HEALTH AS CORNERSTONE OF THE EU-AU PARTNERSHIP: AFRICAN CIVIL SOCIETY PERSPECTIVES

EXECUTIVE SUMMARY

The African Union and European Union are celebrating 25 years of the Partnership, with the 7th EU-AU Summit taking place on 24-25 November 2025 in Luanda, Angola. This Summit offers a key opportunity to revise the Partnership's health pillar and to update commitments previously made under the 2022 Joint Vision for 2030. The Preliminary Monitoring Report of the Joint Vision published alongside the Ministerial of May 2025 reveals uneven progress and several outdated commitments, as they were adopted during the Covid-19 pandemic. While health will feature in Summit discussions, it risks being overshadowed by other political priorities. Incorporating the perspective of African civil society organisations will be crucial to ensure updated, fit for purpose commitments and priorities.

To support this process, Global Health Advocates (GHA) conducted interviews with five long-standing African civil society organisations (CSOs): ASAPSU (Ivory Coast), CITAM Plus (Zambia), HDT (Tanzania), KANCO (Kenya), and WACI Health (multi-regional), to provide crucial insight into the lived realities of health reform and the implications of global shifts for local systems. Collectively, they highlight three core priorities:

1. **Reform must not mean retreat:** The 7th EU-AU Summit presents an unmissable opportunity to uphold principles of international solidarity. As LMICs face devastating disruptions, and discussions are ongoing on reforming the current system, CSOs highlight that the need for targeted, flexible ODA remains essential in the short to medium term, while countries build the fiscal capacity for domestic health investments.
2. **Sustainable Financing:** Enhancing domestic resource mobilisation (DRM), including measures such as sumptuary or sugar-sweetened beverage taxes, strengthened tax systems and strategic engagement with the private sector, can enable countries to progressively reduce external dependency while maintaining critical health services. Additionally, framing health investments as economic social imperatives and addressing the debt burden in African public expenditure at the expense of healthcare will support greater fiscal space for health. This will also strengthen countries' capacities to sustainably invest in their own health systems.
3. **Prevention and equity must guide reform:** As the world faces unprecedented challenges, an overreliance on curative models is leaving millions without access to essential preventive care. Countries, with the support of regional and global institutions, must do more by investing in primary health care (PHC), prevention, and Universal Health Coverage (UHC) to build greater resilience, and equity.

CSOs further illustrate the need for greater political will in investing in health and increased regional cooperation. Strengthening inter-ministerial coordination, aligning donor mechanisms, embedding civil society participation throughout decision-making processes will be key.

Ultimately, if the EU is to have meaningful impact in its desired role of being a global health leader, renewed and updated commitments are urgently needed for health within the AU-EU Partnership, guided by the needs of partner countries and insights of African CSOs on the ground, to ensure a smooth transition between donor funded health systems and domestically funded systems.

INTRODUCTION

"Because the world is looking to Europe - and Europe is ready to lead." With these words, President von der Leyen signalled her ambition for the EU to be a global health leader during her annual State of the Union address, which also featured the announcement of a new Global Health Resilience Initiative. Following the renewal of the EU's Global Health Strategy in late 2022 and building on discussions held at the 2025 Global Health Policy Forum, the European Commission is signalling its commitment to reopen discussions on the current global health architecture and how it can address immediate and long-term global health challenges. This comes at a time when traditional models of global health cooperation are under intense scrutiny. Despite rising rates of poverty and inequality, Official Development Assistance (ODA) is declining (with EU ODA dedicated to health reaching a five-year low in 2023), alongside the abrupt withdrawal of historical donors. According to World Health Organisation (WHO) projections, global health investments could decrease by as much as 40% this year, from just over $25 billion in 2023 to an estimated $15 billion, representing the lowest level of health investment in a decade.

The EU, as one of the largest ODA donors, has the power to make a real difference in improving access to healthcare for those in the poorest and least developed countries. Out of the 44 countries listed by the OECD as Least Developed Countries (LDCs), 32 are on the African continent. In the WHO African region, the level of service coverage index for universal healthcare (UHC) stood at 46% in 2019[1], with most countries relying heavily on out-of-pocket payments to fund their services[2]. This year, the European Union and the African Union are celebrating 25 years of the EU-AU Partnership, with the 7th Summit taking place on 24-25 November.

