

#TheAfricaRoundtable

Follow Up Paper

# The Africa Roundtable

## Building Shared Health Security: An Investment Agenda for Africa and Europe

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### **Global Perspectives Initiative**

*Global Perspectives Initiative* is a non-profit and independent dialogue platform based in Berlin, Germany. *Global Perspectives* works towards enhanced engagement and responsibility for sustainable development by German and European decision makers and aims to strengthen African perspectives in policy making. To this end, *Global Perspectives* regularly brings together decision-makers from business, academia, politics, media, and civil society to discuss new approaches, provide new impulses and raise awareness on the common opportunities and challenges the two neighboring continents are facing.

### **The Africa Roundtable**

*The Africa Roundtable* is the forum for decision-makers from the political, business and civil society spheres in Europe-Africa cooperation. It deals with pressing issues and challenges of the neighboring continents and develops partnership-based solutions and models for future cooperation. Twice a year, *the Africa Roundtable* gathers its participants, alternating between the European and the African continent. Publications, which are generously provided by our partners, ensure a fact-based discussion. A Follow Up paper, which compiles takeaways and recommendations from the discussion, is published after each gathering. Regular text contributions accompanying *The Africa Roundtable* ensure a continuous dialogue.

## Overview

This report documents the discussion at *The Africa Roundtable's* 10<sup>th</sup> edition on **Building Shared Health Security** for Africa and Europe.

- **KEY TAKEAWAYS & RECOMMENDATIONS**

Main findings from *The Africa Roundtable* discussion on what it will take to build shared health security between Africa and Europe, moving from development assistance to investment, and from cooperation to genuine partnership.

- **INTRODUCTION**

Background on the roundtable convening and the role of critical raw materials for the green transition and industrial competitiveness.

- **SETTING THE SCENE**

Why health security must be a shared priority for Africa and Europe, based on comprehensive analyses by our knowledge partners the *African Population and Health Research Center (APHRC)* and the *European Centre for Development Policy Management (ECDPM)*.

- **PUTTING FRAMEWORKS INTO ACTION**

Discussing the three interconnected areas of manufacturing, innovation and equity, and the evidence behind them.

- **ADVANCING THE INVESTMENT AGENDA**

Creating investable opportunities for Africa-Europe collaboration through genuine co-ownership with African institutions that set their own priorities.

- **CLOSING & OUTLOOK**

Summary of discussion outcomes and areas for continued dialogue.

## **The Africa Roundtable**

### **New Models for Africa-Europe Critical Mineral Partnerships**

The **Takeaways and Recommendations** that follow emerged from the discussion at *The Africa Roundtable's* 10<sup>th</sup> edition, which took place in Berlin on 10 June 2026. They reflect the participant's view of what it will take to **build shared health security between Africa and Europe**, moving from development assistance to investment, and from cooperation to genuine partnership.

#### **KEY TAKEAWAYS & RECOMMENDATIONS**

##### **1. Move to investment and co-investment**

The most promising path forward is co-investment - both sides putting in funds, sharing the risk, and sharing the returns. For Europe, this means treating African health not as a development cost but as a strategic opportunity: more secure supply chains, new markets, and access to a young workforce at a time when Europe's population is aging. For Africa, it means greater independence and a stronger negotiating position. Co-investment has been discussed for years without fully materializing, in part because Africa-Europe health cooperation has too often remained within donor-recipient frameworks rather than moving into genuine industrial partnership.

##### **2. Make the business case and create markets investors can actually enter**

The case for investing in African health is strong, with significant potential economic and social returns over time. The difficulty is turning that case into real deals. Investors still see Africa as risky and fragmented: many countries, each with different rules, regulators, and markets. What is needed is to build larger, more predictable markets that investors can enter - through regional integration, harmonized regulation, and clear, enforceable rules. "Sovereignty" should be designed to reduce risk for investors, not add to it. Public money should be used to invest and be focused on areas with the highest return.

##### **3. Build local manufacturing through regional hubs - and get the details right**

Africa still imports more than 70% of pharmaceutical products. The African Union's goal of producing 60% of the continent's vaccines locally by 2040 is widely shared, but the path there must avoid repeating past mistakes. Not every country can have its own factory; the realistic route is regional manufacturing hubs that serve larger markets. Ambition also has to meet the details: local production still depends heavily on imported active ingredients and equipment, as well as scarce skills, and regulators that buyers trust. The priority is moving from simple "fill-and-finish" toward genuine end-to-end production, backed by long-term purchase commitments, pooled procurement to guarantee demand, and a strong, harmonized regulatory system anchored by the new African Medicines Agency.

