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Sustainably Fostering Health

EU-AU Cooperation for Resilient Health Systems in Sub-Saharan Africa

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- › The planned realignment of European Union-Africa relations presents a window of opportunity to strengthen health systems in Sub-Saharan Africa, and embed this topic into the cooperation in the long term. The African Union (AU) is an important partner for the European Union (EU) in this context.
- › During the early stages of combating the COVID-19 pandemic, the AU and its Africa Centres for Disease Control and Prevention (Africa CDC), created a range of multilateral coordination mechanisms and support services which aimed to contain the spread of the Corona virus.
- › The Africa CDC, a relatively new institution, has achieved a remarkable feat with its emergency response. However, limited financial resources and the diverging interests of individual states have somewhat reduced its ability to respond.
- › To date, the focus of partnership agreements between the EU and AU has not been on strengthening health systems. Structures created as part of the AU's emergency response provide a strong foundation for cooperation in advancing resilient health systems in Sub-Saharan Africa.
- › The partnership initiative *EU for Health Security in Africa* signed in December 2020 by the European Centre for Disease Prevention and Control (ECDC) and Africa CDC, is a positive development and starting point for more strategic and long-term cooperation.
- › In light of the above, some recommended actions for future EU-AU cooperation are as follows:
 - › Establish health, and strengthening health systems in particular, as a priority of the EU's new Africa strategy.
 - › Strategically shape the ECDC-Africa CDC partnership with a view to the long term, while considering the expertise and needs of both sides.
 - › Expand and consolidate political exchange on health between the EU and AU, for example through a ministerial dialogue format.

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Introduction

The COVID-19 pandemic clearly demonstrates how essential resilient health systems are to global health. Such systems are a prerequisite for the prevention of health hazards such as epidemics and pandemics. Robust health systems are characterised by functioning response capacities, well-trained and comprehensive health personnel as well as high-quality health services with safe, affordable drugs and vaccines. The 2030 Agenda for Sustainable Development defines the promotion of resilient health systems in SDG 3.8 as an important component for achieving sustainable development.

Although, at first glance, most Sub-Saharan African countries were less strongly affected by the COVID-19 pandemic than had been feared, the crisis has exposed the weaknesses of local health systems. Many of these systems were unable to provide their populations with adequate healthcare even before the pandemic emerged. The creation of resilient health systems is thus an essential requirement for ensuring that Sub-Saharan African countries are better prepared for future health challenges. The realignment of the strategic EU partnership with Africa affords the opportunity to enhance cooperation in the fight against global health challenges. Whereas strengthening health systems primarily comes under the remit of individual nation states, multilateral organisations play an important role in international coordination and supporting national health systems. Based on repercussions of and crisis responses to the COVID-19 pandemic, this publication aims to identify existing weaknesses but also starting points for strengthening health systems over the longer term in Sub-Saharan Africa, while focusing on the EU and AU as key actors.

The Pandemic as a Crisis Catalyst

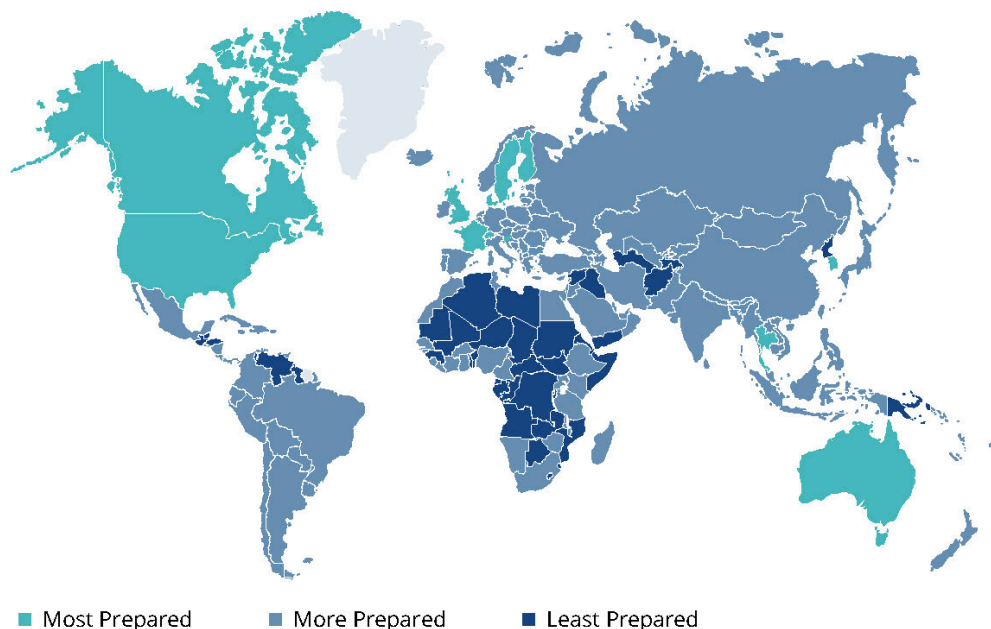
Gloomy forecasts for the African continent have so far not come true with regard to Corona infection figures and excess mortality. With a population of over 1.338 billion people, data from Africa CDC suggest that some 3.49 million people have been infected and approx. 87,937 have died since the onset of the pandemic (data from: 27 January 2021).¹ In comparison, Europe has recorded some 18.9 million infected people and around 449,395 deaths among a population of some 600 million (data from: 28 January 2021).² Experts have provided various explanations for the comparatively mild progression of COVID-19 in Sub-Saharan Africa, however, the hypotheses have been called into question by a number of scientists. According to the World Health Organisation's Regional Director for Africa, Dr Matshidiso Moeti, the current situation in Africa can be explained by "a myriad of socio-ecological factors as well as pre-emptive and strong government measures"³. The predominantly young population of the continent with an average age of 19 years is seen as a factor potentially explaining the low excess mortality. Moreover, the tropical climate and low population density along with restricted mobility in many rural areas might have played an important role in containing the pandemic.⁴ In addition, many states took early action such as curfews, school closures and a ban on gatherings. Experience gained and health infrastructure put in place during previous epidemics, – such as Ebola in West Africa – might also have influenced the crisis response in some states. However, missing data means that this cannot conclusively be proven. Furthermore, because of the low number of tests compared to other regions of the world, we must assume a high number of unidentified or unrecorded COVID-19 cases.

