BRIEF 1: HOW IS TEAM EUROPE DELIVERING ON ITS HEALTH COMMITMENTS?

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

The Team Europe approach was initially born in the context of the EU's COVID-19 response to support partner countries to address the pandemic. **The rationale of the Team Europe (TE) approach is to pool together resources and expertise from the European Union (EU), its Member States (MS) and its development financial institutions (DFIs), to have transformational impact.**

Team Europe created a new political momentum, highlighting the importance for the EU and its MS to work better together through enhanced coordination and complementarity in their development cooperation. With the creation of the TE, joint programming became the 'preferred approach'. This preference was included in the EU's development cooperation instrument, the NDICI – Global Europe regulation[3], which was being finalised when the new approach was adopted and became a guiding principle in the Multiannual Indicative Programmes (MIPs). The Team Europe Initiatives (TEIs) are the translation of the TE approach into practice. As of January 2024, the EU had established 168 different TEIs, the majority of which are developed at country level (132), while 32 are regional and 4 are global[4].

The Team Europe approach is also the main implementing path of the Global Gateway Strategy (GG). Health has been identified as one of the key areas of partnership under this strategy, and Africa its main destination, with a package worth at least €150 billion announced during the 6th EU-AU Summit to support the common EU-AU ambitions.

The first brief provides an overview of the health commitments announced during the EU-AU Summit, with a particular focus on the five health regional Team Europe Initiatives. In this document, we seek to explain how these TEIs were designed and what EU actions have been put forward since the Summit to translate the commitments into actions.

HEALTH COMMITMENTS FROM THE 6th EU-AU SUMMIT

The 6th EU-AU Summit took place in Brussels in February 2022, after having been postponed several times due to the pandemic. **During the Summit, EU and AU leaders agreed on a joint vision for a renewed partnership,** in the form of a final Summit declaration[5], **which identified health a high joint priority and included a commitment to support "***full-fledged African health sovereignty***".**

A GG investment package of at least €150 billion – half of the total amount GG aims to mobilise – was announced to support the common EU-AU ambition for 2030. The overall package for Africa is broken down into several packages.

THE HEALTH PACKAGE[6]	
Short-term actions: COVID-19 pandemic response	
Vaccine roll-out	At least €425 million
COVID-19 digital certificates	€15 million *(from EU budget)*
Long-term actions: Supporting better health care beyond the pandemic	
African pharmaceutical manufacturing	€1 billion *(from the EU budget + Member States)*
Strengthening health systems and pandemic preparedness	€1.15 billion *(from the EU budget, to be enhanced by further funding from Team Europe)*
Sexual and Reproductive Health and Rights (SRHR)	€60 million *(from the EU budget, to be enhanced by further funding from Team Europe)*

The Package mentions a total contribution of at least €2.65 billion to health. Although additional contributions from other TE will need to be factored in, if it is compared to the total investment package of €150 billion, **the total initial amount allocated to health – less than 2% – is very low, particularly considering it was announced during a pandemic.** In addition, **the package is surprisingly vague** when it comes to specifying how much money would be coming from the EU budget, and how much would be provided by other TE members, **making tracking and accountability highly challenging.**

AN OVERVIEW OF THE FIVE REGIONAL HEALTH TEIs

Five health regional TEIs have been announced for the African continent. While two of them were explicitly mentioned in the GG health Africa-Europe investment package, the other three were merely hinted at in the document, coming under support to strengthening health systems and pandemic preparedness, and have not yet been officially launched.

FIVE REGIONAL HEALTH INITIATIVES
1- MAV+ (Manufacturing and Access to Vaccines, Medicines and Health Technology Products in Africa)
2- SRHR (Sexual and Reproductive Health and Rights in Sub-Saharan Africa)
3- One Health (Sustainable health security using a One Health approach)
4- Digital Health (Digital Health for Health Systems Strengthening and Universal Health Coverage)
5- PHIs (Public Health Capacity - Support to Public Health Institutes)

The table below provides an overview of these TEIs, with their overall objectives, their launch dates, members and partners involved, the budget allocation with a breakdown of EU's contribution (when available), and the different modality tools to implement them. Information was taken from the TEI tracker, as well as from EU action documents contributing to these initiatives.

