



Building resilient and shared health security between Africa and Europe: From institutional agreements to impactful partnerships

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The global health landscape is navigating a profound crisis marked by [shrinking bilateral and multilateral budgets](#) and growing geopolitical fragmentation. The dismantling of USAID, the US withdrawal from the World Health Organization (WHO) and its focus on [bilateral deals](#) have in many ways accelerated discussions on the reform of the global health architecture.

In this context, the AU-EU partnership on health is key and recent cooperation has created important foundations, although it also needs to adapt to these changing trends. The 2022 and 2025 AU-EU Summits, the [EU Global Health Strategy](#), five dedicated health Team Europe Initiatives (TEIs), the newly announced [Global Health Resilience Initiative](#) and growing support for African public health institutions all signal a stronger commitment to equitable health cooperation. Health is also one of the five pillars of its [Global Gateway](#) initiative. Beyond **development and health outcomes**, Africa and Europe have a geopolitical interest in this partnership, notably in terms of aligning their positions to help **shape a global health architecture** capable of supporting the objectives of the AU-EU partnership. Finally, this partnership is increasingly incorporating a **geoeconomic dimension**, with growing emphasis on supporting European pharmaceutical companies' investments – as well as technologies and expertise – in Africa. In this sense, the AU-EU health partnership is not only about development and geopolitics, but also about economic security and competitiveness interests. Yet, while these dimensions are not necessarily mutually exclusive, they may at times require trade-offs and strategic prioritisation.

Drawing lessons from the COVID-19 pandemic, the [AU-EU health partnership](#) focuses on supporting **health security and sovereignty. Resilient health security requires African health sovereignty.** The recent Ebola outbreak in the Democratic Republic of the Congo and Uganda shows how Africa-Europe cooperation on health keeps being tested. The EU has reacted quickly and is [supporting the response](#) through humanitarian assistance, preparedness measures and close cooperation with the WHO, Africa Centres for Disease Control and Prevention, national authorities and partners, including through support for disease surveillance and for research and development of diagnostics and vaccines. This allows the EU to translate the commitments it made in the recently published [Global Health Resilience Initiative](#) – notably regarding fast responses to global

health threats, cooperation with the WHO and supporting resilient country-led health systems – into concrete actions.

The COVID-19 pandemic highlighted the risks of Africa's overdependence on external suppliers: [Africa still imports more than 70% of pharmaceutical products](#). The [Accra Reset initiative](#) – a Head-of-State-anchored initiative to rebuild global development cooperation around practical sovereignty – and the Africa CDC's [Health Security and Sovereignty Agenda](#) are key frameworks championing this agenda, echoing the foundational principles of the [Lusaka Agenda](#) (established in December 2023), which calls for an end to fragmented donor approaches in favor of country-owned primary healthcare system funding. Several African countries are accelerating domestic financing, moving with speed to fill budget gaps caused by donor cuts, and putting industrial policy and local manufacturing at the core of their policy agendas. In this context, the EU has become increasingly effective in aligning with African priorities, as illustrated by its [cooperation with the Africa CDC and the African Medicines Agency](#) and its [Team Europe Initiative on Manufacturing and Access to Vaccines, Medicines and Health Technologies in Africa \(MAV+\)](#). Supporting African health sovereignty and manufacturing capacity is not only a development issue, but also a strategic investment in global health security and economic resilience for both regions.

This requires a **shift from short-term donor-recipient dynamics toward co-investment and industrial partnerships**. Existing AU and EU initiatives already point in this direction. African and European actors increasingly converge around priorities such as health supply chain diversification, pharmaceutical manufacturing, stronger regulatory systems and workforce development.

Box 1: Best practices in the EU's support to African health sovereignty according to ECDPM research

- Supporting African health sovereignty at both regional and national levels
- Aligning support with Africa's vision for health sovereignty, country ownership and sustainability considerations
- Supporting African health institutions (Africa CDC, AMA) to deliver concrete interventions on the ground
- Responding quickly to health needs of the African continent
- Supporting local manufacturing through MAV+

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- Boosting end-to-end (vs. fill-and-finish) production and the capacity of African countries and regions to manufacture health products, including vaccines
 - Providing comprehensive support to African health systems, from strengthening productive capacities, supporting the capacities of the national and regional regulatory agencies, to fostering skills development.

However, implementation remains fragmented and a number of aspects require further attention.

To generate tangible impact, partnerships should focus on a limited number of jointly owned flagship priorities. One such priority is **regional pharmaceutical manufacturing hubs**. [ECDPM research](#) highlights that regional approaches can create economies of scale, strengthen regional value chains and support the objectives of the African Continental Free Trade Area (AfCFTA). Rather than supporting isolated national projects, Europe should align its investments with African regional strategies, including the [Platform for Harmonized African Health Products Manufacturing \(PHAHM\)](#) and regional regulatory harmonisation efforts. Long-term procurement commitments, technology transfer agreements and support for local skills development are essential to make manufacturing commercially sustainable.

