and African countries. The partnership has a budget of €1.6 billion, including €800 million from Horizon Europe, €400 million from the participating states, and €400 million from third parties. As presented in the EDCTP3 strategic research and innovation [agenda](#), under GH EDCTP3 JU, the disease scope was further expanded to include neglected infectious diseases, antimicrobial resistance (AMR), comorbidities, as well as the **cross-cutting impact of climate change** on infectious diseases. To maximise its impact, GH EDCTP3 JU focuses on the unmet medical needs of vulnerable population groups.

The overall objectives of the third EDCTP partnership include the **reduction of the individual, social, and economic burden of infectious diseases** in SSA through: (i) the development and uptake of new or improved interventions; and (ii) the improvement of health security in the region and globally, particularly in light of climate change and the environmental crisis, by lowering the risk of outbreaks and pandemics, and improving the capacity to address AMR both at national and regional levels. To achieve this, GH EDCTP3 JU **funds clinical research activities** (clinical trials and other epidemiological or observational studies) and clinical research **capacity building** and networking in SSA, and provides **personal support** by promoting career development, training, mentorship and mobility of researchers from SSA. To enable the tracking of the partnership's progress, additional monitoring indicators (in particular on scientific, economic/technological and societal – including environmental/sustainability – impacts) have been identified on top of those already [set](#) for all Horizon Europe initiatives.

EU cooperation with and assistance to Africa CDC

The EU GHS highlights the importance of strengthening the collaboration between the European Centre for Disease Prevention and Control ([ECDC](#)), the European Medicines Agency ([EMA](#)) and other regional initiatives (e.g. [Africa CDC](#) and [AMA](#)) to share EU data, science and knowledge, and equally benefit from non-EU expertise. The inter-agency cooperation was prioritised even before the adoption of the EU GHS, as in December 2020, to scale up preparedness for health emergencies, the ECDC and Africa CDC [launched](#) a partnership [initiative](#), '**EU for health security in Africa: ECDC for Africa CDC**' (ECDC4AfricaCDC). This four-year project, running from January 2021 to December 2024, is aimed at [strengthening](#) Africa CDC's capacity. In particular, ECDC4AfricaCDC aims to (i) strengthen the capacities of Africa CDC in preparedness, risk assessment, rapid response

and emergency operations; (ii) improve continental harmonised surveillance of infectious diseases, including platforms for data sharing and early detection of threats; and (iii) support implementation of the Africa CDC [Framework for Public Health Workforce Development](#) (2020–2025). The cooperation also seeks to build a foundation for a long-term strategic and technical partnership between the ECDC and Africa CDC. To achieve its objectives, the project allows for the exchange of experience and lessons learned between Africa CDC and the ECDC on harmonised surveillance of infectious diseases on the African continent; data sharing; early detection of threats; preparedness; risk assessment; and rapid response and emergency operations. The activities include numerous joint activities and visits from both sides. For [instance](#), in January 2024, Africa CDC participated in the first annual [EU Health Task Force](#) meeting in Stockholm. The same [month](#), the ECDC hosted a group from the Africa CDC Public Health Emergency Management ([PHEM](#)) fellowship programme, to allow African fellows improve their understanding of how public health emergency response is organised at the EU level. Similarly, in November 2023, the ECDC attended the third International Public Health Conference in Africa ([CPHIA 2023](#)) in Lusaka (Zambia). The European Development Fund ([EDF](#)) under the European Commission's Directorate-General for International Partnerships (DG INTPA) financially supports the project. Under a [contribution agreement](#), the ECDC is awarded €9 million for project activities; a complementary grant of €1 million goes to Africa CDC for project staffing costs.

In February 2024, during the [AU–EU Health Dialogue](#), the Commission announced additional €9 million for the period 2024–2027 to boost the capacity of Africa CDC to strengthen the continental health security architecture by enabling African partners to operationalise 'One Health' and strengthen AMR prevention and control. Alongside Africa CDC, the ECDC will take a leading role in developing a continental programme, supporting training, including of frontline epidemiologists in Africa.