##### **4. Invest in R&D, biotech, and real health sovereignty**

True health sovereignty starts with the ability to discover and develop, not just to manufacture under license. Making a vaccine without owning the science behind it or being unable to develop a test for a new disease, leaves Africa dependent when the next crisis hits. Africa has real strengths to build on, including the most genetically diverse population in the world. The cost of entering biotech is falling fast thanks to AI and cheaper genomic sequencing. The opportunity for African innovators is to make the business case and sell to the world, not only to Africa. African biotech firms are already licensing their discoveries and data to global companies on their own terms. For Europe, this is a chance to invest early and co-own the results, rather than waiting until the field is already shaped.

## **5. Treat health equity and women's health as security, not charity**

Health equity is not a "nice to have" or a moral add-on; it is part of the security architecture. When a continent of 1.5 billion people is left out of the evidence base, when medicines are tested mostly on non-African populations, or when vaccines are hoarded by wealthier nations during a crisis, the result is not a working health system but a dependency; and dependencies are vulnerabilities. Women's health is both especially neglected and especially high return: women make up around 70% of Africa's health workforce, yet less than 5% of health R&D focuses on women's health, and every \$1 invested in contraceptive access returns an estimated \$26. The shift required is for African researchers, regulators, and communities to help shape studies, standards, and implementation as equal partners.

## **6. Govern data and AI as shared, sovereign assets**

With AI and genomics, data has become one of Africa's most valuable resources - and a new risk. Health and population data are becoming new frontiers of extraction, which makes data governance and local control central to equitable partnerships. The paper by the African Population and Health Research Center (APHRC) points to bilateral deals that restore funding in exchange for access to national health data and pathogen samples, with commitments lasting up to 25 years and no guaranteed access to any vaccines or treatments developed from them. The way forward is to build data systems and digital infrastructure that Africa genuinely controls, with clear rules on ownership, benefit-sharing, and African participation in how AI is designed. Solutions should be built for African realities - limited connectivity, shared devices - not imported from high-connectivity settings. For European partners, that means investing in local data hosting and open standards, respecting African data rules, and co-creating rather than extracting.

## **7. Use smart, long-term, fit-for-purpose financing**

Different needs call for different kinds of funds. Grants and concessional finance suit early, high-risk work such as research and exploration; commercial debt and equity can follow once risks are clearer; trade finance keeps supply chains moving; and insurance tools can absorb the risks that deter investors. Blended finance is essential, as is a stronger role for development banks in de-risking investments so private capital can follow. Financing must also be long-term and predictable as short, project-based funding remains a major barrier. African governments are moving too, raising domestic health budgets, freeing up money for vaccines, and changing laws to let pension funds invest in health and infrastructure. European instruments should be better coordinated and, where possible, locally based with offices and staff in the countries where the money is invested.

## **8. Build partnerships on co-ownership and accountability**

All these recommendations rest on a different kind of partnership - one built on equality, trust, and shared ownership. Three questions cut to the heart of it: where does power sit, who sets the agenda, and who owns the outcomes? Priorities should be set by African governments and institutions, commitments should be long-term rather than project-by-project, and partners should be accountable to African stakeholders, not only to their own. The conversation itself needs to change also: more African voices, more young people (the majority of Africa's population), and consistent government representation. The underlying conviction is simple: African health security is global health security. For Europe, this is not a question of development but of economics, geopolitics, and security. A stronger system on one continent makes the other more resilient. Africa and Europe must build it together as partners.

