Health: a foundation for a genuine AU-EU partnership

The European Union insists that it's partnership with Africa is a key strategic priority, urgently needed to capitalize on the potential of both continents and face shared challenges, including climate change and global health.[1] Recently, the European Commission put forth a new proposal for a renewed partnership, aiming to "move forward and bring the partnership to the next level".[2] The strategy replaces the 2007 Joint Africa-EU strategy (JAES) and will serve as a guiding document for relations between Europe and Africa, paving the way for joint actions on a number of key policy areas. These discussions are happening in the midst of a pandemic that has claimed nearly 4 million lives,[3] and wreaked havoc on the economies worldwide. African health systems have been under disproportionate strain, due to decades of chronic underfunding across the continent.[4] Now, the coronavirus pandemic is undoing some of the progress made towards reaching the Sustainable Development Goals (SDGs).[5]

In this context, a renewed commitment between Europe and Africa to stimulate people-centred development is welcomed, but the success of this initiative will come down, as always, to the details.

Questions remain. How will this partnership contribute to the coronavirus response and bolster Africa-Europe cooperation on health? And how have local people and communities been included into the process to ensure it has the best possible impact for those who need it most?

In this paper, WACI Health and Global Health Advocates explore these questions based on a literature review, discussions with representatives from both the European and Africa Commissions, and engagement with local African civil society. Our findings indicate that so far, the discussion has been dominated by the European Union's (EU) priorities, and there is little insight into the African Union's (AU) official position on their priorities for Europe. Furthermore, the EU has put forth three institutional positions, which vary significantly in content on key issues, especially health.

While the European Parliament's position is quite strong on health, despite the global context and the proven effectiveness of global health interventions, health is markedly neglected in the positions of the European Commission and the European Council. The African Commission has yet to publish their priorities for the next partnership, but considering the context, their 2016-2030 African Health Strategy should be taken as a guiding document.

If the European Commission's proposal of five clearly defined 'partnerships' is observed, we recommend a sixth partnership on health.

The pandemic shows an increased need for support to health systems in Africa

As a continent, Africa has suffered from a prolonged and significant lack of investment in health systems critical to responding to the COVID pandemic and other health emergencies. The lack of basic health services has exacerbated social inequalities and increased Africa's vulnerability.[6] As a whole, the continent confronts the world's most acute public health threats with weak health systems that remain heavily underfunded. Against the targets of the Africa Scorecard on domestic financing for health, the most recent health financing data (2017) reveals that only 10 AU Member States 18% achieved the $86.30 target required to pride a basic package of health services down from 11 in 2015, only one Member State has reached the 5% health spending target as a % of GDP and only two Member States have dedicated 15% of the government budget to health.[7]

When the pandemic hit, there was fewer than 1 doctor per 1,000 people in sub-saharan Africa,[8] compared to 4 doctors per 1,000 in the European Union. The continent also suffered from an acute shortage of qualified nurses and health care workers,[9] and was undersupplied in both PPE, oxygen and emergency beds. This, combined with difficulties in applying sanitary and physical distancing measures, a lack of access to WASH facilities, and a relatively high disease burden from HIV, tuberculosis, malaria and malnutrition, meant that the coronavirus has impacts on the continent which extend far beyond the reported number of deaths.

The 2021 Foresights' Africa Report highlights that Africa has the largest burden of endemic diseases, all of which have been further exacerbated by the pandemic, due in part to the increased strain on already fragile health systems, resulting in the disruption of health care provisions and access to medications. For example, COVID-19-related disruption to malaria control could double malaria in the short-term, and lead to even greater increases in the longer-term.[10] Similarly, studies showed that HIV patients are not only at higher risk of death as a result of COVID-19, but that testing and access to medication[11] was severely impacted by the pandemic, with a 9.5 - 9.8% decline in the number of people being diagnosed.[12]

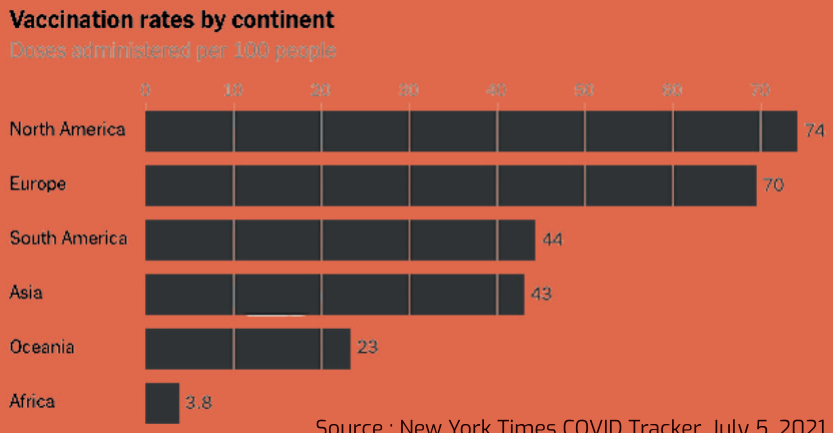
What began as a health crisis has also become an economic crisis. COVID-19 has tipped Africa into its first recession in 25 years.

