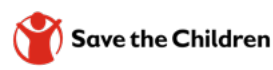




THE AU-EU SUMMIT:

CIVIL SOCIETY RECOMMENDATIONS FOR

TRANSFORMATIVE ACTIONS ON HEALTH



The AU-EU Summit: Civil Society Recommendations for Transformative Actions on Health

The African Union (AU) - European Union (EU) summit aims to deepen cooperation between the EU and the AU “based on shared interests and values.” In the March 2020 [EU-Africa Strategy](#), the European Commission brings together existing initiatives under five “partnerships”. Notably missing is an explicit partnership on human development. Health is also under-represented. On the contrary, the European [Council’s position](#) includes a priority on the human dimension, and the European [Parliament’s report](#) features human development with health as a foundational element and a key priority.

The AU-EU Ministerial Meeting in October 2021 resulted in a [Joint Communiqué](#), which will guide discussions for the February AU-EU summit. While this communique agrees to health cooperation in a number of ways, we, a coalition of civil society organisations working in the field of global health, feel it neglects some major issues and is lacking concrete objectives. **The next EU-Africa partnership framework should recognize well-functioning and resilient health systems as essential for both health security, and universal health coverage (UHC).**

In order to achieve this, we submit the following recommendations.

- 1. With no end in sight for the COVID-19 pandemic, investments in health must be scaled up.**

The EU should mobilise additional financial resources for global health, primarily by using its Official Development Assistance (ODA), to strengthen health systems and country ownership **through increased budget support and targeted investment**. In the Kigali Communique, Ministers “note the importance” of mobilising more financial resources for social protection, UHC, and quality health services, without specifying how it will be done. The EU has committed to allocate *at least* 20% of its ODA to human development, including health. Despite the evidence that budget support has been successful in strengthening health systems and in boosting spending on sectors that tackle inequality, most donors, with the exception of the EU, are withdrawing their support for this modality. Support for country health systems is crucial for dealing with the Covid-19 crisis and ensuring long-term resilience to future pandemics, therefore the EU must continue to show leadership here. **Additionally, investments in existing and effective programmes and partners (such as the WHO, GAVI, the Global Fund to Fight AIDS, TB**

and Malaria, and UNFPA Supplies Partnership), under-funded approaches (such as those led by youth and communities), and innovative approaches (such as safe and inclusive digital health) should be reinforced.

- 2. Investments in resilient health systems require a strong focus on equity: health systems lacking universality and inclusivity will always fall short on disease surveillance, detection, and response.**

The next EU-AU partnership framework should have equity-enhancing policies at their foundation. As learned through the HIV/AIDS response, the leadership of affected communities is critical for improving health outcomes, including reaching people who would otherwise be left behind and developing person-centered care models. The next framework should therefore acknowledge the role of communities and civil society in health and commit to their involvement in joint health undertakings.

- 3. The EU-Africa strategy should prioritize equitable access to basic social services, including health, by taking a multi-sectoral approach, and linking health to nutrition, Sexual and Reproductive Health and Rights (SRHR), mental health, and water, sanitation and hygiene (WASH).**

Although the Kigali communique rightly acknowledges the link between health and WASH, WASH is still chronically underfunded. EU and AU leaders should increase investments in handwashing and hygiene behaviour change, provide financial and technical support to the implementation of the SADC hygiene strategy, and scale up emergency funding for WASH in healthcare facilities, prioritising those with the weakest health systems. Furthermore, health is not yet understood in a multisectoral way: it misses the link to other important cross-cutting issues like nutrition, gender equality, SRHR and other health determinants. Malnutrition rates in Africa remain unacceptably high, and the negative impacts of Covid-19 on the rates of malnutrition mean that swift and ambitious action is desperately needed. Malnutrition has been framed in the joint communiqué as a food systems issue, but it is also a medical issue. Nutrition must be central to health system strengthening strategies and plans to achieve UHC. Finally, in their Joint Communiqué, EU and AU leaders “underlined the importance of the One-Health approach in addressing the threat of zoonotic diseases”. Any future partnership should outline how the One Health approach will be operationalized - such as the establishment of a new One Health EU-AU cooperation body. The EU is well placed to support the implementation of One Health objectives through its health sector leadership, technical capacity, and financing capabilities.

4. The next partnership must adopt strong commitments and concrete actions on Sexual and Reproductive Health and Rights (SRHR).

