

BRIEF 3: HOW IS TEAM EUROPE WORKING TOGETHER FOR BETTER HEALTH OUTCOMES?

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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 briefs¹, based on analyses of official European Union action documents, literature reviews, information gathered during relevant events, and informal exchanges with relevant stakeholders².

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

TEIs are a joint endeavour and should lead to increased coordination and coherence between the EU and Member States (MS) to be able to deliver more efficiently and effectively. When setting up the Team Europe Initiatives, there was a general consensus among TE members on the need to keep them light, flexible, and non-binding. In order to avoid duplication of efforts and maximise synergies between TEI and joint programming, the implementation of the TEIs should in theory capitalise on existing process and mechanisms of coordination³.

As seen in the first brief, there are five regional TEIs: MAV+, SRHR, One Health, Digital Health, and PHIs⁴. Only two of these have been launched, the MAV+ and the SRHR TEIs. Both should have ad-hoc governance structures, although most of these are still under development. These structures have two different levels – policy and operational. **A key question that remains is how the TEI governance structure and decision-making process links to other existing structures and how the overall coherence of these initiatives will be ensured.**



This third briefing takes a closer look at the different levels of coordination required, as well as challenges and opportunities that emerge with them. They include the coordination among TE members, as well as how the TEIs coordinate with different health programmes and global health initiatives, and how policy coherence is ensured. Although the EU, in principle, recognises the need to increase coordination, Member States are often cautious when it comes to giving away their autonomy, compromising on their own priorities, and most importantly, in renouncing their own visibility. By increasing coordination and pooling resources and expertise, TE could certainly make its international partnerships more effective and efficient. The downside of a joint approach is the difficulty in holding individual members, in particular the EU, accountable.

WORKING BETTER TOGETHER AS TEAM EUROPE: CAN IT BECOME A REALITY?

While coordination should, in theory, be one of the main strengths of the TE approach, in practice it is one of the main operational challenges. While everyone agrees on the need and value of joining forces, there are several practical difficulties in doing so, such as different priorities.

To have maximum impact, TE should make use of different tools, modalities, expertise and resources from each of its members, and as seen in brief one, the level of involvement of different TE members varies in each initiative, depending on their expertise and added value.

There is a strong desire to demonstrate good coordination between TE members, and both **EU Commission and Member States (MS) officials shared there is overall willingness to cooperate. In practice, the situation is rather more complex.** A MS official highlighted⁵ there were important diplomatic struggles, administrative hurdles, and competition among its members. Still, the European Council recognises that more efforts should be made. Recent Conclusions⁶ on the Team Europe approach state that the Council “is determined to improve and intensify the implementation of the Team Europe approach” and calls for “the use of the Team Europe approach as the preferred option whenever feasible”. They also call for “the further increase in the inclusiveness and efficiency of the TEIs to make full use of the knowledge, skills, capacities, expertise and political resources of all participants”.

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When it comes to TE health actions, the EU is putting in place an 'European Joint Action on Global Health Initiative', coordinated by the French Ministry of Health. Launched in October 2023, its main objectives are: to strengthen EU leadership in the area of global health and maximise its impact by fully capitalising on the TE approach; to strengthen TE's global communication on its contribution to global health efforts; and to unite Team Europe and speak with one voice. Whether this Joint Initiative will lead to increased coordination and coherence, only time will tell.

CAN 27 VOICES SPEAK AS ONE?

Team Europe not only seeks a common approach to ensure more coherence and impact from its actions, but also to make itself more visible to the world. EU and MS officials share a sense that the EU does not get enough visibility and political return, given its economic and financial weight in Africa⁷. Although a TE 'brand' and visual identity have been created and much communication has been done to promote the TE approach, **it still lacks visibility and recognition among African partners and citizens.** For instance, an African Global Health CSO working closely with the AU shared that they are familiar and engage with European Commission (EC) and MS individually, yet not familiar with the TE approach.

The desire to make Team Europe more visible comes in contrast to some Member States' desire to still have their own individual actions recognised. A recent example can be seen in Italy, who hosted the Africa-Italy Summit at the end of January 2024. In her opening statement⁸ where she presented the 'Piano Mattei' – the new partnership between Italy and Africa, which includes a health pillar – Italian Prime Minister Gorgia Meloni did recognise the presence of EU leaders who attended the summit⁹, which she interpreted as

EU support to her plan. However, at no point in her speech did she mention how Italy's plan for Africa links to the EU's Global Gateway Strategy, nor how Italy would be working within Team Europe to achieve its objectives.