## INTRODUCTION

The 10<sup>th</sup> edition of *The Africa Roundtable*, held in Berlin on June 10, 2026, brought together leaders from government, business, research, and civil society across Africa and Europe to ask how the two continents can build shared health security. It met at a moment of real urgency. Africa is home to around 1.4 billion people and carries a disproportionate share of the global disease burden, yet health systems across the continent remain severely under-resourced, and Africa still imports more than 70% of pharmaceutical products. The discussion was focused on three areas where a stronger Africa-Europe partnership could make a real difference: **manufacturing, supply chains, and biotech; research, innovation, and data; and sexual and reproductive health and rights.**

Two shifts are reshaping the picture. Major donors, led by the United States, are sharply cutting official development assistance (ODA) for global health, and several other donors have followed. The COVID-19 pandemic had already shown how quickly a crisis in one place becomes a crisis everywhere, and how a continent of 1.5 billion people can be left at the back of the queue for vaccines; even as *The Africa Roundtable* met, an Ebola outbreak in the Democratic Republic of the Congo and Uganda - a virus with no approved vaccine or treatment for the strain involved - was a live reminder of how exposed weak health systems remain. At the same time, African institutions are building quickly: the African Medicines Agency is now operational, the Africa CDC and its European counterpart (ECDC) signed a five-year cooperation agreement in March 2026, and African governments are increasingly setting their own priorities and committing their own resources. On both sides, there was a clear sense that the old donor-recipient model had reached its limits.

How different actors are responding offers useful lessons. China remains a major presence, delivering capital and infrastructure quickly, though often on extractive terms. The United States has increasingly tied funding to access to health data and pathogen samples. Europe, by contrast, has built genuine institutional foundations with Africa, but has been slower to turn them into investment and tangible results. **The opportunity now is for Europe to combine its strengths in partnership and standards with greater speed and commercial ambition.**

The message from the discussion was consistent: viruses do not respect borders, and no continent can secure its health systems alone, which makes shared health security a common concern rather than a one-sided favor. Africa is not asking to be helped but inviting Europe to invest alongside it - because **stronger African health systems mean more resilient economies, supply chains, and societies in Europe** too. As one opening speaker put it, when Africa is healthier, Europe is safer.

## SETTING THE SCENE

### **Why Health Security must be a Shared Priority for Africa and Europe**

To ground the discussion, two research partners prepared background papers: the African Population and Health Research Center (APHRC) and the European Centre for Development Policy Management (ECDPM). Together they describe both how far the Africa-Europe health partnership has come and how much further it has to go.

The institutional foundations are largely in place. The AU-EU health partnership has been running since 2021 across five areas, from local manufacturing to digital health. Europe has backed African manufacturing through the MAV+ initiative, supported the Africa CDC and the African Medicines Agency, and signaled - through its Global Health Resilience Initiative and the Global Gateway - that it intends to stay engaged. On the African side, the **ECDPM paper** points to a clear, home-grown push

for health sovereignty, through frameworks such as the Accra Reset, the Africa CDC's Health Security and Sovereignty Agenda, and the 2023 Lusaka Agenda, which calls for an end to fragmented donor approaches in favor of country-owned funding. The EU, ECDPM notes, has become more effective at aligning with these priorities and increasingly wants to act as an investor rather than a donor. What is missing, it argues, is delivery: **implementation remains fragmented, and partnerships would have more impact if they focused on a few jointly owned priorities** - above all, regional manufacturing hubs backed by long-term purchasing, technology transfer, and stronger regulation.

At the same time, African innovation is moving fast. The **APHRC paper** documents a growing ecosystem of digital health tools, interoperable data systems, and home-grown biotech, built for African conditions such as limited connectivity and shared devices rather than imported from elsewhere. The momentum is real - Tanzania's health information exchange now links 15 separate systems, backed by a \$10 million investment, and Kenya has paired its 2023 Digital Health Act with an \$800 million, ten-year commitment - even as the ground remains uneven, from 47% 5G coverage in South Africa to just 8% smartphone penetration in Malawi. But the paper also warns of a new risk: as AI and genomics make health data hugely valuable, Africa's population data is becoming a target for extraction, sometimes through deals that trade short-term funding for long-term access with little in return. Its central message is that **genuine partnership requires African control over data, intellectual property, and research agendas; and a fair share of the responsibilities, resources, rewards, and recognition.**

Both papers point to the same conclusion. The strategic case for cooperation is strong, and many of the building blocks already exist. The challenge is to move from institutional agreements to real investment and shared ownership - the theme that ran through the entire discussion.

## **PUTTING FRAMEWORKS INTO ACTION**

### **Manufacturing, Innovation and Health Equity**

Much of the discussion turned on three connected areas - manufacturing, innovation, and equity - and on the evidence behind them.