That being said, many African states are strongly affected by the indirect ramifications of the pandemic. The interruption of global supply chains has led to a decline in demand and collapse of important economic sectors, threatening the income and livelihoods of many people. Moreover, most African states do not have the financial flexibility necessary to absorb these socio-economic setbacks. These effects are thus expected to undermine recent development successes in many sectors.

Weak Health Infrastructure, Weak Basic Conditions

In their fight against health hazards such as the COVID-19 pandemic, the starting situation of most Sub-Saharan African countries – depending on their respective levels of development – is poor. In 2019, the *Global Health Security Index (GHSI)*⁵ provided the first overview of global health security and the ability of states to react to epidemics and pandemics. Most Sub-Saharan African countries fall under the category of those least prepared for a pandemic (see chart 1).

Chart 1: Ability to respond to epidemics and pandemics



Source: *Global Health Security Index 2019* <https://ghsindex.org>.

Beyond the insufficient ability in many areas to respond to pandemics, African countries' health systems also exhibit structural weaknesses in other aspects that impair their resilience.

Populations in rural regions have scarce access to healthcare, and there are insufficient well-trained workers on the continent, most of whom are concentrated in urban locations. According to estimates by the World Health Organisation (WHO), there is likely to be a global

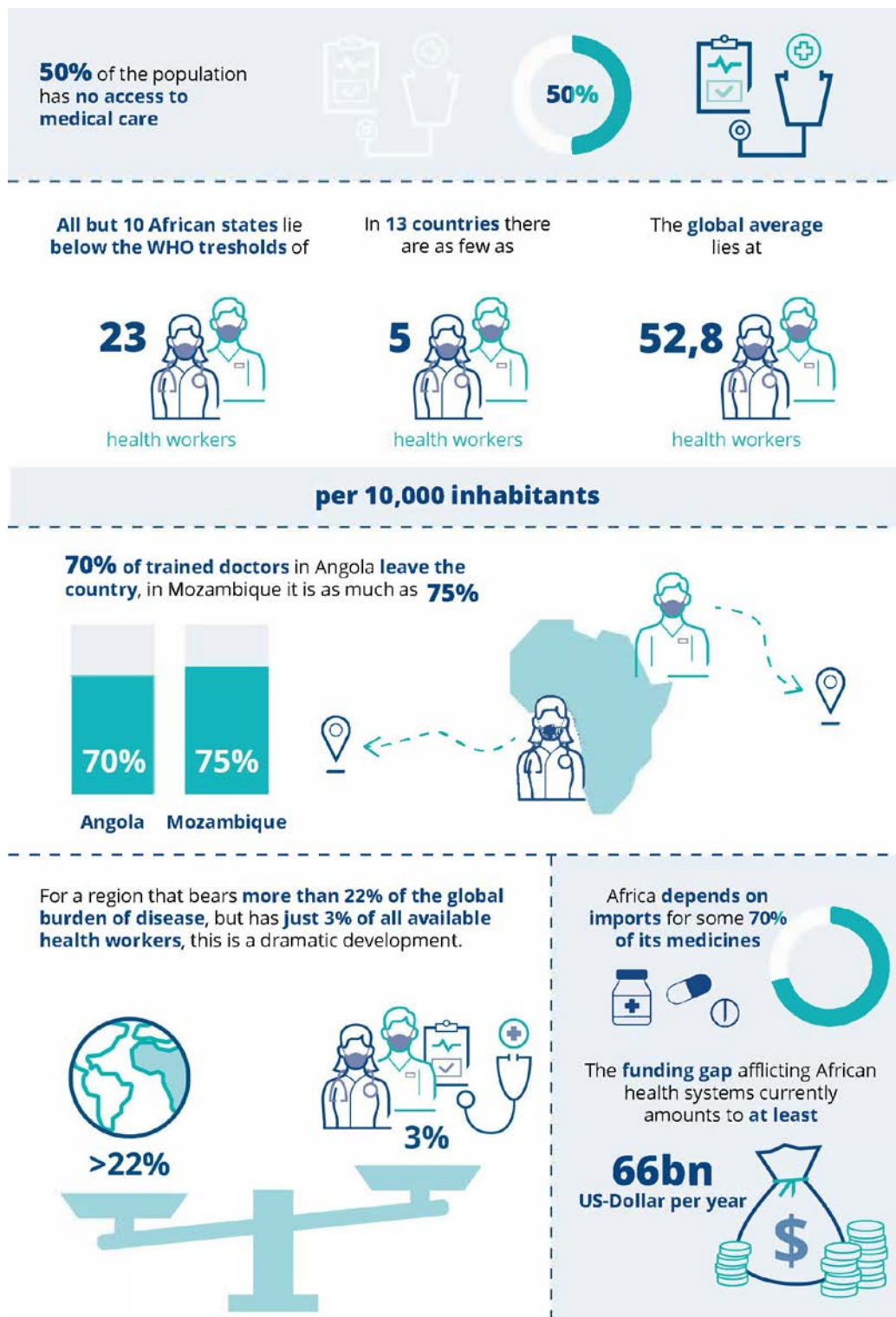
shortage of 18 million health workers by 2030, especially in countries with low and medium income.⁶ Africa is disproportionately affected by this, with a shortage of some 3.6 million health workers according to the WHO. Fifty per cent of the population has no access to healthcare at all. All but ten African states lie below the WHO threshold of 23 health workers per 10,000 inhabitants. In 13 countries, there are even as few as five medical workers per 10,000 inhabitants, whereas the global average lies at 52.8 health workers.⁷ Studies also attest that health personnel in many countries have insufficient clinical knowledge due to a lack of training, often resulting in diseases not being diagnosed or treated correctly.⁸