The Team Europe approach and the Global Gateway are all outputs of a 'geopolitical commission'. The former DG for development cooperation (DG DEVCO) became the DG for international partnerships (DG INTPA), reflecting a paradigm shift towards a partnership of equals. In its attempt to ensure a united and coordinated Europe, the EU however risks sidelining the alignment of TE with partner countries, as discussed in brief two.

BUILDING SYNERGIES WITH OTHER HEALTH PROGRAMMES TO MAXIMISE IMPACT

Another significant challenge of the TE approach is not only to ensure coordination among TEI members and its pillars, but also to ensure that the different health TEIs and other development cooperation programmes from the EU and its MS are coherent and complementary.

There are obvious opportunities for synergies between the different regional health TEIs. It is positive that, from the EC side, officials working on the different TEIs are in constant dialogue and collaboration - as most of them are staff of the same DG INTPA unit. It is also positive that within DG INTPA, there is one official who is a member of the coordination unit for three different TEIs - the One Health, Digital and PHIs - facilitating the coordination among their actions. In addition, the EC noted these three initiatives should be launched as part of one single GG flagship, which could contribute to avoiding overlaps. How this plays out in practice, is uncertain.

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Despite seemingly positive coordination within DG INTPA, the different regional health TEIs could however benefit from a more structured approach and cooperation, which an EC official also recognised, adding that there is a fine line between complementarity and overlap. The proposal to extend the High-level Steering Committee (HLSC) mandate to provide overarching political steering for all health regional TEIs, instead of only the MAV+ as it currently stands, could be a first step to ensure alignment. Nevertheless, coordination at operational level also needs to be ensured.

When it comes to the complementarity with other EU funded programmes, an EC official noted that when designing the national pillars of the different regional TEIs, the EC

prioritises the countries which already have a health component in EU bilateral programming. The potential impact is positive, but we regret to note that, **despite the MIPs having been developed in the midst of a deadly pandemic, only 17 out of 46 Sub-Saharan African countries have a specific health objective in their bilateral cooperation with the EU¹⁰**. Only by scaling up cooperation with other African countries on health, will the EU be able to deliver on its commitments.

TEAMING UP WITH GLOBAL HEALTH INITIATIVES

Synergies and complementarity can also be found between the TEIs and existing Global Health Initiatives (GHIs), which were created and have been strongly supported by both the EU and MS. These include, for example, the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria (GFATM) and Gavi, The Vaccine Alliance.

Since their creation, GHIs have been instrumental in contributing to the achievement of SDG3. They play a key role in supporting low-and-middle income countries (LMICs) in procuring and distributing medical countermeasures in an equitable way. For instance, GFATM alone provides around half of insecticide-treated nets worldwide¹¹ and Gavi is the largest single purchaser of vaccines for use in Africa, accounting for over one-third of the total volume¹². Both organisations are committed to supporting local production of health products, and **a MS official shared with us that TE is working closely with GHIs to ensure they set up proper approaches and plans in support of regional manufacturing**.

In fact, in response to the AU call for Gavi to procure at least 30% of their vaccines from manufacturers in Africa to help achieve the target of producing 60% of its vaccine requirements by 2040, Gavi has developed a new innovative financing instrument, which has been strongly supported by EU and MS representatives in Gavi's Board. The African Vaccine Manufacturing Accelerator (AVMA) will help catalyse the sustainable growth of vaccine manufacturing in Africa over the next ten years¹³.

The GFATM also supports African governments to purchase locally manufactured products. A recent example include support to purchase dapivirine vaginal rings, an HIV prevention method, from a South Africa-based pharmaceutical company, thanks to a new licencing agreement between the Population Council and Kiara Health¹⁴.

The MAV+ could greatly benefit not only from the synergies that can be created with GHIs, but also from the expertise of Gavi and the GFATM when it comes to market shaping and supply chain management to ensure the final product reaches those who most need them. This expertise will be valuable in supporting the Africa Centres for Disease Control and Prevention (Africa CDC) in developing its own pool procurement mechanism¹⁵. It is therefore critical for the EU and its MS to continue supporting GHIs, as a way to complement regional TEI actions.