In addition, the ECDC participates in the regional DG INTPA-led **TEI³ on sustainable health security using a 'One Health' approach** ([TEI HSOH](#)) in the context of the Global Gateway investment package – [Health](#). This initiative aims to strengthen existing health security and research structures for pandemic prevention, preparedness and response, and for tackling AMR in SSA, using a multi-level 'One Health' approach. Through policy dialogue and technical assistance, and with the help of the financial instruments, the TEI focuses on: (i) preparedness planning and coordinated outbreak response; (ii) human capacity building and training with a focus on gender equality, to strengthen the African public health workforce; (iii) integrated 'One Health' surveillance and laboratory networks; and (iv) implementation research to bridge the gap between research and practice.

In parallel, in February 2024, the partners [signed](#) the Joint Africa CDC–European Commission Health Emergency Preparedness and Response Authority ([HERA](#)) **initiative on genomic sequencing**. Two grant agreements for projects to be implemented in partnership with the African Society for Laboratory Medicine ([ASLM](#)) and the Africa Public Health Foundation ([APHF](#)), together totalling at €6 million, seek to strengthen pathogen surveillance and public health laboratory network capacity across the continent. To implement the expanded strategic partnership, a specific agreement will set up a framework for cooperation, ensuring closer collaboration and exchange of information between the organisations.

Increasing local manufacturing of medicinal products

Despite ongoing efforts to boost African health sovereignty and the availability of key [raw materials](#) that go into the manufacturing of medicines and medical devices, the African health industry is highly dependent on the imports of medical supplies. According to 2021 figures, only 20 African countries have pharmaceutical production [capacity](#); less than half produce some 80 % of total local output. Africa, which accounts for almost 17 % of the world's population, represents only 3 % of global medicines production; **over 90 % of its medicines and 99 % of its vaccines are imported**. Limited local manufacturing [results](#) in a serious lack of equitable access to health products, with the WHO estimating that over half of people in SSA lack access to essential medicines. The persistent

lack of access to health products, together with a weak regulatory environment, also [translates](#) into the highest use of [substandard medicines](#) worldwide. The issue of access to affordable quality health products impacts on the quality of life of millions of Africans and the productivity of African societies, and undermines not only health security on the continent but also globally. The problem was further highlighted by the COVID-19 pandemic, accompanied by developed countries' stockpiling of vaccines and export [restrictions](#) by major [exporters](#) such as [India](#). In line with the Africa CDC's New Public Health Order, achieving health sovereignty through the development of local manufacturing of medicinal products in Africa is therefore of utmost [importance](#).

African efforts to boost local manufacturing

The AU, together with Africa CDC, aims to ensure that by 2040, at least 60 % of vaccines and medicines used in Africa are manufactured on the continent, with interim goals of 10% by 2025 and 30 % by 2030. Already in 2005, the AU Development Agency launched the Pharmaceutical Manufacturing Plan for Africa ([PMPA](#)), to boost local pharmaceutical production, improve public health outcomes, and support economic development of the continent. More recent strategies to promote African pharmaceutical manufacturing include, for [instance](#), the Partnership for African Vaccine Manufacturing (PAVM). Launched in [April 2021](#), PAVM, with its framework for action ([FFA](#)), lays out the measures necessary to achieve the AU's targets for sustainable local manufacturing of vaccines in Africa. While PAVM was launched with a scope of vaccine manufacturing, it has subsequently expanded to include diagnostics, treatments and health products at large. The expanded local manufacturing of all health products – vaccines, diagnostics and therapeutics – is also a cornerstone of the Africa CDC's New Public Health Order. Importantly, this document contains a call to remove trade and intellectual property-related barriers to support local production in Africa. In parallel, providing an enabling regulatory environment for local manufacturing is at the heart of the newly established AMA.