This situation is exacerbated by the migration of medical staff, who are leaving the continent in large numbers. Seventy per cent of trained doctors in Angola leave the country, while in Mozambique it is as much as 75 per cent.⁹ This is a dramatic development for a region that bears more than 22 per cent of the global burden of disease, but has just three per cent of all available health workers.¹⁰

Another factor is the limited possibility to conduct medical research locally. Most countries have neither sufficient health centres and laboratory capacities nor adequately trained and paid scientific staff.¹¹ The negative impact of these deficient research capacities is also reflected in the high import figures for medication; Africa depends on imports for some 70 per cent of its drugs.¹²

Furthermore, health systems in Sub-Saharan Africa suffer from significant underfunding. Despite AU member states having agreed to allocate 15 per cent of their respective budgets for health expenditure as early as April 2001 in the Abuja Declaration, very few African states have achieved this goal to date.¹³ With the exception of Namibia and Algeria, African governments raise less than the minimum of five per cent of their gross domestic product necessary to finance adequate healthcare.¹⁴ The funding gap afflicting African health systems currently amounts to at least 66 billion US dollars per year.¹⁵ This gap is also partly due to the fact that many countries lack the fiscal freedom to invest in health owing to their debt service.

Chart 2: Weaknesses of African Health Systems



Source: The data originates from the sources indicated in endnotes 7, 9, 10, 12, and 15.

The previously discussed parameters point to a fundamental problem in healthcare in most Sub-Saharan African countries, which has become visible in the current situation: a great number of states cannot guarantee healthcare for the whole population even in the absence of a pandemic. If health services face an additional burden due to treating COVID-19 infections, this reduces the already limited capacities available for the treatment of other illnesses.

Development Success under Threat

Accordingly, the fear in the health sector is that the pandemic will cause a significant increase in infant and maternal mortality, due to disruptions to healthcare and shortages in food supplies. According to estimates by the United Nations, by the end of 2020, the pandemic may have caused several hundred thousand additional deaths of children under five years old and several tens of thousands of additional maternal deaths already.¹⁶

By prioritising the corona virus response and reduced accessibility to healthcare – through containment measures such as curfews – other illnesses, against which great progress has recently been made, are also on the rise again. The United Nations for example estimates the number of deaths by malaria in Sub-Saharan Africa to rise by 100 per cent in 2020 owing to suspended prevention programmes. Moreover, vaccination programmes for children in 70 countries, for instance against measles and polio, have been deferred as a result of the pandemic.¹⁷

The health crisis also exacerbates other existing problems such as hunger and poverty, which are intricately linked to the population's state of health. The pandemic jeopardizes food systems that were already under pressure from conflicts, economic crises, and climate change. Containment measures implemented due to the pandemic have led to food shortages and thus to a substantial increase in prices, particularly in urban areas. Large parts of the populations can scarcely even afford simple meals given that prices sometimes exceed their daily salary many times over.¹⁸ Very few countries have sufficient social security systems, the consequence of which is hunger and poverty. According to the latest World Poverty Report, the 2020 corona pandemic has plunged an additional 88 to 115 million people across the world into extreme poverty.¹⁹ As a result, the pandemic is unravelling three decades of progress in the fight against poverty.

Chart 3: Increased poverty as a result of the pandemic

According to the latest **World Poverty Report**, the 2020 corona pandemic will plunge an additional 88 to 115 million **people across the world into extreme poverty**.



Source: World Bank 2020: *Poverty and Shared Prosperity 2020: Reversals of Fortune*, p. 5, in: <https://openknowledge.worldbank.org/bitstream/handle/10986/34496/9781464816024.pdf>.

The COVID-19 pandemic has therefore revealed existing weaknesses in the resilience of health systems in Sub-Saharan Africa. Strengthening and expanding existing health systems towards more resilience is needed in order to be better equipped for future crises and mitigate their far-reaching health, social and economic impacts. National efforts by respective governments can only achieve so much; a successful crisis response also requires cooperation across borders. While at the global level the WHO and its regional offices set standards and advise and support member states in their implementation, the AU plays a key role on the African continent as a regional organisation.