ENSURING COHERENCE AND CONSISTENCY OF TEAM EUROPE POLICIES

The EU Global Health Strategy (GHS)¹⁶ recognises the need to mobilise a wide array of policies to work on a global health agenda, and acknowledges that it will require an integrated “*health in all policies*” approach. **Again in principle, relevant actors agree. In practice, ensuring coordination among different policy areas is easier said than done.** The MAV+, for example, has several unique characteristics compared to other TEIs. It consists of a broad, comprehensive approach and it touches on different policy areas (including health, Research & Innovation (R&I), trade, etc), and these need to be dealt with in a coordinated manner, firstly at individual member level.

During a webinar on regional pharmaceutical manufacturing hubs in Africa¹⁷, a Belgian official said that they were working on a ‘Team Belgium approach’, by engaging different actors within the government to contribute to the initiative.

Differing priorities and sectors is also an issue at the European Commission level, and sometimes the approach between different policy areas is incoherent. For example, **as the EU is revising its pharmaceutical legislation, it is surprising to see that the current proposal omits any mention of global health**, and goes as far as removing calls anchored in the current legislation for increased incentives to carry out research into products against tropical diseases. The EU must guarantee that the new pharmaceutical legislation contributes to the implementation of the GHS, and it should be a stepping stone for building a stronger R&I ecosystem for global health. **Another example of incoherence can be seen in the negotiation of the Pandemic Accord:** while the EU was initially a leading force calling for a new binding agreement on pandemics, its current negotiating position merely supports voluntary actions and weakens key provisions on some areas, including trade, that could ensure equitable access to medical countermeasures (MCM) to all when the next pandemic emerges. By choosing these positions, the EU risks contradicting itself and moves away from its objective of achieving global health for all.

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Different TE members need to ensure that the right communication and collaboration channels are in place between the different actors engaged, and a common position is agreed between the different Ministries/DGs and administration, their development agencies, and financial institutions. The Council recognises that the EU could benefit from

an updated guidance note on 'Working Better Together as Team Europe' to ensure increased strategic guidance "with regards to policy objectives and priorities of the NDICI-GE, in order to strengthen coherence, consistency and complementarity with other relevant EU instruments and policies in pursuit of the EU's values and interests"¹⁸.

IMPROVING TRANSPARENCY AND ACCOUNTABILITY

By pooling resources, the TE could certainly make its international partnerships more effective and efficient, however, **a joint approach that leads to 'Team Europe' commitments also leads to difficulties in holding individual members, in particular the EU, accountable.** This is the case for the financial tracking and reporting of these initiatives. As noted in previous sections, it is still unclear to what extent the contributions to the TEIs consist of fresh resources. **Properly reporting and communicating the financial value of the TEIs**, including the extent to which they manage to leverage additional resources from other sources – one of the key features of the Global Gateway – **will be key to the success of these initiatives.** Above all, the EU must make clear and traceable all the allocation of funds from the NDICI budget to the TEIs.

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The creation of the TEI tracker¹⁹ by the EC is a valuable initial step, but it must be kept updated and provide more information about the individual TEIs. CSOs²⁰, the European Parliament²¹, as well as the Council of the EU²² have been calling on the EC to ensure information about the TEIs is made publicly available, in a timely manner, which is crucial to holding the EU truly accountable.

In order to monitor, report on, and evaluate the TEIs, the EU has created the TEI MORE framework. According to the EC, it has been designed in a flexible and light way, "to maximise the use of TEI members existing monitoring systems"²³. It is important to note it is a non-mandatory tool, and it should be used to complement, not replace, individual TEI members' monitoring and evaluation tools. **One concern regarding the TE approach is the risk of double counting** because as synergies increase, so does the risk of an action contributing to different objectives, leading to double reporting. The EU Commission also recognises²⁴ this risk while noting that it is the responsibility of each TE member to guarantee data quality control, analysis, and publication.

For the health TEIs more specifically, as they are key tools to deliver on the commitments of the Global Health Strategy (GHS), **GHA expects comprehensive reporting on these initiatives to be included in the first GHS implementation report, which should be published once every two years, meaning the first one should be published in 2024.**

While we recognise that coordination and co-creation takes time, **the implementation of the five regional TEIs on health has been notably slow.** Two years after the 6th EU-AU Summit, three out of the five TEIs have not yet been officially launched, even though they were foreseen by the GHS to be already operational in 2022 and 2023.