This Summit presents an unmissable opportunity to turn the EU's global health ambitions into tangible outcomes. Health was recognised as a key pillar of the Partnership during the 6th Summit back in 2022: under Point 3 of the Joint Vision for 2030, "A renewed Partnership". This Joint Vision emphasised the importance of African health sovereignty and resilient health systems, but progress remains uneven and several previous commitments, which were made in the aftermath of the Covid-19 pandemic, are now outdated. During a High-Level Conference on the EU-AU Partnership on Global Health Access (March 2024), held under the Belgian Presidency, efforts were made to expand collaboration across continents on topics such as Primary Health Care (PHC) and Universal Health Coverage (UHC). In the most recent EU-AU Ministerial Meeting in May 2025, health was partly overshadowed by other priorities such as migration and mobility. In light of the EU's renewed ambition of being a global health leader, the upcoming EU-AU Summit therefore presents a critical opportunity to revise and update the health agenda within the Partnership. Only by incorporating the perspectives of African civil society organisations (CSOs) in updated, fit-for-purpose commitments based on common priorities, can meaningful progress take place. This policy brief highlights voices from community-based African CSOs to support discussions on health within the upcoming EU-AU Summit.

To do so, GHA interviewed five civil society organisations on the ground: ASAPSU (Ivory Coast), CITAM Plus (Zambia), HDT (Tanzania), KANCO (Kenya) and WACI Health (Multi-region with their HQ in Kenya). The aforementioned CSOs have long been engaged in health advocacy, service delivery, and accountability efforts across the continent. From years of campaigning in the field, to amplifying community needs, holding decision-makers accountable and through the ACTION Partnership, their expertise and insights are invaluable to the discussion. By gathering their views, concerns and recommendations on the current global health architecture, this brief seeks to ensure that discussions at the Summit reflect the lived realities of communities and are shaped by those most directly involved in advancing health priorities on the African continent.

[1] UHC_Regional_AFRO_Factsheet-2022.pdf
[2] UHC Day: High health-care costs in Africa continue to push over 150 million into poverty: new WHO report | WHO | Regional Office for Africa

I. ASSESSING THE IMPACT OF DECREASING ODA AND CHALLENGES IN IMPLEMENTATION

Recent decisions by historical donors to reduce or suspend ODA have underscored the fragility of the current global health architecture and in health sliding towards the bottom of the list of political priorities since the Covid-19 pandemic. Many low-and middle-income countries' (LMICs) health systems, who depend on external ODA, are currently experiencing these effects first-hand, and have expressed concerns about the devastating impact these are having on critical health services.

Sudden reductions in international aid have had immediate and severe consequences for both communities and health workers. In Kenya, for instance, the abrupt interruption of U.S. HIV/AIDS funding left many health professionals without employment, disrupting essential services and leaving patients without care[3].

Similarly, in Zambia, the sudden withdrawal of U.S. support led to the immediate dismissal of many health workers such as social workers and programme managers, who had been providing critical services. The lack of a transition plan exacerbated the crisis, highlighting the urgent need for sustainable funding mechanisms to prevent such disruptions in the future.

Reform must not mean retreat. While reform of the global health system is urgent, African CSOs warn that it must not be used to justify disengagement:

> *"Redesigning the global health architecture is not an excuse to retreat from international commitments, but an opportunity to make them more effective and sustainable."*
>
> **Fitsum Lakew Alemayehu, WACI Health**

While domestic resource mobilisation is critical for long-term sustainability, the experiences of Kenya, Zambia, and local CSOs underscore that international aid remains indispensable in the short to medium term.

Maintaining targeted, flexible aid alongside strengthened domestic financing allows countries to protect critical services, support vulnerable populations, and gradually build resilient, integrated health systems without leaving gaps in care.