Team Europe initiative on manufacturing of and access to health products

In May 2021, to help African partners strengthen their local pharmaceutical systems and manufacturing capacity in order to ensure equitable access to quality, safe, effective and affordable health products in line with the UN's SDG target 3.8,⁴ the European Commission [announced](#) a **TEI on manufacturing and access to vaccines, medicines and health technologies in Africa (MAV+)**. The initiative is a response to a call from the AU through the launch of the Partnerships for African Vaccine Manufacturing ([PAVM](#)) one month earlier.

The initiative follows a comprehensive [approach](#), encompassing the support for three key dimensions: the supply side, the demand side and the enabling environment. On the **supply side**, the TEI supports industrial development, supply chain management and integrity, private sector engagement and a quality assurance system to incentivise and de-risk investment into local manufacturing. On the **demand side**, TEI tackles the fragmentation of local markets, consolidates demand, and facilitates market integration and the use of locally manufactured medicinal products. To achieve this, the support focuses on: market shaping and demand defragmentation and consolidation; addressing market failures for medicinal products; health promotion; trust building in locally manufactured health products; and [continental](#) trade [facilitation](#) through the Africa Continental Free Trade Area ([AfCFTA](#)). Finally, to create an **enabling environment**, the TEI supports regulatory strengthening with the aim of national regulatory instances eventually attaining a quality level (or 'maturity level 3', in [WHO terminology](#)). Simultaneously, the initiative focuses on improving access to finance, including by increasing domestically mobilised resources, and on technology transfer and intellectual property management, as well as on research and development (R&D) and promotion of human capital development through support to higher education and skills. TEI participants from the European side include the Commission (DG INTPA) and European External Action Service (EEAS); the EMA and network of European regulators; EDCTP; EU Member States including Belgium, France and Germany;⁵ and the European Investment Bank (EIB) and bilateral banks. On the African side, the AU Commission, Africa CDC, the AMA, the AU Development Agency

(AUDA-NEPAD), African governments and national regulatory agencies take part. The WHO and the Bill & Melinda Gates Foundation participate as the international partners. The technical implementation is entrusted to a consortium of European agencies: Enabel (Belgium), Expertise France and GIZ (Germany).

Cooperation between medicines agencies

The EMA and the European medicines regulatory network [assist](#) the AU in operationalising the AMA, established in [February 2019](#). The [agreement](#), signed by the EMA and the Commission's DG INTPA in December 2023, underpins the EMA's support for setting up the AMA, and for supporting regulatory system strengthening at African continental, regional and national levels through to November 2027. Under the agreement, which provides the EMA with a grant of €10 million from the European Commission for project activities, the EMA's contribution is part of the TEI. The EMA, working with European, African and international partners, supports the AMA with funding, guidance and technical expertise. In particular, the EMA's [actions](#) focus on three key priorities: (i) providing expertise to support the AMA's operationalisation and strengthening cooperation between European, African and international partners; (ii) assisting in the development of the institutional, regulatory and scientific capabilities of the African regulatory network; and (iii) coordinating efforts across the European medicines regulatory [network](#) and with African and international partners. To achieve these priorities, the EMA's contribution includes support for regulatory harmonisation, adoption of common standards and guidelines, as well as capacity building, training and technical assistance.