Resilience in the Face of Crisis: A Historic Moment for the AU?

Despite the more difficult circumstances outlined above, the AU over the past few years made hard earned gains in strengthening health systems on the continent. In the AU's Agenda 2063, its strategic development programme for the African continent adopted in 2015, health takes a prominent place. Goal 3 of the agenda's first objective "A prosperous Africa based on inclusive growth and sustainable development" emphasises the significance of health and good nutrition among the population.²⁰ Reinforcing health systems is cited as an important lever in this regard; as also reflected in the AU's continental health strategy (*African Health Strategy 2016-2030*).²¹

A substantive improvement towards strengthening health systems was made in 2017 with the establishment of the Africa Centres for Disease Control and Prevention (Africa CDC) following the West African Ebola outbreak. The AU's specialised technical institution is tasked with supporting member states in matters of public health, strengthening the personnel and technical capacities of their public healthcare facilities, enhancing capacities and partnerships for disease diagnosis and prevention, and increasing resilience and responsiveness to outbreaks of disease. The Africa CDC follows a decentralised model, in which the institution cooperates with member states' national public health institutes through five regional cooperation centres.²²

The COVID-19 pandemic has been putting the relatively new institution to the test, and it seems to have performed well so far. During the pandemic, Africa CDC quickly emerged as the most prominent actor on the African continent both to the outside world and at government level. It also earned the praise of the WHO and a number of think tanks and other bodies for its coordinated crisis response.

Following reports from China about the emergence of a novel virus, Africa CDC took the first precautionary measures for a potential outbreak of the COVID-19 disease in Africa as early as late 2019. This put it in the lead compared to other regions. On 3 February 2020 – even before the first confirmed COVID-19 case in Africa – the Africa Task Force for Novel Coronavirus (AFCOR) was established to strengthen Pan-African cooperation in the crisis response.²³ The Task Force's objective is promoting the exchange of information and knowledge on the continent, providing science-based policy advice, assisting the development of technical capacities for diagnosis and tracing, and supplying reliable information for governments and the population.

In the crisis response, the AU, and particularly Africa CDC, assumed four key functions:

a) Coordinating and Developing Joint Standards and Recommendations for Actions

When the first case of COVID-19 reached Africa in February 2020, Africa CDC, in cooperation with the AU Commission and the WHO, convened an emergency meeting of African health ministers, which led to the adoption of an *Africa Joint Continental Strategy for COVID-19*. The continental strategy hopes to achieve economies of scale regarding disease prevention and containment, and to minimise the social and economic impact caused by the pandemic. A focus is placed on coordinating efforts by various actors (national states, AU agencies and WHO), so as to harness synergies and avoid duplication. The strategy is implemented by AFCOR.²⁴

AFCOR's structure clearly illustrates an awareness of the need for representation in the continental crisis response: task force working groups are each led by a representative of a member state and the African CDC; the group members include member state representatives, the WHO and other experts. According to Dr John Nkengasong, Director of Africa CDC, this is an important prerequisite to create the necessary participation in and acceptance of measures in the member states.²⁵

As part of the crisis response, regular exchange through virtual formats is considered an important component for a coordinated approach. Coordination at the working and decision-making levels gives rise to a closely knit communication network, enabling the latest evidence-based knowledge to be incorporated into decision-making processes. Furthermore, Africa CDC provides a range of general and sector-specific guidelines and recommendations for governments, public institutions and companies.²⁶

The AU communication to the outside world as part of the crisis response also reflects attempts to present a united front of African states. For instance, in his function as Chairman of the AU, the South African President Cyril Ramaphosa appointed four special envoys in April tasked with mobilising international support for Africa's efforts to overcome economic challenges posed by the pandemic.²⁷ In terms of the development, production, procurement and distribution of vaccinations, African states also endeavour to increasingly speak with

one voice and collectively bargain in international markets.²⁸ In a virtual conference of AU health ministers with Africa CDC in July 2020, ministers agreed on priority areas for action to enable an adequate supply of vaccines, for instance.²⁹ As part of a joint effort unprecedented in African vaccination procurement, the AU managed to secure 670 million vaccines for its member states by February 2021.³⁰

b) Knowledge Sharing

In addition to strategic coordination, promoting Pan-African information and knowledge transfer has been another key task of Africa CDC in fighting the pandemic. Beyond just providing statistical data, early on during the pandemic, medical workers from various African countries were trained in the areas of infection prevention, control and diagnostics, but also screenings at airports and crisis communication. Similar trainings will continue to be carried out as needed, along with weekly webinars that enable hundreds of medical workers across the whole continent to exchange knowledge on detecting and treating outbreaks of COVID-19.³¹ By October 2020, more than 9000 health workers and 1000 laboratory workers had been trained within this framework. The medical expertise generated in this way can also serve health systems after the pandemic.³²

