BRIEF 2: HOW IS TEAM EUROPE ENGAGING WITH AFRICAN PARTNERS AND SUPPORTING HEALTH EQUITY?

EXECUTIVE SUMMARY

Two years have passed since the last European Union (EU)-African Union (AU) Summit took place, a moment where European and African leaders agreed on a joint vision for a renewed partnership. This joint vision identified health as high priority. Whilst it is still too early to fully capture the impact of different health initiatives announced at the Summit, we consider it important to take a closer look at how they are being designed and operationalised to ensure that effective development cooperation principles are being respected. The lack of publicly available information made this exercise challenging.

With that objective in mind, Global Health Advocates (GHA) has developed a series of three policy briefs[1], based on analyses of official European Union action documents, literature reviews, information gathered during relevant events, and informal exchanges with relevant stakeholders[2].

As the EU has framed its Africa-Europe Investment Package as forming part of its Global Gateway Strategy to be implemented through a Team Europe (TE) approach, we dedicate the first brief to the understanding of these concepts and the health commitments announced during the EU-AU summit, in particular the five regional health Team Europe Initiatives (TEIs).

In our second brief, we take a closer look at how TE is engaging with African partners and how it could best support African health sovereignty and equity.

In our third and final brief, we delve into the challenges and opportunities of working in a TE approach to deliver health for all, and also question how accountable it truly is.

Through this policy brief series, we have identified four key elements to ensure the success of the health TEIs. Firstly, Team Europe will need to ensure that its health priorities are in line with those of African partners. Secondly, TE must be able to allocate sufficient financial resources to deliver on its commitments, in a coordinated and effective way. Thirdly, it must communicate and share timely information about the initiatives and their impact, to demonstrate the added value of such an approach. Finally, TE must be able to keep global health high in its agenda, with equity at its core.

INTRODUCTION

Since the EU budget contributions to the TEIs come from its development cooperation instrument, the NDICI, **TEIs should respect the NDICI regulation[3], which calls for the application of the aid effectiveness principles, in particular ownership of priorities by the partner country**. This should be demonstrated by the involvement of partners in the design and implementation of the TEIs, but **there is little evidence[4] to suggest their meaningful engagement.** Yet, ownership and inclusion of partners is a precondition for the success of these initiatives, as well as for the EU's reputation as a trusted and respectful partner.

In order to be a trusted partner, Team Europe must provide long-term sustained support, even when other crises emerge. **It is therefore crucial that the TE shows its commitment to global health by providing continuous financial and political support. The revision of the Multiannual Financial Framework 2021-2027, however, sends a very different signal to African partners.**

In this second brief, a closer look is taken at African health priorities, and how Team Europe is engaging and including African stakeholders in the health TEIs. We also examine how the Global Gateway (GG) objective of creating opportunities for the EU Member States' private sector could be inconsistent in the long term with the EU's commitment of supporting African health sovereignty, as well as explore how TE can ensure its investments translate into increased access to quality care.

ENSURING AFRICAN NEEDS AND PRIORITIES ARE AT THE CORE OF THE HEALTH TEIs

Team Europe created a new political momentum, highlighting the importance for the EU and its Member States (MS) to work better together. It is important to note that this strong focus on internal alignment could risk sidelining the alignment of TE with its partner countries, if they are not properly and sufficiently incorporated into the design and various phases of these initiatives[5].

The refusal of the AU[6] to accept the EU-Africa investment package as an annex to the EU-AU Summit political declaration reflects the tensions surrounding the negotiations, which could be explained by the lack of consultation and dialogue with the content around these investments. **African partners were not included in the design of the health TEIs even though, in principle, their objectives are in line with the continent's health priorities.** In particular, the regional health TEIs are aligned with the strategic pillars of Africa's New Public Health Order[7]. In terms of structural engagement, the AU Commission should be one of the co-chairs of the High-Level Steering Committee (HLSC), created to provide policy

and overall strategic guidance to the MAV+ TEI. The first HLSC meeting only took place in June 2023.

In an exchange with the African Centres for Disease Control and Prevention (Africa CDC), **officials highlighted the following areas where African partners would like to see increased support from TE: Research and innovation (R&I) and technology transfer, talent development, and climate change.**

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The EU Global Health Strategy[8] calls for the prioritisation of international R&I cooperation and for *"making the research data as open, standardised and interoperable as possible, and promoting the dissemination and exploitation of results as a common good*". It also calls for support for end-to-end research. It is disappointing that none of the EC action documents contributing to the MAV+ mention support to 'end-to-end' research and production, instead, a few explicitly mention support towards 'fill and finish' production.

Officials from the Africa CDC stressed that one of the caveats of the fill and finish production is that they would not satisfy the health needs of Africans. If Africa had the capacity for end-to-end manufacturing, it could produce the vaccines and medical countermeasures most needed by the African population, and oftentimes, neglected by the Western manufacturers since they could not expect significant profit margins from these medical countermeasures (MCM). In order for regional manufacturing to be sustainable and for Africa to achieve health sovereignty, TE must increase its support to R&I and further facilitate technology transfer. Public health was also identified as a key priority in the AU-EU Innovation Agenda[9].