With an initial €1 billion backing from the EU budget and European development finance institutions such as the EIB, as well as contributions from EU Member States, TEI MAV+ has, since its launch, committed more than **€1.3 billion** (encompassing loans, grants, budget support and blended finance) towards more than 80 projects at the continental, regional and national levels. At the **continental level**, TEI focuses on regulatory strengthening, with particular attention to AMA operationalisation; support for Africa CDC's PAVM; support for AUDA-NEPAD's work on the African Medicines Regulatory Harmonisation ([AMRH](#)) initiative; and support for the WHO programme on creation of an mRNA technology transfer hub in South Africa in service of the continent, among other examples. At the **regional level**, Team Europe contributions include strengthening the capacity of the regulatory authorities of six east African countries; supporting regional pharmaceutical value chains and local pharmaceutical and medical manufacturing in southern Africa; and strengthening quality assurance, technical capacity, equipment maintenance, and a data information and data traceability system for laboratory pre-qualification in west Africa. National actions complement the regional actions by focusing on production and manufacturing plants, removal of barriers, and strengthening the national pharmaceutical sector. At the **national level**, TEI supports, for example:

- **Rwanda.** With **€93.7 million** of financing, the TEI assists the launch of an mRNA vaccine factory, which already resulted in the inauguration of the first BioNTech Africa [manufacturing site](#) in Kigali in December 2023, with the plan to [start](#) mRNA vaccine output in 2025. BioNTech's is the first foreign company mRNA vaccine manufacturing site on the continent. The [support](#) also focuses on regulatory strengthening and lab equipment for the Rwanda Food and Drugs Authority (RFDA). The initiative facilitates twinning between EU Member States and the RFDA. An EU–RFDA twinning agreement to support the enabling environment for the regulation of health products in Rwanda was signed in June 2022. The TEI also supports the scaling up of a biotech accelerator in Kigali, to de-risk the R&D and business landscape. In addition, it focuses on building a talent pool; this includes supporting a new master's [degree](#) in biotechnology at the University of Rwanda, to train the future Rwandan workforce on biotechnology and vaccine development and manufacturing.
- **Senegal.** With **€185 million**, the initiative provides large-scale [investment](#) in a project on manufacturing in Africa for disease immunisation and building autonomy (MADIBA), led by the Pasteur Institute in Dakar, to develop vaccine-manufacturing facilities at the MADIBA plant in Dakar. The actions also aim to support coordination

of the national plan for the pharmaceutical sector (2021 plan for the revival of the pharmaceutical industry), which seeks to reach the aim of producing locally 50% of local needs by 2035. Another focus is on strengthening the new regulatory agency, *Agence sénégalaise de Réglementation pharmaceutique*. To achieve these objectives, the TEI provides targeted support for governance and coordination mechanisms, higher education and the development of skills, R&D, local industries, and the digitalisation of essential ecosystem dimensions.

- **South Africa.** The initiative focuses on implementing the national local vaccine production strategy and on strengthening the regulatory authority, SAPHRA. It also provides targeted support for education and skills needed to strengthened R&D. To ensure supply and demand for locally produced goods, the actions also support regulatory and other incentives to procure products manufactured in South Africa, complementing continental and regional-level measures. Team Europe committed **over €416 million** to the actions' implementation.
- **Ghana.** With financing worth **almost €48 million**, the TEI supports research, clinical trials and innovation, as well as the development of skills needed by the bio-pharmaceutical industry. The initiative also provides support for the upgrading of the Food and Drugs Authority's capacities to [reach](#) WHO [maturity level](#) 4 (for pharmacological [vigilance](#), it already reached that level). Further actions focus on technology transfer, licensing and intellectual property management; trade, investment and customs facilitation measures; intellectual property rights frameworks; and conditions and an enabling environment for preferential trade and investment.
- **Other.** TEI MAV+ also supports other projects in Burkina Faso, Central African Republic, Democratic Republic of the Congo, Ghana, Ivory Coast, Kenya, Mauritania, Nigeria and Uganda.