By all measures, the impact of the pandemic is massive; at least $150bn additional public spending for new medical costs, exports have decreased by more than 35%, Foreign Direct Investment (FDI) inflow to the continent has reduced by more than 15%, and there has been 20-30% loss of fiscal revenue to African governments as a result increasing debt levels.[13]

The pandemic has highlighted that strong health systems are the foundation of development and resilience. People-centred, needs-based, discrimination-free, and integrated quality health services which ensure community engagement are critical for achieving Universal Health Coverage (UHC) and can contribute to addressing health services fragmentation if inclusion of the most marginalised people and civil society and community voices ensured. That is why investing in longer-term, sustainable health systems must be a foundational aspect of any COVID-19 response, and any future partnership between the AU and the EU. We not only need to accelerate progress towards the SDGs, we need to make up for gains lost during the pandemic. This will be a renewed commitment to proven-health programming.

"A catastrophic moral failure": Access to COVID-tools in Africa

Both the World Health Organisation (WHO) Director-General and the United Nations (UN) Secretary General have made numerous calls to establish COVID-19 vaccines as a global public good,[14] yet we know that due to fierce competition among high-income countries (HICS), low-and-middle-income countries (LMICs) have faced significant barriers to access. Many HICs have advance-purchased several times what they need, leaving LMICs with no, or a very limited number, of doses,[15] leaving the WHO DG to call the global vaccine roll-out a "a catastrophic moral failure."[16] This means that the vast majority of vaccinations have gone to Europe and North America, while Africa has only received 3.1 doses per hundred people.[17]



Source : New York Times COVID Tracker, July 5, 2021

The COVAX facility is the vaccines pillar of the Access to COVID-19 Tools (ACT) Accelerator, a global collaboration mechanism aiming to accelerate the development, production, and equitable access to COVID-19 tools. COVAX aims to provide vaccines for at least 30% of the world's population, with specific support for 92 LMICs. To date, COVAX has yet to succeed at it's goal, partly because of a lack of financing, and the shortage in the supply of vaccines resulting from the vaccine nationalism practiced by HICs.

Another international initiative meant to promote global solidarity and access is the COVID-19 Technology Access Pool (C-TAP), an effort to get developers to share their intellectual property, knowledge, and data, with quality-assured manufacturers through public health-driven voluntary, non-exclusive and transparent licenses.[18] The key word here being voluntary - because more than one year into this initiative, the main holders of vaccine technologies (i.e. BioNTech-Pfizer, Moderna) have not participated or shown any interest in joining. Furthermore, some companies who have requested licenses for production have reported that their requests were denied or ignored.[19]

Finally, there is a proposal circulating at the World Trade Organisation (WTO) which would allow governments to temporarily waive specific COVID-19 intellectual property rules under the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement).[20] This proposal was sponsored by 59 countries and supported by more than 100 others,[21] yet the European Commission and other HICs continue to block its approval, based primarily on the argument that waiving IP rights would have a negative impact on innovation. This argument is weak, considering the sharp market demand for COVID-19 vaccines - needed to reach the entire world population, possibly for multiple doses - and the fact that governments are all competing against each other to secure supply. It is also unethical, considering the very large subsidies pharmaceutical companies have received from governments to produce the vaccine, [22]and which they are now profiting from.

While it is clear that the TRIPS waiver alone will not solve the world's vaccine problems, the African health advocates and experts we spoke with were unanimous in their belief that the TRIPS waiver represents a step forward in responding to both the current health crisis and the looming economic crisis in many of their countries. This matches the expectations of AU representatives,[23] and experts and civil society from across the world.[24]

EU priorities for the next partnership: how has health been incorporated?

Each of the EU's three political institutions published their own proposal for the next EU-Africa Partnership, expressing the desire to move beyond the traditional donor-recipient relationship to ensure a true partnership between equals. Despite this commonality, the three positions vary greatly in their priorities. Conversations with MEPs and Commissioners have outlined that there will be no consolidation or merging of the different positions, rather the Parliament's position will be considered advisatory and the Commission's position, which aligns more closely with the Council's, will be considered the dominant position moving forwards.