In fact, the implementation of the EU-AU Summit commitments has been so slow that the announced EU support to African partners for the digitalisation of COVID-19 certificates has been decommitted and redeployed, according to the draft action document seen by GHA for Sub-Saharan Africa actions for 2024.

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The €15 million funding should now be disbursed as the first action contributing to the implementation of the Digital Health TEI. **Officials from the Africa CDC also stressed how discussions around the health TEIs have been ongoing for some time,** and now there is a **need to accelerate** and scale up actions.

CONCLUSIONS

There are numerous challenges and opportunities to improve coordination and cooperation within Team Europe. **Despite the willingness to work better together,** and the added value it can bring in terms of increased efficiency and effectiveness, **significant work remains to be done to improve coordination, and ensure Team Europe's transformational impact.**

Team Europe has committed to supporting full-fledged African health sovereignty. It must therefore ensure consistency and complementarity between different instruments and policies in pursuit of this goal. It should place public global health objectives above private economic interests, particularly when engaging with the private sector.

It must be recognised that the continued desire of some Member States to promote and have their own individual actions recognised at the global level can come into contrast with Team Europe's desire to make the "team" as a whole, visible. **Difficulties in ensuring Team Europe truly speaks with one voice also harm the reputation of the TE approach.**

The ongoing mid-term evaluation of the NDICI, as well as the first report on the implementation of the EU Global Health Strategy, will undoubtedly provide insights on the initial impact of the TEIs, as well as key lessons learned for the future, starting with **the ongoing review of the MIPs.** Team Europe, and in particular the EC, must be held accountable and provide timely information on how the TEIs are being designed and

implemented, including who are the participating members and partners and their contributions, the initiatives' timeframe, budget, governance, and monitoring and evaluation framework.

The EU will need sustained leadership at the highest political level, especially considering the upcoming change in legislature after the EU elections. We welcome the Belgian Presidency agenda and the high priority it is giving to global health in the first half of 2024, including the organisation of a number of high-level events to further discuss and take stock of the commitments made during the EU-AU Summit. **Concrete actions will be needed for the EU to demonstrate its commitment to partnership with Africa on health, "now and in the decades to come",** as stated recently by Commissioner Kyriakides²⁵.