Enhancing public health capacity

Provision of public health services by performant schools of public health and public health institutes (PHIs) is essential to ensuring the health and well-being of 1.3 billion Africans. However, one third of SSA countries do not have designated national PHIs, while several others require a comprehensive strengthening of their PHI capacity. In this context, Team Europe launched the TEI '[Support to Public Health Institutes](#)', to assist African partners through technical assistance and policy dialogue. At **national level**, this TEI provides support for core-functions, attributes and services of schools of public health and PHIs. The scope of core functions includes research, disease prevention and health promotion, evaluation and promotion of equitable access to services, and public health workforce development. At **regional level**, it works to establish and/or strengthen regional collaboration between PHIs to jointly develop research, training, policy advice and advocacy. At **international level**, it supports collaboration between European and African PHIs and integration of African PHIs in international public health networks.

Digital health

Advances in digitalisation and the [opportunities](#) created by digital health, data and artificial intelligence (AI) could be harnessed to [accelerate](#) progress towards the health-related SDGs. The EU GHS mentions **digitalisation, including the use of AI, as one of the powerful fundamental enablers** for maximising new opportunities for health. Fostering digitalisation for an equitable digital transformation in health is one of the 20 guiding principles of the GHS, which underlines the need to address under-investment in digital health and care in low- and middle-income countries. Equally, digital health and health research have a central role in the Africa CDC's [digital transformation strategy](#).

VODAN Africa: African-led efforts for the health data space

[VODAN Africa](#) is an African-led collaboration of researchers and health practitioners across African countries, launched in 2019 as 'Virus Outbreak Data Network Africa' platform to enable access to critical data to fight COVID-19 in Africa. The initiative was inspired by the experience from the 2014 Ebola virus outbreak in Liberia that underlined the importance of digital solutions such as contact tracing for early detection. By pioneering the production of health data, VODAN Africa aims to facilitate the establishment of an African health data space and to partner with the EHDS. It focuses on improving health data analysis (under the regulatory provisions of each jurisdiction) and strengthening national capacities for health data analytics. Its architecture is [certified](#) as based on findable, accessible, interoperable and reusable ([FAIR](#)) data with ownership, localisation and regulatory compliance ([OLR](#)). VODAN Africa puts a strong emphasis on strengthening data ownership. Its [digital architecture](#) therefore provides for the health data to remain in the health facilities where they are produced in order to help improve data analytics there, in line with new WHO guidelines known as [SMART](#), and [enabling](#) collaboration on research without losing the data. With data interoperability at the heart of the initiative, VODAN Africa focuses on working towards a African health data space that would comply with the EU General Data Protection Regulation (GDPR). VODAN Africa's initial focus for data analytics was on COVID-19. On top of this, regular data production based on ante-natal care and outpatient department records has been included in the process. The VODAN Africa system has been tested to perform disease monitoring, medical and pharmaceutical research or post-marketing surveillance of medication.

The 2022 AU–EU summit declaration identified digitalisation, health, scientific cooperation and technology sharing (through the AU–EU Innovation Agenda) as key pillars of the joint AU–EU commitments. The AU Commission and European Commission's [joint statement](#) on the outcome of the December 2022 African Health Tech Summit and 2nd CPHIA stresses that the AU and the EU 'have been at the forefront of the operationalisation of digitalisation in health, as witnessed during the COVID-19 response', and underlines that the partner institutions are 'determined to advance the digital health agenda'. In particular, the joint statement notes partners' commitment to pursuing 'people-centred interoperability of the digital health ecosystem ... , to ensure the acceleration of health system strengthening and the achievement of Universal Health Coverage'. In this context, to streamline digital health pillars through a joint dedicated programme, the [TEI](#) 'Digital Health for Health Systems Strengthening and UHC in Sub-Saharan Africa' was launched during the event, with an initial Team Europe contribution of €100 million. This initiative, which is also one of the key flagships in the EU GHS, builds on the principles underpinning the European health data space ([EHDS](#)), and focuses on advancing universal healthcare, primary healthcare, pandemic preparedness and response, improved diagnosis, personalised medicine, and continuum of care. In particular, the initiative supports:

- digital health solutions to tackle the COVID-19 pandemic. The initiative focuses on health information systems and surveillance; communication and awareness raising; digital COVID-19 certificates (seven African countries connected to the EU digital COVID certificate gateway); the Global Trust Repository for Counterfeit Vaccines; digital skills for pandemic preparedness; and support for open-source software, among other things;
- strengthening health systems by upscaling COVID-19-accelerated digital health innovations and the coordination of ongoing and future programmes and roadmaps on digital health, to overcome bottlenecks across health system. For instance, the TEI supports the implementation of Africa CDC's digital health strategy. Human resources and skills development, financing of the digital health are at the heart of the initiative;
- development of a joint EU position and broad strategy on digital health, aligned with regional needs.

Supporting sexual and reproductive health and rights

As the WHO [underlines](#), SRHR are fundamental to people's overall health and well-being and the social and economic development of communities. SRHR are key to reaching UN SDG 3 on health for all and SDG 5 on gender equality, as well as a shared priority for Africa and Europe. The SRHR are

at the heart of the EU GHS, which commits to prioritise tackling the root causes of ill health, paying particular attention to the rights of women, girls and other vulnerable groups such as LGBTQ+ people in line with the EU's [gender action plan III](#) and the human rights-based 'leaving no one behind' approach. According to the strategy, a particular focus on SRHR is needed to ensure this approach. The EU GHS underlines the need to strengthen support for universal access to SRHR with a focus on women, girls, young people and people with disabilities. Equally, SRHR are essential to achieve the aims of the AU [Agenda 2063](#), including its campaign [CARMMA Plus](#) 'Africa Cares: Better reproductive health for women, children and adolescents by 2030', SRHR Continental [Policy Framework](#) and its [Maputo Plan of Action](#) (2016-2030) and [Global Strategy](#) for Women's, Children's and Adolescent Health (2016-2030). However, while these frameworks and initiatives have helped to make significant progress in advancing SRHR in Africa, the COVID-19 pandemic disrupted access to essential health services and negatively impacted women's and young people's health, including SRHR. This highlights the urgent need for SRHR support on the continent.

In this context, the [TEI](#) on SRHR in Africa, [launched](#) in December 2022 and undertaken in partnership with African regional economic communities (East African Community ([EAC](#)); Economic Community of West African States (ECOWAS)/West African Health Organization ([WAHO](#)); and Southern African Development Community ([SADC](#))), aims to improve SRHR in SSA, particularly among adolescent girls and young women, while aligning with regional priorities and commitments. Consisting of around 140 coordinated, albeit mostly independent regional and country actions, the initiative aims to address gender-based violence, harmful practices, unmet needs for family planning, preventable maternal mortality, and gender inequalities. [Actions](#) seek to improve availability and accessibility of SRHR goods, services and information, and to strengthen advocacy and accountability (including the [United Nations Population Fund](#)'s role in the SRHR [domain](#)), as well as increased political commitment to SRHR.

Divergences and points of contention

Despite significant progress in EU–African cooperation on health during the past few years, several divergences and points of contention exist. [Many](#) observers point to the power [asymmetry](#) in the EU's relationship with Africa, and insufficient focus on health in AU–EU relations, especially before the COVID-19 pandemic, as well as an alleged mismatch of EU statements and actions, in particular when it comes to making equity operational through measures relating to intellectual property rights and technology transfer, among others.