The Commission's position, released on March 9, 2020, aimed to bring Europe and Africa together under five "partnerships": Green Transition and Energy Access; Digital Transformation; Sustainable Growth and Jobs; Peace, Security and Governance; Migration and Mobility. Notably absent is a focus on health - incorporated only marginally, and mostly under the Sustainable Growth and Jobs partnership.[25] While it is fair to acknowledge this position was published a few days before COVID was declared a Global Pandemic, the WHO had already declared COVID a Public Health Emergency of International Concern (on 30 January 2020). Furthermore, the challenges to health systems across the African continent have been widely known for decades, as outlined above.The Council's Conclusions on Africa, released June 30th, do give the health crisis more consideration, but ultimately do not feature health as a stand-alone area of focus.[26]

One of the primary criticisms lauded at the EU about this process, is that the agenda has been driven by the EU's geopolitical and strategic interests,[27] rather than based on principles of human development and societal well-being.

Both the Commission and Council positions are skewed towards boosting economic opportunities, and many of their references to health are positioned as a means of creating or sustaining the workforce.

Although the ability to access dignified jobs is an essential part of human development, economic growth in and of itself should not be the reason health is provided to citizens. Health is a human right, and healthy people allow societies to flourish. **The EU has committed to helping achieve the WHO goal of reaching 1 billion more people with universal health coverage (UHC) by 2023, and accelerating progress towards UHC is an integral part of SDG3**. Thus, the provision of health is itself a development objective, and should not be considered a sub-target on the way to stimulating the economy.

Contrary to the Council and Commission positions, the European Parliament's Report on a new EU-Africa strategy calls for human development to be placed at the heart of the strategy and stresses health as a foundation of human development.[28] The EP's position gives full breadth to the impacts of covid, and acknowledges that strengthening health care systems will be an essential part of the covid response. Therefore,

> *"We must start with health, which is a prerequisite for human development and must be placed at the heart of our relationship, with social protection as an absolute priority. In the wake of the Covid crisis, cooperation between our two continents will have to be enhanced in order to improve people's health and our ability to anticipate future health crises."* - EP Report

we recommend that the Parliament's position be given more of a dominant role as the EU-Africa strategy progresses.

Missed Opportunity: EU's wavering leadership on Global Health and the COVID response

There is a need for the EU's position on the future strategy to align more consistency with it's wider development policy frameworks, and its commitments to global health. The European Commission has established, as it's primary development goal, the eradication of extreme poverty,[29] which means that they are bound by the obligation to adopt policies and programmes that are best suited for this objective. The OECD DAC established in their 2001 Poverty Reduction Guidelines that enhanced social services (particularly education and health), increase productivity and incomes, and that good health is essential for reducing poverty, and promoting social and economic development.[30] This was reinforced in the 2003 DAC and WHO reference document Investing in Health to Reduce Poverty, which outlines a systematic review of the evidence linking health to development and poverty reduction,[31] and continues to be upheld by research.[32] The EU-Africa partnership has never been considered a strictly development tool, but considering over 70% of global poverty is in African countries, and this rate is expected to jump by approximately 8% as a result of COVID,[33] "facing shared challenges" must entail significant and meaningful actions to reduce global poverty. Improving access to and quality of health services is a foundational aspect of this.

At the 73rd World Health Assembly (WHA) in May 2020, WHO Member States and regional economic integration organizations like the EU agreed in the COVID-19 resolution to "put in place a whole-of-government and whole-of-society response".[34] The EU-Africa Strategy, as a guiding document for political cooperation, should be considered part of the EU's response. More recently, at the G20 Global Health Summit in Rome in May 2021, the EU and other world leaders finalized the Rome Declaration, "a set of principles and guiding commitments" that are mutually reinforcing and aim to promote sustained financing and actions for global health. In order to meet these guiding commitments, the EU should mainstream health into their cooperation with Africa.

In the forth Debating Africa series on Health, Welfare, and Prosperity, the European Commissioner for International Partnerships, Jutta Urpilainen agreed, speaking alongside the European Commissioner for Health, Stella Kyriakides, and the African Union Commissioner for Social Affairs, H.E. Amira Mohammed El Fadil, about the need to make health care systems more robust and resilient in order to respond to the current and future health crises, and move forward as partners. Unfortunately, analysis of the EU's response has shown that COVID did not cause a fundamental change in the EU's actions.[35]

While there has been high-level political buy-in, particularly towards acting as a convener and chair of multiple international fora dedicated to the global health[36], this leadership on the international stage should lead to concrete mobilization of resources within the EU's own policies.

So far, the COVID crisis has not been enough to put health at the core of EU external action, either financially or politically.