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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/>
- ² Including representatives from the European Commission, EU Member States, Africa Union, European and African Civil Society Organisations
- ³ Jones, A., Sergejeff, K. (2022) *Half-time analysis: How is Team Europe doing?*, ECDPM. Available at <https://ecdpm.org/work/half-time-analysis-how-team-europe-doing>
- ⁴ Manufacturing and Access to Vaccines, Medicines and Health Technology Products in Africa (MAV+), Sexual and Reproductive Health and Rights in Sub-Saharan Africa (SRHR), Sustainable health security using a One Health approach (One Health), Digital Health for Health Systems Strengthening and Universal Health Coverage (Digital Health) and Public Health Capacity - Support to Public Health Institutes (PHIs).
- ⁵ Keijzer, N., Olivé, I., Santillán O'Shea, M., Koch, S., Leiva G. (2023) *Working better together? A comparative assessment of five Team Europe Initiatives*, Elcano Royal Institute. Available at <https://www.realinstitutoelcano.org/en/policy-paper/working-better-together-a-comparative-assessment-of-five-team-europe-initiatives/>
- ⁶ European Council (2023) *Team Europe Approach - Council Conclusions*, 21 November. Available at <https://data.consilium.europa.eu/doc/document/ST-15684-2023-INIT/en/pdf>
- ⁷ Jones, A., Teevan, C. (2021) *Team Europe: up to the challenge?*. ECDPM. Available at <https://ecdpm.org/application/files/5116/5546/8587/Team-Europe-Up-To-Challenge-ECDPM-Briefing-Note-128-January-2021.pdf>
- ⁸ *Governo Italiano* (2024) Vertice Italia-Africa, l'intervento di apertura del Presidente Meloni, 29 January 2024. Available at <https://www.governo.it/it/articolo/vertice-italia-africa-linterventi-di-apertura-del-presidente-meloni/24857>
- ⁹ President of the European Commission Ursula Von der Leyen, European Council President Charles Michel and European Parliament President Roberta Metsola were present at the Summit.
- ¹⁰ GHA (2023) *European Union health Official Development Assistance: a closer look at key figures*, 25 October. Available at <https://www.ghadvocates.eu/eu-health-oda-key-figures/>
- ¹¹ Sands, P. (2023) Taking a Smart Approach to Making Medicines in Africa Will Save Lives, *Global Fund* November. Available at <https://www.theglobalfund.org/en/opinion/2023/2023-11-07-smart-approach-medicines-in-africa/#:~:text=At%20the%20Global%20Fund%20we,to%20reducing%20global%20health%20inequities>
- ¹² Gavi (2022) *Expanding sustainable vaccine manufacturing in Africa: Priorities for Support*. Available at <https://www.gavi.org/sites/default/files/document/2022/Gavi-Expanding-Sustainable-Vaccine-Manufacturing-in-Africa-2022.pdf>
- ¹³ Gavi (2023) *The African Vaccine Manufacturing Accelerator: what is it and why is it important?*, 7 December. Available at <https://www.gavi.org/vaccineswork/african-vaccine-manufacturing-accelerator-what-and-why-important>
- ¹⁴ Wills Kateta, M. (2024) New licensing agreement set to double HIV vaginal ring supply in Africa, *Devex*. Available at https://www.devex.com/news/new-licensing-agreement-set-to-double-hiv-vaginal-ring-supply-in-africa-106920?access_key=&utm_source=nl_checkup&utm_medium=email&utm_term=article&utm_content=text&mkt_tok=Njg1LUtCTC03NjUAAAGRBA4Zq2YodtT4vJKm0GN6KMXAY--UbADOAfaRpBCVARIqFF0te030S2Ej0tU550vJLUp5ZEoj4bGy9Z0kTmRNoE-VlOemyDLUHnKYR5OMBhDIL4M
- ¹⁵ *Africa CDC* (2024) Africa CDC Spearheads Bold Move to Secure Africa's Health Future by Creating a 50 billion Dollar Medical Market, 19 February. Available at: <https://africacdc.org/news-item/africa-cdc-spearheads-bold-move-to-secure-africas-health-future-by-creating-a-50-billion-dollar-medical-market/#:~:text=The%20African%20market%20size%20for,get%20better%20deals%20on%20price>
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- ¹⁷ ECDPM (2022) *Regional pharma manufacturing hubs in Africa: Moving from words to actions*. 8 November. Available at <https://www.youtube.com/watch?v=ejK4jPEIVGg> (accessed: 30 January 2024)
- ¹⁸ European Council (2023)
- ¹⁹ European Union (n.d.) *Team Europe Initiatives and Joint Programming Tracker*. Available at: https://capacity4dev.europa.eu/resources/team-europe-tracker_en (accessed: 15 February 2024).

²⁰ GHA et al. (2024) Making it happen: 18 measures for the Belgian Presidency to deliver on global health. Available at <https://www.ghadvocates.eu/app/uploads/2024-01-BE-Presidency-18-Measures-for-Global-Health.pdf>

²¹ European Parliament (2023) resolution of 12 December 2023 on the implementation of the Neighbourhood, Development and International Cooperation Instrument – Global Europe (2023/2029(INI)), 12 December. Available at https://www.europarl.europa.eu/doceo/document/TA-9-2023-0458_EN.pdf

²² Council Conclusions on Team Europe approach, November 2023. Available at <https://data.consilium.europa.eu/doc/document/ST-15684-2023-INIT/en/pdf>

²³ European Commission (n.d.a) Team Europe Initiatives Monitoring, Reporting and Evaluation Framework (TEI MORE). Available at <https://wikis.ec.europa.eu/pages/viewpage.action?pageId=95552549> (Accessed: 01 February 2024)

²⁴ European Commission (n.d.b) Monitoring, Reporting and Evaluation for Team Europe Initiatives, EU International Partnerships Academy. Available at: <https://webgate.ec.europa.eu/intpa-academy/course/view.php?id=833> (Accessed 5 January 2024)

²⁵ European Commission (2024) Press Statement by Commissioner Stella Kyriakides during the Team Europe Ministerial Health Mission to the African Union and Ethiopia, 5 February. Available at https://ec.europa.eu/commission/presscorner/detail/en/speech_24_648

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