**On manufacturing**, the conversation was candid about why progress has been slow. Local production still leans heavily on imported active ingredients and equipment, on scarce skills, and on regulators whose approval buyers trust. The encouraging signs are practical: fiscal incentives that have already drawn pharmaceutical investment, training academies building the workforce, and pooled procurement that gives manufacturers the demand certainty they need. ECDPM argues that **European investment will go furthest where it aligns with African regional strategies**, such as the Platform for Harmonized African Health Products Manufacturing (PHAHM) and the African Continental Free Trade Area (AfCFTA), rather than financing isolated national projects.

**On innovation**, a recurring theme was that **producing under license is not the same as sovereignty**: when a new pathogen emerges, a continent that cannot run its own research must wait for others. Africa's assets here are striking - a young talent base, the most genetically diverse population in the world, and the falling cost of biotech and genomic work - and the most advanced African firms are already turning these into commercial relationships with global companies. APHRC cautions, however, that the Western model of patenting and technology transfer fits Africa poorly; its innovation ecosystems are more collaborative and open-source, and partnerships should be designed with that in mind.

**On equity**, the gaps are concrete: medicines tested mainly on non-African populations, supply chains that fail to reach the last mile, and persistent gaps in gender-disaggregated and locally relevant health data. **Women's health drew particular attention, given women's central role in the health workforce and the high returns on investment in areas such as contraceptive access.**

## **ADVANCING THE INVESTMENT AGENDA**

### **Opportunities for Africa–Europe Collaboration**

The final theme was how investment actually gets done - the financing and the relationships behind it. On financing, the emphasis fell on using limited resources well rather than simply finding more of them. Moving from development assistance to investment is generally agreed on, but the recurring question was: where is the investment? The case is strong on paper; what is missing are investable opportunities.

One argument was that declining public money should be managed like an investment portfolio, concentrated where it can draw in private capital and make projects bankable, through tools such as volume and off take guarantees.

African governments, for their part, are increasingly financing health from their own budgets and opening the door to domestic capital such as pension funds - a shift European partners can reinforce by coordinating their instruments and working closer to where the money is spent.

Running through the discussion was the question of partnership itself. **Genuine co-ownership – African institutions setting priorities, and a fair sharing of risks, returns, and recognition – was seen as the difference between investment that lasts and projects that fade.** The ECDPM paper adds a caveat worth keeping in view: an investment lens must not crowd out less commercially visible needs, such as non-communicable diseases, where the health returns are high even when the financial case is harder to make. **Done well, health could become one of the clearest examples of a more equal and mutually beneficial Africa-Europe partnership.**

## **CLOSING & OUTLOOK**

The 10<sup>th</sup> edition of *The Africa Roundtable* made clear that the case for shared health security is no longer in doubt. Both continents have a direct stake in it: Africa in building health systems that serve its people and its economy, Europe in more resilient supply chains, fewer imported risks, and a stronger partnership with the continent that will shape the century ahead. What remains is to act on that shared interest with the speed and seriousness it deserves.

**The next phase calls for several connected shifts: from development assistance toward investment and co-investment; from scattered projects toward a few jointly owned priorities, such as regional manufacturing hubs and home-grown research; from short-term funding toward long-term, predictable commitments; and from cooperation toward partnership built on co-ownership and accountability. Many of the institutions and frameworks needed already exist. The task now is delivery.**

Important questions remain open and will need sustained attention: how to turn institutional agreements into concrete deals, how to build manufacturing and research capacity that is commercially viable, how to finance health as public budgets shrink, and how to ensure that data and innovation strengthen African sovereignty rather than erode it. None of these is a question any single actor can answer alone.

*Global Perspectives* will continue to convene this dialogue across sectors and borders, bringing together decision-makers from government, business, research, and civil society whose combined action can turn shared ambition into shared results. The conviction that emerged from the discussion is worth holding onto; when **Africa and Europe invest in health together, both continents are safer, stronger, and better prepared for whatever comes next.**

## SOURCES

This Follow-Up Paper draws on the discussion at *The Africa Roundtable* No. 10 and on two background papers prepared for the convening:

- *Towards Trusted and Equitable Health Security Partnerships: Re-Imagining Africa–Global North Collaboration in Research, Data, and Innovation.* Authored by Anthony Mveyange, African Population and Health Research Center (APHRC) and Kibui Edwin Rwigi, Global Development Institute, University of Manchester (2026).
- *Building Resilient and Shared Health Security between Africa and Europe: From Institutional Agreements to Impactful Partnerships.* European Centre for Development Policy Management (ECDPM) (2026).

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