Name	Overall objective	Launch date	Members	African Partners	Full funding	EU funding	Modality
MAV+[7]	To increase equitable access to safe, effective, quality, and affordable essential vaccines, medicines and health technologies for all Africans.	May 2021	Austria, Belgium, Czechia, Denmark, Finland, France, Germany, Greece, Hungary, Italy, Lithuania, Malta, Netherlands, Poland, Portugal, Spain, Sweden, EIB	African Union, Africa Centres for Disease Control and Prevention (CDC), African Union Development Agency (AUDA-NEPAD), African Medicines Agency (AMA), African government and national regulatory agencies	€1.3 billion[8]	Not available	Policy dialogue, technical assistance, blending and guarantees, loans, grants
SRHR[9]	To advance the SRHR agenda in the SSA region, with a particular focus on adolescent girls and young women.	December 2022	Belgium, Czechia, Finland, France, Germany, Luxembourg, Netherlands, Portugal, Spain, Sweden	West African Health Organization (WAHO), East African Community (EAC), Economic Community of West African States (ECOWAS), Southern African Development Community (SADC)	€1.786 billion	12,4%, with €60 million from 2023-2027 budget	Policy dialogue, technical assistance, advocacy, and social accountability

One Health[10]	To strengthen existing health security and research structures for pandemic prevention, preparedness, and response and for tackling AMR in Africa, using a multi-level, interdisciplinary One Health approach.	March 2024 (foreseen)	Belgium, France, Germany, Spain, AFD	Africa Centres for Disease Control and Prevention (CDC), Inter African Bureau for Animal Resources (AU-IBAR), West African Health Organisation (WAHO), African public/scientific institutes	€391 million	38%	Policy dialogue, technical assistance, financial instruments
Digital Health[11]	To accelerate health systems strengthening and the achievement of universal health coverage through digital health initiatives.	March 2024 (foreseen)	Belgium, France, Germany, Luxembourg, Portugal, Spain, Sweden, AFD	Not available	Not available	Not available	Policy dialogue, technical assistance, investment (loans, guarantees)
PHIs[12]	To contribute to population's health and wellbeing via the provision of multiple public health services by performant schools of public health and public health institutes. To enable a comprehensive support to public health institutes and public health policies through their key core functions and attributes for a transformative impact on beneficiaries.	March 2024 (foreseen)	Belgium, Czechia, Finland, France, Germany, Ireland, Italy, Luxembourg, Netherlands, Portugal, Spain, Sweden, AFD	Not available	Not available	Not available	Technical assistant (twinning, expert exchange), policy dialogue

A CLOSER LOOK AT THE HEALTH TEIs

The regional health TEIs share a common feature: they are all regional in scope, but they have a multi-level approach, at continental, sub-regional, national, and community levels.

These TEIs are supported by Member States, with a selected few engaged in all five (Belgium, France, Germany and Spain), while other smaller MS join specific initiatives. **Member State membership in the TEIs is voluntary, dynamic, and evolving. It is still unclear today what the implications for TEI members are in terms of budgetary contribution outside of the EU budget[13].**

Each TEI is first designed as a concept note and further developed with the elaboration of what the EU calls 'Joint Intervention Logic' or JIL, which provides the common frame to keep the initiative together. Each TEI is broken down into different pillars, with a definition of the expected outcomes and impacts, as well as how different TE members will contribute to its realisation.

For the scope of this brief series, GHA analysed the EU action documents adopted up until January 2024, and which contribute to TEI implementation. So far, there are 6 actions[14] linked to the implementation of regional Sub-Saharan Africa MIP, and 3 actions[15] implementing national MIPs that have been identified as contributing to regional health TEIs. The most advanced TEI is the MAV+, and the majority of these actions are linked to its implementation.

🔍 MANUFACTURING AND ACCESS TO VACCINES, MEDICINES AND HEALTH TECHNOLOGY PRODUCTS IN AFRICA (MAV+)

The MAV+ TEI was the first of these five TEIs to be launched, announced by Ursula von der Leyen at the World Health Summit in May 2021. It was partly a response to the inequality in the distribution of medical countermeasures (MCM) during the COVID-19 pandemic, an inequality the EU played an important part[16] in fuelling. With Africa importing 99% of its vaccines and calling for a boost in manufacturing to reduce its dependency on other countries, **TE members saw an opportunity to demonstrate solidarity to African partners by launching an initiative to support manufacturing and access to MCM.** The MAV+ has become the most important and most politically visible TEI, not only for the health sector but more generally, and it has been promoted in recent years as the main EU initiative in global health.

MAV+ has 3 key dimensions - supply side, demand side and enabling environment - revolving around 6 different work streams. The initial financial commitment was €1 billion (as of February 2024, the EC was promoting the €1.3 billion figure), from the EU budget and European DFIs, to be enhanced by Member State contribution.