Additionally, Africa CDC is working on programmes for enhanced data processing to facilitate this knowledge transfer and evidence-based policy advice. In cooperation with African Risk Capacity (ARC), Africa CDC has created two forecasting tools whose aim is to simulate potential scenarios of the virus' spread and impacts.³³ Africa CDC is also currently working on establishing a Health Economics Unit (HEU) to reinforce its economic analysis capability for medical technologies.³⁴ With the creation of these programmes, Africa CDC has laid the foundation for supporting decision-makers when planning and prioritising health security issues. Deficient data availability in many countries however impedes the effectiveness of such instruments.

c) Technical and Financial Support

Beyond knowledge management, the AU, under the coordination of Africa CDC, has also supported the development of technical capacities for diagnosis and tracing, the procurement of medical equipment and deployment of health personnel in the member states. In cooperation with the WHO and the West African Health Organisation (WAHO), AFCOR made an early contribution towards increasing the number of African laboratories with COVID-19 testing capabilities from two to 43 by mid-March 2020.³⁵ To complement this, the AU Commission and Africa CDC came together in April to create the *Partnership to Accelerate COVID-19 Testing (PACT)*.³⁶ PACT aims to expand testing capability, particularly in countries with a low testing capacity to date, as well as to mobilise medical personnel for tracing. Accordingly, by October 2020, the number of laboratories on the continent able to test for COVID-19 had increased to 750 – a positive development, however, testing capacity still remains below the necessary levels.³⁷ These efforts are supported by the deployment of some 10,000 Community Health Workers³⁸ and the African Volunteer Health Corps, which was founded in 2015 subsequent to the Ebola pandemic and is now under the remit of Africa CDC. As a multidisciplinary standby force, the volunteers are deployed throughout the continent during health crises.³⁹ PACT also involves the private sector in crisis management in the form of laboratories, logistics service providers and relevant technology and manufacturing companies.

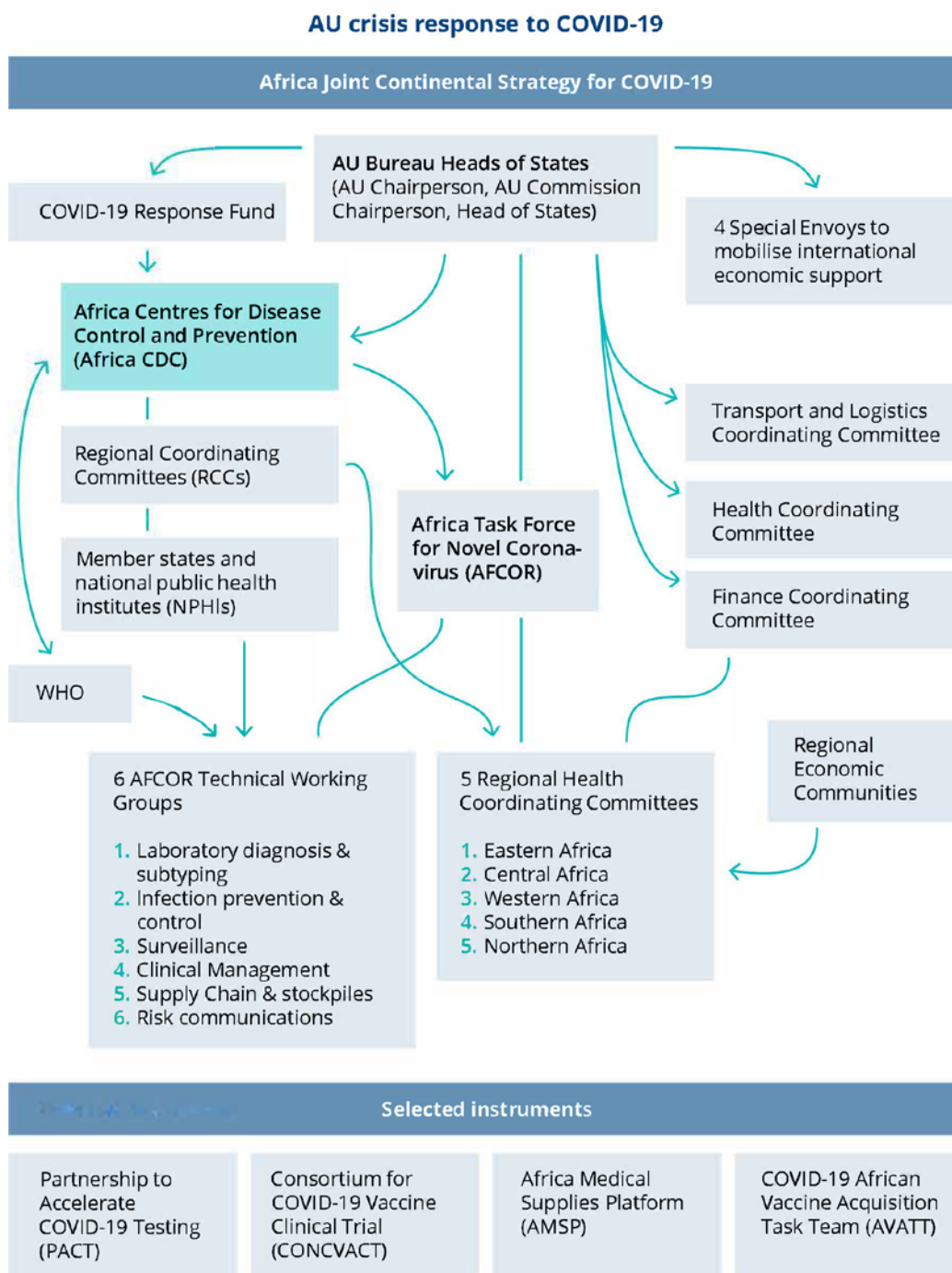
Beyond this, in June 2020, the AU and Africa CDC created the *Africa Medical Supplies Platform (AMSP)*, a joint digital procurement platform for African states, whose aim is to facilitate the supply of high-quality and affordable medical equipment. Combining orders of several countries makes it possible to better compete on the global market. The platform also offers a quota system to ensure fair access for all African countries. Payment processing is secured through cooperation with the African Export-Import Bank (Afreximbank).⁴⁰ Especially in light of African states' strong dependence on imports for medical equipment and the scarcity of necessary supplies during the crisis, this platform represents an important advancement in procurement practice as well as an international flagship project in the fight against the pandemic.