Both the EU and African partners state their commitment towards their shared goal of equity and equitable access to health products; however, their stance on making this priority operational diverges, and arguably constitutes the main friction point in the relations. COVID-19 highlighted the issue further; even though the [EU](#) initially [stated](#) that, in negotiations with the pharmaceutical industry, the Commission would promote a COVID-19 vaccine as 'a global public good', many [argue](#) that the [EU vaccines strategy](#) ended up with an inward-focused approach. The EU is considered to have [acquired](#) a disproportionately high share of COVID-19 vaccines, [leaving](#) African partners [behind](#), and has been [accused](#) of 'vaccine nationalism'. Although the [EU](#) significantly [contributed](#) to [COVAX](#) (a worldwide [initiative](#) aimed at equitable access to COVID-19 vaccines co-led by [Gavi](#), the Coalition for Epidemic Preparedness Innovation ([CEPI](#)), and the WHO), the initiative has been [criticised](#) as [insufficient](#). The strains further increased due to the EU's position, which was not in [line](#) with the Africa's call to loosen access to intellectual property on vaccines. In particular, the EU's opposition to South Africa and India's joint proposal for a WTO temporary derogation on intellectual property ('[TRIPS waiver](#)') for COVID-19 health products and technologies including vaccines, which received strong African support, once again turned out to be an indicator for persisting divergences in [approaches](#). While the WTO [subsequently](#) adopted a five-year partial waiver covering only vaccines, African partners, together with other developing countries, still aim for a broader waiver, [making](#) the issue [persist](#). Within the WTO, in particular, many African and developing countries seek to extend trade-related aspects of intellectual property rights (TRIPS) to COVID-19 diagnostics and

therapeutics. In parallel, at the WHO, African partners attempt to shape a pandemic agreement and the amended IHR (see box below) to provide for more flexible intellectual property rules and more equitable access to health goods. Meanwhile, the EU's December 2023 [statement](#) to the WTO General Council on the follow-up to the 12th Ministerial Conference indicates that 'little progress has been made in this complex discussion [on the extension of the TRIPS waiver]', and that EU Member States' positions 'remain far apart'. This view is confirmed by the EU's negotiating position at the WHO, where EU Member States [argue](#) that intellectual property negotiations 'belong at WTO'.

Ongoing negotiations to strengthen global health security

The EU has been engaging with African partners to develop a WHO international agreement on pandemic prevention, preparedness and response (pandemic agreement or CA+) and amendments to the 2005 IHR. However, the two parallel [processes](#) have been marked by the struggle to agree on numerous points, with proposals from EU and low-/lower-middle-income economies, including countries from Africa, often diverging significantly or even opposing each other. In particular, while both the EU and African partners agree on the importance of equity, the provisions relating to the operationalisation of [equity](#) are the most divisive in both draft CA+ and IHR amendments.

For instance, the provisions on intellectual property rights constitute a [rift](#) between the partners. As [South Centre](#) points out, high-income countries including the EU, which are home to many of the largest pharmaceutical companies, are **reluctant to agree to the mandatory relaxation of intellectual property protections** and measures such as mandatory technology transfers. [Noting](#) the complex and [multifaceted](#) nature of the [issue](#) of access to health products, and that 'intellectual property protection is an enabler of rather than a barrier to vaccine availability', the EU [argues](#) for the need to provide appropriate incentives for investment in R&D. Nevertheless, the **EU supports voluntary solutions** such as voluntary [licensing agreements](#) and technology transfers to developing countries. The EU also supports developing countries in building their manufacturing capacity, addresses obstacles to the access to health products, and actively participates in multilateral initiatives such as COVAX. However, the provisions on mandatory relaxation of intellectual property rights are among those most advocated by African partners. In the same vein, the relationship between pathogen access and benefit sharing (P-ABS) has been a serious [point of friction](#). While the EU [focuses](#) more on the access side, proposing obligations on pathogen access, the African partners advocate a clear and comprehensive benefit-sharing mechanism for all pathogens of pandemic potential, while placing access and benefit sharing on an equal footing. In the [draft](#) CA+, the concept of 'common but differentiated responsibilities' is another [dividing line](#). Whereas developing countries advocate differentiated obligations depending on their economic capabilities, the EU has reservations towards this approach. Similarly, the question of whether to include 'One Health' as a principle in the new CA+ has been challenging. While the EU supports including the approach in the whole CA+, numerous lower-income countries fear that the obligation to put related measures into practice may be costly, and so are often reluctant to make commitments without concrete funding guarantees.