Although a confirmation of the “commitment to the full and effective implementation of the Beijing Platform for Action, the Programme of Action of the International Conference on Population and Development (ICPD) and the outcomes of their review conferences” was included in the Kigali communique, Ministers fell short of clearly committing to the promotion and protection of SRHR. SRHR is crucial for upholding human rights and promoting gender equality, and is a fundamental component for the achievement of UHC and strengthening health systems. Therefore, the next partnership must commit explicitly to the promotion of SRHR, building on the commitments of the current Joint Africa Europe Strategy (JAES), and in line with the negotiated text of the new [EU-OACPS agreement](#), by recognising SRHR as a key component of the multi-sectoral approach needed to achieve UHC and as a prerequisite to achieve gender equality. The strategy should also commit to lifting the barriers impeding full access to sexual and reproductive health service.

5. To keep global solidarity at the center of the on-going Covid-19 response, the EU and its Member States need to stop blocking the negotiations on the TRIPS waiver taking place at the World Trade Organization.

Ramping up manufacturing and dose-sharing through the COVAX facility are rightly established as key elements of the global Covid-19 response, but the European Union continues to block progress in establishing the TRIPS waiver. The original proposal is now supported by around 160 countries, while the EU represents one of the few opponents of this solution, which is an answer to existing bottlenecks preventing the global distribution of vaccines. Leaders should also further support efforts to strengthen and harmonise medicine regulation and manufacturing in Africa at national, regional and continental level, such as the operationalisation of the [African Medicines Agency](#). Additionally, the EU should set up investments supporting Africa’s medicine manufacturing capacities with the [Pharmaceutical Manufacturing Plan for Africa](#).

6. Leaders should create a more enabling environment on R&I cooperation, in particular in areas such as research infrastructure and capacity development, access to data, epidemic surveillance and access to medicines (see previous point).

While we welcome the plans to launch an EU-AU Innovation Agenda, we recall that there is no innovation without research. In priority areas for cooperation such as health, scientific research [remains essential](#) to improve our understanding of diseases and to accelerate the discovery and development of new and improved health technologies. The [EDCTP](#) is a success story of AU-EU

cooperation on health R&I yet the pandemic has exposed critical gaps in the global R&I ecosystem that Africa-EU cooperation can address. For that, an AU-EU R&I Agenda must have clear objectives and indicators in its [four priority areas](#), earmarked resources (e.g. scaling up and expanding the duration of the [Africa Initiative](#)) and a robust implementation and monitoring system. Engaging civil society is key to translate R&I into societal benefits and ensure R&I is [driven and tailored by local demand and priorities](#). The [HLPD on STI](#) should become a more inclusive platform to exchange with civil society, and not just for information sharing and coordination.

- 7. Leaders must support more effective financing of health systems. Fairer and more redistributive macroeconomic policies must be promoted via the EU-Africa strategy, to allow low- and middle-income countries to mobilise domestic resources, which are needed to strengthen public health systems and achieve UHC. The EU must support their African partner countries in reaching their commitment to allocate 15% of national budgets to health (i.e. Abuja Declaration).**

Debt servicing in partner countries is quickly reaching unsustainable levels and reducing fiscal space that could be used to deal with the negative impacts of the pandemic. Debt relief is urgently needed, along with injections of other financial resources such as Special Drawing Rights (SDRs) to promote economic recovery and provide support to health systems that have been stretched to the breaking point. While the EU is not a creditor nation nor has SDRs, it's Member States are and do, and there is a need for coordinating effective delivery of debt relief and new financial resources. **The European Commission should convene EU Member States to coordinate immediate debt relief and cancellation in cooperation with the African Union and support the effective transfer of SDRs.** Furthermore, every year, African countries lose significant financial resources through tax evasion and avoidance. Money that could otherwise be used for the provision of public services. **The EU must assist partner countries in curbing these exflows and support their ability to raise domestic resources so they can meet the needs of their citizens.** In recent years there has been a resurgence of economic policy conditionality in multilateral and bilateral development cooperation promoting austerity and fiscal contraction. The EU must ensure that partner countries have sufficient fiscal and policy space to restart their economies and meet the public health demands placed on them by the pandemic. While EU member states have benefited tremendously from financial stimulus packages to prevent the worst economic impact on its citizens, African governments have not been able to utilise similar measures. Placing restrictive economic policy conditions on development resources would be cruel and counterproductive.