This technical support is primarily financed by the AU's COVID-19 Response Fund, which was set up as a financial vehicle underpinning the continental strategy. It also aims to foster Africa CDC's capacities through funding.⁴¹ A precise overview of previous commitments to the Response Fund is not yet publicly available, however; by mid-October 2020, at around 44 million US dollars it stood at merely a small fraction of the funds estimated by the AU to be necessary.⁴² In addition to the AU member states, commitments have also been made by the African Development Bank and the European Union. Since the terms of programming and managing the fund lack transparency, however, it remains unclear as to what extent the funded programmes are coordinated with Africa CDC activities.⁴³ This could reduce the effectiveness of the fund.

d) Provision of Information

Providing up-to-date and reliable information on the spread of COVID-19 and recommended behaviour for people also constitutes an important part of crisis response. It helps create the necessary acceptance for a successful pandemic response, while also strengthening health literacy among the population. The provision of reliable information is also designed as a counterweight to fast-spreading misinformation and conspiracy theories that undermine the fight against the pandemic. AU agencies, most notably Africa CDC, provide information and graphic illustrations on the case numbers, spread, countermeasures and other relevant categories on social media such as Twitter⁴⁴ and Facebook⁴⁵. Not all actors rely on this information, however, which is why misinformation from other, less reliable sources is widespread. As a reaction, in December 2020 WHO Africa launched the Africa Infodemic Response Alliance (AIRA), of which Africa CDC is also a member. The alliance comprises 13 international and regional organisations along with fact-checking groups, with the aim to detect misinformation concerning public health topics in Africa.⁴⁶

Chart 4: Overview of the AU Crisis Response



Source: Authors' own representation.

Limiting Factors to the AU's Response

Despite previously outlined successes in the fight against the pandemic, contrary to its image on the international and government level, the AU and Africa CDC, do not seem to be perceived as central actors by the local populations. The visibility of the WHO as well as regional or national experts trumps AU institutions in this regard.⁴⁷ This can partly be explained by the principle of decentralisation inherent in the structure of Africa CDC, which allows for the necessary subsidiarity for its work. A crisis response not based on subsidiarity seems inconceivable on a continent made up of 55 states. An early take away from the continent's pandemic response to date seems to be, that under these conditions there is indeed a willingness and capabilities for close cooperation at both political and technical levels in many member countries to implement recommendations given by the AU, and specifically Africa CDC.

However, AU coordination is severely impaired in cases, in which national governments fail to implement the coordinated recommendations for action. The AU's authority continues to be particularly limited in contexts where political and economic considerations as well as lines of conflict within or between individual states are prioritised. Within the populations of African states, many meanwhile still perceive the AU and its institutions as non-transparent and far removed from their daily lives.

The low level of funding is another limiting factor: Whereas Africa CDC, as a relatively young institution, is showing a remarkable performance in its response to the crisis, it still has a limited sphere of influence owing to its meagre financial resources. Border closures and travel restrictions further complicate the provision of personnel and material support. And while the crisis response of the AU as a multilateral actor has proven important in containing a more dramatic spread of the virus up until now, there continue to be many weaknesses. The fight against the virus is far from being over.

The Pandemic as an Impetus for an EU-AU Health Alliance

Resourceful: EU Support for its Partner Countries in Times of Crisis

At the onset of the pandemic, the EU was quick to support its partner countries in Africa in the fight against the Corona virus: Through the *Team Europe* approach, which pools contributions from the EU, its financial institutions and its member states, Europe is providing a total of 38.5 billion euros in the fight against the virus; half of these funds, i.e. 19.23 billion euros, had already been spent by late November 2020.⁴⁸

At least 6.8 billion euros of the funds provided go to African states.⁴⁹ Besides the European neighbourhood, Sub-Saharan African countries are thus one of the main recipients of this support. However, only around 20 per cent of all funds are allocated to the area of "health, water and sanitation"; most funds are intended for absorbing the social and economic impact of the pandemic.⁵⁰

Also within the framework of *Team Europe*, the EU supports the COVAX facility launched in August 2020 by the WHO in cooperation with the Global Alliance for Vaccines and Immunisation (Gavi) and the Coalition for Epidemic Preparedness Innovations (CEPI) to ensure global equal access to vaccinations against COVID-19. The goal of the initiative is to

finance two billion vaccine doses for the most vulnerable population groups in 92 low and medium-income countries by the end of 2021. The EU is supporting this initiative with a total sum of 500 million euros.⁵¹