A Member State official shared with GHA that there was some confusion at the beginning, with African partners initially understanding that this announcement consisted of new and fresh funds, while in reality, most of the contributions consisted of already existing projects or funds previously pledged, but not yet disbursed. **Such a 'misunderstanding' is indicative of the lack of African partners' involvement in the initiative's design.** Presently, the detailed breakdown of where funding for MAV+ is coming from and where it is going, is not publicly available.

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At EU level, as of January 2024, there were 4 regional and 3 national actions contributing to the implementation of MAV+. The total funds allocated from the EU budget for these actions currently amount to €296.5 million. They include support to the Partnership for African Vaccine Manufacturing (PAVM), the WHO technology transfer hub, the African Medicines Agency (AMA), as well as targeted support to 6 partner countries including Senegal, Ghana, Rwanda, South Africa, Nigeria, and Egypt.

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN SUB-SAHARAN AFRICA (SRHR)

The SRHR TEI was first mentioned during the EU-AU summit investment package and officially launched in December 2022[17] **and it aims to advance on a shared EU-AU commitment to achieve SRHR for all.** An EC official shared with GHA that the SRHR JIL was designed based on literature reviews, studies commissioned by Sweden (one of the leading MS for this initiative) as well as a workshop that was held in Brussels. The EC shared that, from the mapping done in 2022, there are over 170 projects contributing to the SRHR TEI and, according to an EC action document, the combined indicative contribution amounts to €1.78 billion. **The EC recognises that most of the projects were already ongoing when the TEI was created, while a selected few were created afterwards.** These projects include both EU funded (should amount to 12.4%) as well as TE member funded projects, at both national and regional levels. Unfortunately, this mapping of projects that contribute to the TEI is not made public, so it is difficult to know what type of projects are being implemented. The first action under the current MIP to support this TEI was adopted in 2023 (€20 million).

SUSTAINABLE HEALTH SECURITY USING A ONE HEALTH APPROACH (ONE HEALTH)

Although the One Health TEI has not been officially launched, the first action under this TEI was approved in December 2023 (€30 million). **It does not create a new project per**

se but expands an ongoing EU Project – EBO-SURSY11 (Capacity building and surveillance for Ebola Virus Disease). The EC document is somewhat confusing, since it first mentions EU financial contributions account for the "Commission's ongoing and planned contributions", which leads the reader to believe the project EBO-SURSY11 could be considered as an action contributing to this TEI. However, the document then goes on to say that "this action will be the first under the framework of the regional TEI on health security/One Health", which is somewhat contradictory, since it first stated ongoing EC contributions had been considered when calculating its combined indicative financial contribution.

CONCLUSIONS

The Africa-Europe Investment Package was one of the key deliverables of the EU-AU Summit that took place in February 2022, and included a specific health package to be implemented through a Team Europe approach. Although GHA welcomes the priority given to health during the Summit, it is disappointing that less than 2% of the €150 billion Global Gateway package has been allocated to health. Furthermore and two years after the Summit, the fact that three out of these five initiatives have not been officially launched is regrettable.

In order to deliver on the commitments made at the Summit, as we have seen, the EU has elected to design and implement five regional health TEIs. Each Team Europe Initiative should be seen as an 'umbrella', an overarching framework, under which there are many different projects. **While the EU is promoting TEIs as more than the sum of individual projects, with so little information available, it is difficult to grasp their added value and understand how they are more than a repackaging exercise of existing projects.**

Despite the GG narrative of creating a partnership of equals, African partners have not been involved in the design of these initiatives. In our second brief, we look more closely at the engagement of African partners in these TEIs and how Team Europe is best supporting African in achieving health sovereignty and equity.

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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] European Union (2021) Regulation (EU) 2021/947 of the European Parliament and of the Council of 9 June 2021 establishing the Neighbourhood, Development and International Cooperation Instrument – Global Europe. Available at: https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32021R0947

[4] European Union (n.d.a) Team Europe Initiatives and Joint Programming Tracker. Available at: https://capacity4dev.europa.eu/resources/team-europe-tracker_en (accessed: 15 February 2024)

[5] European Council (2022a) *6th European Union - African Union Summit: A Joint Vision for 2030*. Available) at: https://www.consilium.europa.eu/media/54412/final_declaration-en.pdf (Accessed: 01 December 2023)

[6] European Council (2022a) *6th European Union - African Union Summit: A Joint Vision for 2030*. Available) at: https://www.consilium.europa.eu/media/54412/final_declaration-en.pdf (Accessed: 01 December 2023)

[7] European Union (n.d.b) *Manufacturing and Access to Vaccines, Medicines and health technology products in Africa*, Capacity4dev. Available at: https://capacity4dev.europa.eu/resources/team-europe-tracker/partner-countries/sub-saharan-africa/manufacturing-and-access-vaccines-medicines-and-health-technology-products-africa_en (Accessed: 15 January 2024)

[8] The initial announcement was €1 billion. In its most recent press release related to this initiative (February 2024), the EU was referring to €1.3 billion.