Other areas that would benefit from additional support include talent development, as African partners have expressed their interest in receiving long-term support to allow them to hire and retain competent staff to strengthen their own capacities at headquarters.

Africa CDC officials also noted they could benefit from increased support when it comes to climate change and its impact on health. **The AU is keen to address the issue of vector control, since it has become increasingly difficult to eliminate diseases such as malaria because of the expansion of affected areas due to climate change.** This is an issue highlighted in one of GHA's recent papers[10], and where TE could provide further support.

Critics[11] note that a Global Gateway that attempts to serve both the EU's foreign policy and development cooperation interests can be problematic for several reasons, including the

lack of new resources, prioritisation of private sector interests, and focus on geopolitical competition. Critics also view the GG as too focused on Europe's own interest in securing critical raw materials and supplies of renewable energy, in addition to preventing China from asserting their leadership in digital infrastructure. Furthermore, it has been noted[12] that even though the EU likes to portray GG as a 'better option' for partners, in reality it is a continuation of colonial extractivism. Indeed, some African partners view former European colonial powers' claims of wanting to protect African partners from China's growing influence as hypocritical. It is therefore central to ensure the EU's external action strategies create a true partnership of equals and that there is actual co-ownership and inclusion of partners.

ENGAGING AFRICAN STAKEHOLDERS IN THE TEIs

Africa CDC officials shared that they see the EU-AU partnership on health as largely respectful and action-oriented. They highlighted that **it brings relevant stakeholders together,** which is welcomed, especially when it comes to supporting Public Health Institutes (PHI) and workforce development. **Africa CDC also noted there is willingness among Team Europe to align with their priorities, and they welcome the regular high-level exchanges (among Director-Generals) between the two continents.** A MS official highlighted that the TE approach was well received by African partners, and that they appreciate the EU's attempt to speak with one voice, which contributes to strengthening EU-AU relations. **However, different officials (including EU Commission, MS and Africa CDC) stressed the fact that communication with partners could be more fluid.**

At national level, the direct demand from the Rwandan government to be included in the MAV+[13] TEI played a key role in designing the initiative pillar supporting the country. In this specific case, there were no pre-existing projects supporting MAV+ objectives in Rwanda. Officials involved highlighted that cooperation with the Rwandan government works well and that the country is able to bring its vision and priorities into the discussions[14].

When it comes to the inclusion of **Civil Society Organisations (CSOs),** an EU official recognised that they were not closely involved at the central level and **were in general not included in TEIs consultation.**

PROMOTING THE EUROPEAN PRIVATE SECTOR VS SUPPORTING AFRICAN HEALTH SOVEREIGNTY

Undoubtedly, the private sector has a role to play in achieving universal health coverage, particularly in the research and innovation of new and much needed medical countermeasures. The MAV+ TEI has a strong manufacturing component and it should contain access provisions. To achieve its objectives, it should invest in both hard and soft infrastructure. Although MAV+ has been identified as an initiative whose thematic priority

is 'human development', whether human development is truly its main priority is questionable, considering that significant investments are channelled towards the development of the pharmaceutical industry and its supply chain.

When providing public funding to incentivise pharmaceutical production and biomedical R&I, **the EU should ensure that access conditions, including a binding commitment to providing non-exclusive licences, is in place to ensure availability, affordability, and accessibility of the product to those who need it most.** It is imperative that the realisation of the right to health is put ahead of the profits of pharmaceutical industries. As stressed in a joint paper with ACTION partners[15], the commitment to health equity must be at the forefront of the local manufacturing agenda.

The current set-up of grants and concessional investments could, in theory, lead to the proliferation of satellite production sites of large European companies in the continent. This is concerning, considering doubts exist about whether they could truly contribute to Africa's health sovereignty and health equity in the long-term. However, some experts have argued[16] that satellite production sites could be a valid short-term solution to advance the local manufacturing agenda since they can nurture the ecosystem, build capacity, and contribute to skill development. **Nonetheless, without proper technology transfer and support to African manufacturers, it will not be possible to achieve health sovereignty and self-reliance in the long term.**

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As the MAV+ is one of the flagship projects of the Global Gateway, it's important to keep in mind that its objective is not only to support partner countries to develop their societies and economies, but also to "*create opportunities for the EU Member States' private sector to invest and remain competitive*"[17]. Indeed, there is an interest from European pharmaceutical industry to engage in this initiative.

One example is the German biotechnology company BioNTech. It announced[18] back in October 2021, during the COVID-19 pandemic, that it would establish end-to-end manufacturing capacities for mRNA-based vaccines in Africa by producing 'BioNTainers' – shipping containers transformed into manufacturing units, produced in Europe then shipped to Africa. This decision has received criticism[19] for delaying African populations' access to lifesaving technology, since the quickest and most efficient way BioNTech could have contributed to this agenda would have been to share its technology and know-how with the WHO mRNA technology transfer hub in South Africa, as well as with other existing African manufacturers.