In addition to the provision of funds, the EU provides non-financial support to its partners, such as protective equipment as well as technical and medical personnel. An example of this is the *EU Humanitarian Air Bridge*: Within the scope of this initiative, since May 2020, the EU, in cooperation with its member states, local partners in recipient countries and non-governmental organisations has been supplying medication and humanitarian equipment to regions in Africa, Asia and Latin America which are difficult to access due to pandemic-related travel restrictions.⁵²

Chart 5: EU support for African partners in the pandemic



Financial support

- › 500m € through COVAX
- › 38.5bn € through TEAM Europe (at least 6.8bn € for African States)



Non-financial support

- › Provision of protective equipment
- › Sending of technical and medical personnel
- › Provision of medicines

Source: The data originates from the sources indicated in endnotes 48, 49, 51, and 52.

Room for Improvement: Strengthening Health Systems through EU-AU Cooperation

Beyond short-term support for African countries in crisis, the issue of health ought to be afforded high priority in the EU's long-term partnership with Africa. This particularly applies to strengthening the resilience of health systems over the long term, and thus contributing towards achieving 2030 Agenda's Goal 3.8. Despite the relevant partnership agreements having addressed the subject of health, it has so far not been made a priority.

In the EU-Africa Strategy *The EU and Africa: towards a strategic partnership*, adopted in 2005, the EU commits to supplementing financial efforts by African governments through multi-annual, financial support programmes for developing health systems in Africa.⁵³ The *Joint Africa-EU-Strategy* (JAES) adopted during the 2nd EU-AU summit in 2007 also includes agreements with a view to strengthening health systems. Although the four strategic goals only refer to health in the context of fighting infectious diseases such as HIV/AIDS, malaria and tuberculosis, the strategy also defines further goals for cooperation in the health sector. For instance, both partners agreed to undertake joint efforts in strengthening national health systems and developing medical research capacities.

The role of health as indispensable part of the EU-AU cooperation is raised in the joint EU and AU declaration on priorities of cooperation at their summit in November 2017. This however also points to a need for concentration on an integrated approach aiming to strengthen health systems, emergency preparedness and prevention and accounting for the connection between humanitarian and sustainable development.⁵⁴

The Pandemic in 2020: An Opportunity to Strengthen Health Systems

The AU's measures while fighting the pandemic indicate that more emphasis has been placed on strengthening health systems and have thus laid important foundations for building more resilient health systems. However, there is a need to deepen the existing linkages and develop them into an AU-EU health alliance. The pandemic and the upcoming strategic realignment of the partnership, such as the planned EU-AU summit, provide an opportunity to do so.

The EU Commission's revised concept *Towards a comprehensive Strategy with Africa*, which was presented in March 2020, however, seems sobering in view of the failure to embed health as a key field of cooperation.⁵⁵ Under the impact of the COVID-19 pandemic, the EU, in its Council Decisions on Africa in late June 2020, then gave clearer expression to its ideas on future cooperation on health. This underlines that the EU views the pandemic and subsequent recovery as an opportunity to shape more sustainable and resilient societies. Nevertheless, even the EU's Council Decisions still do not prioritise the promotion of resilient health systems for the next phase of the EU-AU partnership.⁵⁶

This lack of coherence of approach is also reflected in the new *Neighbourhood, Development and International Cooperation Instrument (NDICI)*⁵⁷, the main financial tool for EU external action. Health is classified under the thematic pillar of global challenges, which also includes migration, education, food security etc. The entire category accounts for only a small percentage of the total 70.8 billion euros to be provided for NDICI.⁵⁸ In contrast to this, the EU has clearly identified the need to strengthen its member states' health systems in the long term. With the new *EU4Health* programme alone, the EU will provide 5.1 billion euros over the next seven years to reinforce the resilience of health systems and to expand crisis management capacities in European states.⁵⁹ In addition, one of the three pillars of the EU's development plan *NextGenerationEU* focuses on creating new programmes for promoting health and improved access to healthcare in Europe.⁶⁰

While the topic of strengthening health systems has undergone a marked reappraisal in intra-European cooperation as a lesson learnt from the pandemic, it continues to be of secondary importance in the EU partnership with Africa as a component of other, higher-priority topics. In particular, the need for stronger capacities for prevention and long-term strengthening of health systems is still not clearly identifiable in the overarching strategies. Although a cross-sectoral approach to health is indispensable, the starting point should be the recognized need to create more resilient health systems and for this to constitute a separate focus within the strategy. This is an important component if the EU wants to provide sustainable support to partner countries, making them better prepared for future pandemics and other health challenges.

New Partnership Initiative for Health Security in Africa

The new partnership initiative for health security in Africa, signed by the European Centre for Disease Prevention and Control (ECDC) and Africa CDC on 7 December 2020, marks a positive development in the EU-AU cooperation. The initiative aims to strengthen Africa CDC's capacities regarding the prevention of and reaction to health threats. The four-year project financed by the EU also intends to facilitate harmonised supervision of and data collection about diseases and support the implementation of Africa CDC's strategy for health personnel. This initiative clearly recognizes that strengthening health systems is a key factor to enable them to better respond to future health emergencies. One of the main elements in this regard is to foster the skills of health workers.⁶¹

With the ECDC-Africa CDC partnership, the EU is making an important contribution to strengthening the key health actor on the African continent. The cooperation affords the opportunity to build on relevant expertise specific to African contexts in order to more accurately tailor programmes to local needs. For instance, Africa CDC already defines the goal of promoting robust health systems; the EU should align itself with these priorities when deploying funds and conceptualising projects. Accordingly, joint strategies in the healthcare sector can build on existing AU strategies, for example the *African Health Strategy* or Agenda 2063.