[9] European Union (n.d.c) *Sexual and Reproductive Health and Rights (SRHR) in Sub-Saharan Africa*, Capacity4dev. Available at https://capacity4dev.europa.eu/resources/team-europe-tracker/partner-countries/sub-saharan-africa/sexual-and-reproductive-health-and-rights-srhr-sub-saharan-africa_en (Accessed: 15 January 2024)

[10] European Union (n.d.d) *Sustainable Health Security – Africa*, Capacity4dev. Available at https://capacity4dev.europa.eu/resources/team-europe-tracker/partner-countries/sub-saharan-africa/sustainable-health-security-africa_en (Accessed: 15 January 2024)

[11] European Union (n.d.e) *Digital Health – Africa*, Capacity4dev. Available at: https://capacity4dev.europa.eu/resources/team-europe-tracker/partner-countries/sub-saharan-africa/digital-health-africa_en (Accessed: 15 January 2024)

[12] European Union (n.d.f) *Public Health Capacity – Africa*, Capacity4dev. Available at: https://capacity4dev.europa.eu/resources/team-europe-tracker/partner-countries/sub-saharan-africa/public-health-capacity-africa_en (Accessed: 15 January 2024)

[13] CONCORD (2021) T*eam Europe Initiatives (TEI) - first insights and questions to Member States' agencies*. Available at https://concordeurope.org/wp-content/uploads/2021/11/TEI-first-insights-and-questions-to-MS-agencies-EN.docx-1.pdf

[14] Documents available at EC website, under Action plans for Sub-Saharan Africa region: https://international-partnerships.ec.europa.eu/action-plans_en?f%5B0%5D=document_title%3ASub-Saharan%20Africa

[15] Documents available at EC website, under action documents for Senegal, Rwanda and Ghana: https://international-partnerships.ec.europa.eu/action-plans_en?f%5B0%5D=countries_countries_multiple_%3Ahttp%3A//publications.europa.eu/resource/authority/country/GHA&f%5B1%5D=countries_countries_multiple_%3Ahttp%3A//publications.europa.eu/resource/autho

[16] Global Health Advocates, STOPAIDS (2022) *Access denied: What happens when big pharma is in the driver's seat. Report 1: exploring EU decision making around the EU COVID-19 contract negotiations*. Available at https://www.ghadvocates.eu/app/uploads/Report-1-1.pdf

[17] *European Commission* (2022c). EU and African partners launch flagship initiative to enhance sexual and reproductive health and rights, 15 December. Available at https://ec.europa.eu/commission/presscorner/detail/en/ip_22_7738

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

EXECUTIVE SUMMARY

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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 ....

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

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

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 coordination[3].

As seen in the first brief, there are five regional TEIs: MAV+, SRHR, One Health, Digital Health, and PHIs[4]. 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 highlighted[5] there were important diplomatic struggles, administrative hurdles, and competition among its members. Still, the European Council recognises that more efforts should be made. Recent Conclusions[6] 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*".

When it comes to Team Europe health actions, the EU is putting in place an 'European Joint Action on Global Health Initiative', coordinated by the French Ministry of Health.

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 Africa[7]. 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 statement[8] 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 summit[9], 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.

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 EU.

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 EU[10].** 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 worldwide[11] and Gavi is the largest single purchaser of vaccines for use in Africa, accounting for over one-third of the total volume[12]. 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 years[13].

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 Health[14].

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 mechanism[15]. 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 Africa[17], 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 Team Europe 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.

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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.

Properly reporting and communicating the financial value of the TEIs [...] will be key to the success of these initiatives.

The creation of the TEI tracker[19] by the EC is a valuable initial step, but it must be kept updated and provide more information about the individual TEIs. CSOs[20], the European Parliament[21], as well as the Council of the EU[22] 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 recognises[24] 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.

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.

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 Kyriakides[25].

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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