> *"Looking ahead, there is considerable uncertainty regarding the coming years, the SDGs, and what will follow after their framework expires. Shifts in global solidarity and multilateral principles have contributed to this instability. What was once perceived as sustainable was in fact precariously maintained, and recent events have shown just how catastrophic the consequences can be."*
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> **Fitsum Lakew Alemayehu, WACI Health**

[3] With the sudden withdrawal of historical donors of ODA. The Lancet. October 2025

These uncertainties, however, can be mitigated by long-term, targeted commitments - including within the EU-AU Partnership. In their interviews, African CSOs shared their visions on the role external donors can play in building resilience and safeguarding against its recurrence in this context:

> *"When funding disappears, programs collapse; for instance, despite extensive work by USAID, little lasting impact is visible, because investments were not designed for sustainability. Longer-term interventions should include elements such as infrastructure development or income-generating activities to ensure communities can continue programmes independently, creating continuity even after donor withdrawal."*
>
> **Cindy Maimbolwa, CITAM plus**

The EU-AU Partnership has clearly identified the importance of investing in key areas of health sovereignty such as local manufacturing and health innovation as part of its priorities for health. As strengthened health systems alleviate disease burden, they also result in healthier populations and therefore lower long-term healthcare costs, creating conditions for sustainable economic growth. Dr. Peter Bujari (HDT) offered an interesting perspective on the causes of insufficient funding, which are barriers to said development: "the health sector is perceived (by domestic political leadership) as a social sector and not an economic or productive sector," which, with the added frequent element of constrained resources, discourages politicians from making health a priority.

As a critical first step to counter this trend, the Africa CDC can play a key role in facilitating talks between Ministries of Finance and Planning, and Ministries of Health. According to Dr. Peter Bujari (HDT), the WHO AFRO also plays an important role in influencing decision-makers to recognise the value of investing in prevention. Indeed, one challenge lies in intersectoral and inter-ministerial collaboration. Many organisations have engaged with ministries across the continent and budgetary decisions are typically made by parliaments and finance ministries, not health ministries, which limits the influence of health policymakers on budget allocations and priorities. For example, as governments face parallel spending commitments, budget targets for agriculture (10%, as per the Maputo declaration) and research and development (2%), which, combined with other essential allocations for education, infrastructure or debt servicing, leave little fiscal space to realistically meet the 15% health allocation. (Abuja Declaration (2001)).

A transition towards innovative and sustainable financing is also urgently needed, agreed all interviewees. Domestic resource mobilisation (DRM), robust tax systems, including health-focused measures such as sumptuary taxes (designed to discourage the use of harmful goods, such as tobacco, alcohol or sugar-sweetened beverages (SSBs)), and strategic engagement with private sector actors can gradually reduce dependency on external funding. Despite AU Member States' commitment to the Abuja Declaration (2001) - which includes a target of allocating at least 15% of national budgets to improve health care - in 2024, African governments' spending on the sector only averaged 7.4%.

In Zambia, the number is closer to 12%, which shows some improvement compared to the regional average, but Limbali Mweetwa (CITAM plus) names "competing fiscal pressures, servicing a heavy debt or national debt load," and Zambian "dependence on external foreign aid" as barriers the government is facing in reaching this target.

Public debt service is absorbing an increasingly unsustainable part of African public expenditure, at the expense of healthcare and other public services and investments. According to Ms. Oyebanke Abejirin, Economic Affairs Officer at the UN Economic Commission for Africa, in 2021 African governments allocated 4.8% of GDPs to debt servicing compared to 2.6% for health and 4.8% for education[4]. UNCTAD data[5] shows that in 2023, approximately 57% of Africa's population — 751 million people — live in countries that allocate more funds to servicing external debt than education or healthcare, and that, on average, African nations spent 27% more on interest payments than on healthcare.This worrying trend shows no sign of abating. In 2024, considering the evolution of interest rates and the number of bonds reaching maturity, the African Development Bank (AFDB) calculates that Africa will pay out around €141 billion just to service debts in 2024, up sharply from €53 billion in 2010[6].

However, initiatives such as Debt2Health[7] could pave the way for accelerated change. This innovative financing initiative has already alleviated bilateral debt for both Indonesia and Pakistan by €50 million and €40 million respectively, towards Germany. This agreement is facilitated by the Global Fund to Fight AIDS, Tuberculosis and Malaria, and consists of creditor countries forgiving part of a loan repayment in exchange for reinvestments in health. With an estimated €86 million raised yearly, Debt2Health illustrates how innovative financing could convert debt into critical health financing. Several ongoing African-led initiatives such as the 2025 African Health Financing Summit, are also aiming to address these issues, including efforts to development sustainable domestic solutions.