However, the new partnership's potential has been limited by the ECDC's minor role and restricted mandate to date. Recent debate surrounding the formation of a European Health Union offers the opportunity to reinforce the capacities of the ECDC, as well as the institution's international partnerships.⁶²

Last but not least, in addition to increased cooperation, the objectives and priorities underpinning financial partnerships need to be reconsidered. In 2019, more than 30 African countries spent more on debt service than on their public health systems.⁶³ Finding a solution to this debt problem is thus vital for the health sector and for developing resilient health systems. G-20 states took an important step in this direction with their *Debt Service Suspension Initiative (DSSI)*. Through its Council Decision on international debt relief, particularly for African countries, the EU has positioned itself behind this initiative.⁶⁴

Resilient Health Systems in Sub-Saharan Africa: Recommendations for Action in EU-AU Cooperation

A heightened perception of the need for resilient health systems during the COVID-19 pandemic, together with the ongoing realignment of EU-Africa relations, create a watershed moment for the inclusion of strengthening health systems as essential component of the EU-AU cooperation. Creating the strategic partnership between ECDC and Africa CDC is an important step to this end and – if backed by the necessary political will – can advance EU-AU cooperation for health in the form of a health alliance to promote resilient health systems.

Embed Health as a Priority of the New EU Strategy with Africa: Elaborating the new EU strategy with Africa affords the opportunity to include health into the cooperation beyond immediate crisis response. Thus far, however, plans to classify health as a cross-cutting issue bear the risk of it being eclipsed by other priorities yet again; especially when the pandemic recedes as an acute reminder of the need for promoting health systems. Therefore the strategy must not adopt a short-sighted view of health as merely responding to crisis or fighting individual diseases. Instead, it needs to be understood and implemented as a holistic objective for strengthening the health system. Existing strategies such as Agenda 2063 and the AU's *African Health Strategy* must provide a frame of reference.

Develop a Lasting and Needs-Oriented Partnership between ECDC and Africa CDC: The partnership between both continents' health institutions, initially established for four years, represents an important milestone. The goal, however, should be a long-term cooperation beyond this period. Financial support to Africa CDC under the partnership promotes the institution as a key actor for strengthening health systems in Africa, and increases its capacity to tackle emerging public health issues. Furthermore, the partnership needs to encourage knowledge sharing; especially when it comes to reflecting the needs and lessons identified by the African side. Considering internal EU discussions on creating a European Health Union, reinforcing the ECDC's role and international mandate could help to better exploit the potential of its international partnerships.⁶⁵

Set Strategic Priorities in the Area of Health: In a context of limited funding, owing to crisis-related economic slumps and high costs for fighting the pandemic and its repercussions, strategic and evidence-based priority setting for achieving health goals in Sub-Saharan Africa is more important than ever. Hence, areas that can be leveraged for the entire healthcare sector need to be both identified and promoted accordingly. Existing and well-functioning projects in these areas ought to be expanded. Africa CDC is attempting to support this evidence-based priority setting through its advice and the Health Economics Unit that is currently being established. The EU and many of its member states have equivalent health institutions, equipping it with the long-standing experience needed to support capacity building on the African side. The partnership between ECDC and Africa CDC offers a good framework for this.

Expand Research Cooperation: Making health systems in Sub-Saharan African more resilient over the long-term also requires the expansion of African medical research capacities that, unfortunately, remain insufficient. A potential lever here is improved research cooperation with the EU, which focuses on the priorities of both sides while also facilitating equal representation. The EU's existing research programmes make it an attractive partner, and it is able to provide the necessary coordination and scaling for research projects. The meeting on July 2020 between EU and AU ministers responsible for research was an important step for advancing enhanced cooperation in this area, and ought to be continued as a regular exchange. In this context, the budget cuts for research in the EU's multiannual financial framework (MFR) and *NextGenerationEU* plan are, however, critical.

Expand and Consolidate Political Dialogue on Health: Creating a dialogue format between health ministers from EU and AU states could provide strategic objectives and technical cooperation in the health sector with the necessary political framework and weight. It is vital to integrate African partners and their expertise into a genuine exchange on equal footing. The first meeting of EU and AU ministers for research and innovation could serve as an example in this regard.

Foster Joint Commitment to Multilateral Cooperation: In the current crisis, the AU has proven its capacities as a multilateral actor. Skilful coordination, most notably by Africa CDC, contributed towards the willingness of African governments to play an active role in the multilateral crisis response. This bears testimony to the fact that the AU, despite continuing challenges in terms of institutional structure and legitimacy, is a strategic partner for multilateral solutions. The EU should seize this opportunity for greater cooperation in multilateral fora and build on it in a targeted manner to advance the issue of strengthening health systems. By consistently working towards global solidarity in vaccine distribution, e.g. through the COVAX initiative, the EU can put its words of multilateral cooperation and solidarity into action and, in so doing, lay a more solid foundation for a closer and more trusting partnership with the AU.

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