Furthermore, **African health institutions and regulatory systems** continue to face financing and capacity constraints. Sustainable partnerships should therefore invest not only in infrastructure, but also in governance, surveillance systems, regional coordination and regulatory capabilities. Strong African institutions are indispensable for pandemic preparedness, early warning systems and equitable access to health products – outcomes that directly benefit Europe as well.

Financing is another critical dimension. Universal health coverage (UHC) and resilient health systems remain severely underfunded across Africa, while fiscal pressures are also increasing in Europe. With aid decreasing globally and a [massive impact of USAID cuts on global health](#), using and leveraging strategically financial resources is more crucial than ever. For Africa, this means mobilising domestic resources and ensuring that health is prioritised amongst the key

sectors to benefit from public funding. For Europe, this means i) pursuing a more strategic and integrated articulation of development finance and technical assistance, and policy dialogues; ii) keep providing ODA in the form of grants and budget support, working with and through national institutions; whilst strengthening / adapting development finance approaches, including the innovative [Human Development Accelerator \(HDX\)](#), under the Global Gateway strategy; and iii) not mixing but combining development and trade finance, the latter aiming to directly engage the European private sector to achieve the EU geostrategic interests. Investment cannot be isolated from sovereign debt situations, which particularly affect African Least Developed Countries. Better linking these two agendas will also be needed. For instance, recent discussions around debt-for-health swaps illustrate the potential of mobilising additional resources while strengthening local ownership. Last, European development finance institutions and African financial institutions should work more closely together to de-risk investments in health manufacturing, supply chains and digital health systems. The quality of financing matters as much as the quantity: strengthening national ownership and reducing fragmentation should be prioritised.

Health partnerships must also become more politically [inclusive](#). Stronger participation from African civil society, local manufacturers, research institutions and private sector actors would help move cooperation from high-level institutional dialogue toward implementation rooted in local realities. This would also ensure that less politically visible priorities – such as non-communicable diseases (NCDs) – also get the right level of attention.

Box 2: Key areas for improvement in the Africa–EU health partnership

- Addressing bottlenecks that hinder manufacturing ambitions, for example in terms of financing, market creation, regional integration, regulations, procurement and technology transfer
- Strengthening alignment between support at continental, regional and national levels
- Synergies between the EU’s TEIs and its support to multilateral organisations such as the WHO and the Global Fund
- Working more strategically with multilateral organisations to reduce

fragmentation of efforts and maximise impact on African health systems

- Strengthening the Team Europe approach on Global Health Initiatives (GHIs) by adopting mechanisms for more regular joint coordination and vision
- Securing adequate funding for global health in the EU's next multiannual budget, while strengthening domestic resource mobilisation
- Leveraging EU member states' role in development banks to boost health sector investment, aligning with EU-African priorities
- Strengthening alignment between European and African visions and positioning towards the global health architecture
- Investing more in the manufacturing of diagnostics beyond vaccines
- Continue supporting regulatory harmonisation both at the continental and sub-regional levels
- Scaling up African public investments in R&I, building on emerging health R&I systems led by African research organisations
- Further supporting European private sector engagement in strategic partnerships in Africa to take advantage of technology transfer opportunities and deliver health innovations that address unmet needs
- Strengthening the EU's support and partnership with civil society in health initiatives
- Helping foster the development of a competent and knowledgeable health and pharma workforce that is able to respond to African health challenges
- Further supporting a holistic, coherent and integrated approach to strengthening health systems resilience (demand and supply of quality health products, infrastructure, regional harmonisation of standards etc.)

Finally, **Africa-Europe health cooperation should be framed not only as crisis preparedness but as a long-term economic and geopolitical partnership.**

Investments in African health systems, manufacturing and research contribute to job creation, industrialisation, regional integration and economic resilience. At the same time, they help Europe diversify supply chains, reduce future pandemic risks and reinforce its [credibility as a global partner](#). Health therefore offers one of the clearest opportunities to redefine AU-EU relations around [mutual interests](#) rather than asymmetric dependency.

The EU has shown a desire to move from being a 'donor' to an 'investor'. African countries increasingly welcome an investment-driven agenda, as a complement to development cooperation frameworks. The Accra Reset itself reframes health

as an [economic investment, pillar of national security and driver of productivity and resilience](#). Yet, from a European perspective, such a shift requires ensuring that the contexts that are less strategic from a geoeconomic or investment perspective are not left behind. Tangible health outcomes should remain at the core of the partnership between Africa and Europe, whatever form it takes.

The AU-EU partnership has already established many of the institutional mechanisms needed for cooperation. The next phase must focus on delivery, aligning European support behind African continental strategies, mobilising innovative and sustainable financing, and building partnerships based on co-ownership and accountability. If both sides can move beyond fragmented initiatives toward genuinely strategic cooperation, health could become a cornerstone of a more resilient, equitable and mutually beneficial Africa-Europe partnership.

Further reading

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