The African Health Financing Summit, August 2025

"Africa will not build health sovereignty through declarations alone. We must finance it, govern it, and own it." These words, spoken by President John Dramani Mahama of Ghana during the Africa Health Sovereignty Summit, held in Accra on August 5, 2025, may mark a pivotal moment in reshaping the continent's approach to health financing and governance. Faced with unprecedented reductions in international aid, projected to decline by up to 40% in a single year (P4H Network), African leaders convened to chart a sustainable, self-reliant path forward.

African leaders emphasized the need to reduce dependence on external donors, advocating for domestic resource mobilization (DRM) through mechanisms such as health taxes, private sector engagement, and diaspora contributions. The summit proposed the creation of a dedicated Africa Health Fund to strengthen continental health systems, which would be managed by the African Development Bank and initially financed through a $100 levy on international flights into and out of Africa.

[4] The rising debt burden in Africa's Least Developed Countries is eroding funding for sustainable development | Events | United Nations Economic Commission for Africa

[5] UNCTAD, A World of Debt Database (2024), see also https://drgr.org/files/2025/09/DRGR-Africa-Debt-Crisis.pdf and https://www.bu.edu/gdp/files/2025/05/IEJ-G20-Diverting-Dev-Prospects-1.pdf

[6] https://www.afdb.org/en/news-and-events/annual-meetings-2024-old-debt-resolution-african-countries-cornerstone-reforming-global-financial-architecture-70791

[7] Debt2Health, a Global Fund initiative and Factsheet by the Taskforce on Innovative International Financing for Health Systems

The Summit also introduced a health tool called SUSTAIN to map and optimise funding streams, while a Presidential High-Level Task Force was established to guide Africa-led reforms in global health governance. Key outcomes include the Accra Compact, which prioritises regional integration, equitable partnerships, and enhanced accountability in health financing.

This high-level exchange showcases a clear shift from short-term aid dependency toward long-term resilience, with African nations asserting ownership over their health priorities.

Ultimately, "the goal is a gradual shift from external dependency toward self-sufficient health systems, supported by strong domestic resource mobilisation, robust tax systems, and strategic regional and international collaboration," Fitsum Lakew Alemayehu (WACI Health) explains. "African governments must take charge of their health systems, but this must happen alongside continued engagement with global donors, such as G7 and G20 countries.

As such, ambitions of reform must be accompanied by a stronger domestic commitment, ensuring that these support countries' own responsibilities for resilient health systems.

II. ENGAGING PRIORITISING PREVENTIVE HEALTH & UHC, INCREASING DOMESTIC RESPONSIBILITY

A key consequence of the Covid-19 pandemic was the exacerbation of global systemic inequalities, most notably those between high- and lower-income countries. Whilst high income countries largely had widespread access to vaccines and medical countermeasures for their populations, low- and middle-income countries (LMICs) could not access the same tools in their fight against Covid-19[8]. The current commitments under the Partnership's health pillar which are listed above were made in the aftermath of the Covid-19 pandemic.

Priorities for health in the Joint Vision for 2030 (adopted at the Summit in February 2022).

In this document, 4 main priorities for health are outlined: ensuring equitable access to vaccines through local and regional procurement committing at least 450 million vaccine doses to Africa via the Africa Vaccine Acquisition Task Team (AVATT); providing €425 million to accelerate vaccination in coordination with the Africa CDC, and supporting full African health sovereignty through investments in manufacturing, technology transfer and regulatory strengthening.

The last EU-AU Ministerial took place in May 2025, three years after these health priorities were outlined in a Joint Vision for 2030. To assess its implementation and detail its progress in all priority areas, the African Union and European Union published a Preliminary Joint Monitoring Report, based on its four key pillars: i) A prosperous and sustainable Africa and Europe; ii) A renewed and enhanced cooperation for peace and security; iii) An enhanced and reciprocal partnership for migration and mobility; iv) A commitment to Multilateralism.

[8] Report-1-1.pdf

Firstly, it is important to note that most of the Partnership's health commitments are implemented through the Team Europe Initiatives (TEIs)[9]. Regarding other commitments on health, the Preliminary Monitoring Report describes uneven progress, and the absence of updates on several commitments highlights their obsolescence and need for further discussion.