BioNTech inaugurated its facility in Rwanda in December 2023[20]. Although this facility is fully funded by BioNTech, which has committed around $150 million to this project, EU Commission President von der Leyen proudly promotes it as being linked to the Global Gateway[21], even though the EU Commission has never explicitly clarified whether BioNTech's private investments are a contribution to the €150 billion investment package for Africa. When referring to the BioNTainers, an African expert stressed[22] that "*we don't need a cut-and-paste model to give a sort of appeasement to keep Africa acquiescent*", adding that this is not how technology transfer works.

When the next future pandemic emerges, how can it be guaranteed that satellite manufacturing capacities in Africa will be producing vaccines to respond to the needs of the local population, when they are not locally owned?

Another risk that emerges with this type of approach is vaccine nationalism. We saw during COVID-19 that J&J vaccines that were being bottled and packaged in South Africa were actually being shipped to Europe, despite vaccination rates in Africa at that time being the lowest in the world. This poses a vital question: when the next future pandemic emerges, how can it be guaranteed that satellite manufacturing capacities in Africa will be producing vaccines to respond to the needs of the local population, when they are not locally owned?

ENSURING INVESTMENTS TRANSLATE INTO INCREASED ACCESS TO QUALITY CARE

Investments towards strengthening the regulatory environment in the continent will also be key, and TE is providing support to partner countries' National Regulatory Authorities (NRA), as well as to the African Medicines Agency (AMA) to ensure products manufactured in the region are safe and of the highest quality. There has been, however, significant effort aimed at supporting NRAs in achieving WHO prequalification (WHO PQ). It is important to note that to obtain WHO PQ — which is a prerequisite for a vaccine manufacturer to export its products as well as for Gavi to be able to purchase them — the NRA of the country where the manufacturer is based needs to achieve at least WHO maturity level 3 (ML3) status. Currently, only South Africa and Egypt have achieved ML3 for vaccines on the continent[23].

It is understandable that the main focus in the first years of MAV+'s implementation was on the regional manufacturing of vaccines, especially after the lack of solidarity with the African continent during the COVID-19 pandemic. **Nonetheless, the initiative should go beyond vaccines and support processes that explicitly explore a broad suite of medical**

countermeasures which are also mostly imported to the continent, including diagnostics, treatments, therapeutics, etc.

Having the right tools available to address basic health needs, support African institutions, strengthen public health institutes, digitalise their system and better link human, animal and environmental health is fundamental. These are key to making African health systems more effective and efficient and, ultimately, they will contribute to the continent's health sovereignty. Nonetheless, in order to achieve the SDG3 and ensure healthy lives and promote the wellbeing for all by 2030, investments from these five regional TEIs need to be accompanied by investments in service delivery and a competent health workforce. As was observed with the COVID-19 pandemic, the availability of commodities alone will not deliver on health equity. Team Europe also needs to support partners in addressing the brain drain, and be mindful of its international cooperation efforts when recruiting foreign healthcare staff to address its own shortage issues.

It is therefore critical that the EU continues, on the one hand, to provide regional support through the health TEIs and, on the other hand, to ensure that bilateral programmes and GHIs receive EU support to strengthen health systems at national and local level.

CONCLUSIONS

A genuine partnership of equals needs to take into account the views and needs of its partners. The New African Public Health Order calls for action-oriented and respectful partnerships. This was emphasised by the Director General of the Africa CDC, Jean Kaseya, during the Team Europe mission in Addis Ababa in February 2024, when he asked the EU to "*have a clear vision, based on what Africa wants*"[24].

Achieving the health objectives and priorities established by African partners should be at the centre of Team Europe actions, and they should be prioritised over the economic interests of the European private sector. As such, the EU should ensure that access conditions are in place and when providing public funding to incentivise pharmaceutical production and biomedical R&D, to ensure availability, affordability, and accessibility of the product to those with the greatest need.

A trusted partner provides long-term sustained support, even when other crises emerge. Unfortunately, the recent revision of the Multiannual Financial Framework 2021-2027[25] sends a different signal to African partners, with the decision to decommit €2 billion from its international partnership budget and redeploying €1 billion from the EU4Health programme – almost one fifth of its total budget – to address migration management. This Council decision, which goes against the EC proposal, recommendations from the European Parliament[26] and CSOs[27], could significantly damage the EU's ambitions in global health leadership.

With the ongoing revision of the Multiannual Indicative Programmes (MIPs)[28], setting out the priorities and funding to partner countries for the next 3 years, **the EU must show its commitment to global health by providing continuous and adequate funding in support of global health objectives, starting with the five regional Team Europe Initiatives** presented in brief one, as well as bilateral and multilateral investments. In the long-term, with discussions on the next MFF (2028 and beyond) due to start as soon as this year, the EU must ensure that investments in human development, in particular health, are properly accounted for in the next budget cycle.

In addition to coordination with African partners, Team Europe must ensure coordination within its own members and TE-funded projects to capitalise on their synergies. Team Europe must also put more effort in truly speaking with one voice to promote a unified approach. Despite the efforts to do so, there are still many practical challenges, an issue addressed in further detail in the third brief.

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ENDNOTES

[1] All three briefs can be found at GHA's website: https://www.ghadvocates.eu/navigating-team-europe-approach-eu-au-health-partnership/
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