In parallel, the proposed amendments to the IHR vary greatly, often reflecting a North-South divide. For [instance](#), the amendments supported by the parties in the African region often suggest far-reaching changes and include political proposals. They aim to ensure equitable access, technology transfer, limitations on patenting, and distributed manufacturing capacities with sustainable financing. Conversely, more focused technical proposals from the EU generally seek to strengthen the IHR within the current approach. This includes tightening compliance and accountability and encouraging the sharing of genetic sequence data and the use of digital tools.

European Parliament position

The European Parliament has repeatedly stressed the [need](#) to build a genuine EU–African partnership in the field of health, and [prioritise](#) health as part of the EU–Africa strategy. Among the EU institutions, Parliament advocates the most ambitious agenda, with a comprehensive view of health. Parliament's advocacy includes calls for TRIPS flexibilities, technology transfer, enhanced financing, and a focus on SRHR and 'One Health'.

In particular, Parliament is a vocal supporter of initiatives to foster health sovereignty in Africa by **supporting local manufacturing of health products** on the continent. To fulfil this ambition, its [resolution](#) of 12 July 2023 on the COVID-19 pandemic: lessons learned and recommendations for the future (2022/2076(INI)) urges the Commission and the Member States to ensure full technological transfer to local producers, and to establish mechanisms and funding for their

financial sustainability. Highlighting the importance of an enabling environment for the achievement of African health sovereignty, it also calls for further strengthening cooperation between the EMA and the AMA, as well as increasing the international regulatory alignment.

In its [resolution](#) of 25 March 2021 on a new EU–Africa strategy (2020/2041(INI)), Parliament emphasises the importance of a safe environment in safeguarding human health. This resolution also underlines that the '**One Health' approach** should be mainstreamed in the AU–EU partnership. Parliament's [resolution](#) of 1 June 2023 on EU action to combat AMR (2023/2703(RSP)) equally calls on the Member States and the Commission to engage in the TEI with Africa on sustainable health security taking a 'One Health' approach, and to contribute to efforts to **tackle infectious diseases** and AMR through the GH EDCTP3 JU, among other initiatives. At the same time, this resolution notes how important it is to prioritise addressing the economic, social and environmental root causes of health and disease, in line with the EU GHS, in particular access to clean water and sanitation. As for **SRHR**, in its resolution (2020/2041(INI)), Parliament stresses that access to and respect for SRHR are a crucial component of the EU–Africa partnership, and calls on the Commission to prioritise SRHR in EU–Africa relations. Parliament has also raised other points, for instance on the brain drain of the African health workforce and on the need to [prioritise](#) electrification in developing countries, since the lack of electricity or insufficient access to electricity seriously undermine health, food security, medical and hospital care.

Parliament takes the view that public health in Africa needs a comprehensive approach. Its [resolution](#) on accelerating progress and tackling inequalities towards ending AIDS as a public health threat by 2030 (2021/2604(RSP)), it underlines that 'development aid should primarily be dedicated to delivering horizontal universal healthcare system coverage through a holistic and rights-based approach, which entails fully addressing the multidimensional nature of health'.

ENDNOTES

- ¹ 'One Health' is an integrated approach that recognises that the health of humans, domestic and wild animals, plants, and the wider environment are closely linked and interdependent.
- ² A Team Europe ministerial mission was co-organised by the Belgian Council Presidency and the EU delegation to the AU. It brought together high-level officials from nine EU Member States and Commission services (DGs INTPA and SANTE, HERA).
- ³ Participating EU Member States are: Belgium, Germany, Spain and France.
- ⁴ UN SDG target 3.8: achieve universal healthcare, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all.
- ⁵ Belgium, Germany and France are funders, while Czechia, Denmark, Greece, Spain, Italy, Hungary, Lithuania, Malta, the Netherlands, Austria, Poland, Portugal and Sweden participate as supporters.

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