- The report makes no reference to progress on regional vaccine procurement, nor to the EU's pledge to "provide at least 450 million of vaccine doses to Africa, in coordination with the Africa Vaccine Acquisition Task Team (AVATT) platform and in addition to Covax" (p. 2). This absence can be explained by the fact that these doses were never delivered; the EU initially mobilised funds to purchase vaccines for donation, but global supply chains and the context had already evolved, making the timing of new doses difficult. As such, the funding was redirected towards other global health instruments, such as the Pandemic Fund, the Global Fund and Gavi.

- Regarding the objective to engage constructively towards an agreement on a comprehensive WTO response to the Covid-19 Pandemic, which includes trade related, as well as intellectual property related aspects (p.2), the report provides no new information. It is worth noting that the June 2022 WTO Ministerial decision on the TRIPS Agreement addressed only vaccines, falling short of including diagnostics and treatments as demanded by African countries. Separately, the EU highlights its support for intellectual property rights and innovation in Africa through the EU-funded AfrIPI project, managed by the European Union Intellectual Property Office (EUIPO).

- The report features limited language on the development of medicines, diagnostics, therapeutics and other health products, and tech transfers (which includes programmed funding to the WHO and the mRNA tech transfer Hub) are foreseen to be included within a TEI network.

During a 2024 High-level conference marking the expansion of the strategic EU-AU Partnership[10], the EU and AU confirmed their intention to collaborate in new areas of joint work within the frameworks provided by the EU GHS and the AU New Public Health Order[11]. Both the EU and the AU consider the achievement of universal health coverage (UHC) and health systems strengthening (HSS) as priorities, as can be seen in the EU Global Health Strategy (EU GHS) in guiding principle 2.2[12], as well as within the Africa Health Strategy (strategic objective 1)[13]. The inclusion of UHC and HSS in upcoming discussions during the first EU-AU Summit to be held since the publication of the EU GHS, would therefore be a logical next step.

Indeed, progress towards UHC remains slow in many African countries. In Ivory Coast, ASAPSU reports that despite ongoing work aiming at reaching UHC, communities are not truly placed at the centre of health systems in practice, as called for in the Bamako Initiative. Fadil Zeba (ASAPSU) calls for discussions to "strategically rethink this paradigm to encourage donors to align behind country-led priorities".

[9] For further details, see GHA's brief series: Navigating the Team Europe approach in the EU-AU health partnership - Action Santé Mondiale (2024)
[10] High-level event kicks off expansion of strategic EU-AU partnership, pledging joint commitments to strengthen Global Health and African Health Sovereignty, 19th March 2024
[11] AU–EU cooperation on health
[12] The EU Global Health Strategy, 2022
[13] AHS cover2

Research demonstrates[14] that focusing on building strong primary healthcare, emphasising preventive care, leads to better health outcomes, enhances equity and increases health systems' efficiency. As the Africa Health Agenda International Conference Commission (AHAIC) reports, only 48% of people in Africa are receiving[15] the health care services that they need, which leaves more than 615 million people without adequate services. Dr Peter Bujari (HDT), explains these observed trends: "Governments prioritise visible infrastructure over less visible but other essential aspects of healthcare," which results in barriers in accessing treatment due to the high costs of tertiary care, unavailable medicines or non-functional equipment. This curative approach also applies to current healthcare policy in Tanzania, which Hilda Kwezi (HDT) describes as an underinvestment in prevention. "Diagnostic centres and systems for regular checks (are needed) to build a culture of prevention."

On HSS, it's important to note that building resilient health systems requires more than financing: it depends on local ownership, knowledge transfer, and strengthened institutions. To help "countries in balancing prevention and curative approaches, address this major gap in continuous health promotion and health education", HDT expressed that regional-level initiatives such as the Africa CDC play a crucial role in driving change at national level, through technical support. Dr. Githinji Gitahi (Amref Health Africa) also identifies general mistrust from populations towards "unfriendly, distant, supply-driven health systems" as an additional barrier, which discourages early care-seeking and often results in people seeking treatment only when seriously ill, leading to delayed diagnoses and high treatment costs. **As both the 2022 EU GHS and the AU Public Health Order aim to strengthen public health systems and to advance UHC, addressing these challenges will be crucial to work towards fully fledged African sovereignty, furthering the African continent's response to future public health emergencies and strengthening collective capacity and resilience.**

III. PARTNERSHIPS AS CATALYSTS FOR AFRICA-LED HEALTH SOLUTIONS

It is unrealistic for all 55 African countries to individually build full vaccine and therapeutics production capacity. A regional approach is more likely and more efficient and could leverage the strengths of Africa's five economic regions. Strengthening African institutions like the African Union and Africa CDC is essential to coordinate resources, harmonise health strategies, and build resilient systems. The New Public Health Order provides a framework for this engagement, emphasising regional manufacturing, workforce development, disease surveillance, and equitable access to vaccines and treatments.

Policy support and investment in regional coordination, grounded in this framework, may reduce dependency on external donors and advance Africa's health sovereignty. For the moment, coordination with regional bodies is still often project-driven or limited to emergencies rather than routine health planning.

[14] Primary healthcare has been identified as a key lever in saving lives and reducing disease burden, while promoting equal access to medical treatment. Its impact can be maximised when primary healthcare providers are the primary source of care for patients, and are able to focus on prevention.

[15] Executive Summary Report. 'The State of Universal Health Coverage in Africa' by the Africa Health Agenda International Conference Commission, 2021

In addition, Carol from Zambia noted, "Civil society and local communities frequently remain uninformed or excluded from discussions," emphasising the need for broader engagement and transparency.

The EU was a key player in the development of the Lusaka Agenda, which calls for global health initiatives (GHIs) and donors to strengthen joint approaches to implement principles, such as health equity, to ensure GHIs complement domestic financing and support country-led priority setting in achieving UHC. These principles are also to be embedded by donors such as the EU into their bilateral development efforts. As such, ensuring that health equity, already an explicit health priority of the AU, is embedded into the health pillar of the EU/AU Partnership and translated into commitments should be a key focus for the Summit.

While the Lusaka Agenda represents a welcome shift from "donor-led, disease specific aid" (KANCO), some consider that it must still work to account for income classification between countries, fiscal capacity, tax bases, and political priorities across countries. "National priorities differ across countries. South Africa, Kenya, and Ethiopia, for example, cannot be measured against the same indicators, making a one-size-fits-all approach ineffective," Fitsum Lakew Alemaheyu (WACI Health) explains. Similar concerns have been raised about regional commitments, such as the aforementioned Abuja Declaration (2001), which some African CSOs argue often imposes undifferentiated objectives, such as a 15% budget allocation to health, on countries with various political, economic and cultural contexts. As the "Rethinking the Global Health Architecture in Service of Africa's Needs" Discussion Paper by Dr Catherine Kyobutungi highlights, advancing equity first requires a shift towards primary health care (PHC) as the organising principle for health systems. PHC's "potential and promise" has not sufficiently been realised and "has been overshadowed by global health, whose foundations are at odds with the concept of PHC." Further embedding these principles within the EU-AU Partnership would help move beyond fragmented, duplicated interventions and would help move towards a more sustainable equitable model of cooperation, aligned with African-set priorities for health.

Finally, African CSOs highlight the upcoming Summit is an opportunity to forge stronger partnerships, and build more resilient, collaborative frameworks to advance health priorities:

> *"The withdrawal of the US is an opportunity. Everyone needs to work together because diseases continue to spread across borders. The challenge is global, particularly with population movements. The key lies in organising these partnerships between countries."*
>
> **Solange Kone, ASAPSU**

As such, African CSOs such as ASAPSU, CITAM Plus, HDT, KANCO and WACI Health play a crucial accountability role, ensuring that commitments made at the political level regionally and domestically are implemented and remain aligned with the true, differing needs of African populations.

By highlighting challenges in implementation, amplifying community voices, and proposing context-specific solutions, African CSOs can help both the AU and EU advance their partnership to ensure that future actions are equitable, sustainable, and responsive to African priorities.

CONCLUSION

Though progress has been made, disruptions to the traditional global aid system have precipitated reflections around global, regional and national health systems, and call for a rethinking of existing Partnerships. If the EU is to have meaningful impact in its desired role of being a global health leader, updated commitments are urgently needed on health within the AU-EU Partnership. This adjustment in priorities must be guided first and foremost by the needs of partner countries, by taking into consideration and elevating the insights of African CSOs on the ground. Only then will a smooth transition between donor funded health systems and domestically funded systems be possible.

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