Early into the crisis, the European Commission re-allocated 15.6 billion of its development aid towards the COVID response, including €5.2 billion in accelerated loans from the European Investment Bank.[37] This was not fresh money, rather, it was a restructuring of the development aid that was already committed to partner countries, allowing flexibility in how it would be spent. The vast majority of these

funds (over 12 billion) went to addressing socio-economic issues, with a heavy focus on addressing the economic fallout, liquidity challenges, boosting connectivity, and supporting the private sector. The EU is also funding a four-year project between the European CDC[38] and the Africa CDC, with the goal of strengthening the capacity of the ACDC by facilitating "harmonised surveillance and disease intelligence, and supporting the implementation of the public health workforce strategy"[39] in Africa. This project has a total funding of 10 million from the previous budget, 9 million of which is going to the European CDC. Beyond that, the Commission has made a number of financial pledges to the global COVID-19 response through the ACT-Accelerator, some of which will directly benefit Africa countries, but even here, the Commission have significantly undershot their "fair share", pledging only 604 million in grants out of a total "ask" of 1.9 billion.[40]

The programming process for the 2021-2027 budget is still ongoing, but early analysis shows that, despite the context and clear rationale in favour of more actions on heath, we are not seeing a significant spike in health at country-level in programming. This is because health still has to compete with the Commission's other development priorities, like the Green Deal, digital, jobs and growth, and migration and security. The strong political messaging of solidarity and acting in partnership does not mirror the actual actions being taken. Similarly, the new Team Europe Initiatives (TEIs) do not show a preference for health. TEIs are joint initiatives which aim to attract additional resources from partners other than the Union (such as member states, and development banks like the EIB and EBRD). At the Global Health Summit under the Italian G20, European Commission President Ursula von der Leyen announced a TEI which would focus on creating an enabling environment for local manufacturing of vaccines, medicines and health technologies in Africa. The EU's official statement says it will be backed by €1 billion from the EU budget and the European development finance institutions such as the European Investment Bank (EIB)[41], but as of yet there is no breakdown of the financial allocations or information about what this initiative will look like concretely. Overall,there is still a lot of confusion how the TEIs will work concretely (for example, how they will be financed and what the division of labour will be between partners), but an analysis by the Center for Global Development of the first 49 proposals submitted found that not a single one has a focus on health.[42]

> *"The Coronavirus has made us come to understand our connectedness, not only in relation to our economies but also in health."*
>
> Stella Kyriakides, European Commissioner for Health at the Debating Africa Series

The AU's priorities for the next partnership

The African Health Strategy has two overarching strategic objectives:

1. **By 2030, to achieve universal health coverage by fulfilling existing global and continental commitments which strengthen health systems and improve social determinants of health**
2. **Reduce morbidity and end preventable mortality from communicable and non-communicable diseases and other health conditions in Africa.**

The AU has not yet publish aned official documents about its priorities for the EU-Africa partnership, but Dr. Levi Uche Madueke, Head of AU Strategic Partnerships and AU Commissioner General, highlights the need for the EU-Africa partnership to match Africa's regional integration agenda, and to deliver an equally beneficial and truly transparent vision.[43] Madueke points out that the road forward needs to reflect the COVID context, and should be marked by "strengthened cooperation, coordination and delivery" in order to manage health problems and economic issues. Similarly, Amira el Fadil, AU Commissioner for Social Affairs, said at the 2020 Paris Peace Forum

that it's clear health must be a new area of collaboration between the two commissions,[44] with infrastructure and increasing regional capabilities - especially strengthening the African CDC - as key focal areas.

In discussions with Dr. Margaret Anyetei-Agama, from the AU Division of Health Systems, Disease and Nutrition , it was made clear that the AU considers the African Health Strategy as a unifying document, which the EU should support partner countries in implementing. Dr. Margaret specified that there is a need for long-term agreements and sustainable financing for substantive issues. Health must be approached holistically, looking also at the often neglected social determinants of health, which would mean mainstreaming health across all of the areas of partnership, as well as including it as a stand-alone focal area. In a recent event organised by Friends of the Global Fight Against AIDS, Tuberculosis, Malaria featuring Raji Tajudeen (Head, Division of Public Health Institutes and Research at the Africa CDC), participants discussed how progress towards Agenda 2063 progresses has stalled, and partners must make this agenda the centre of their approach.[45]

African leaders have also stressed that "health is local," and that the policies implemented must be adapted to local conditions.[46] Health must be more than the treatment of symptoms, Dr. Anyetei-Agama stressed, it must address root causes of issues: the so-called "social determinants of health".[47] This would mean adopting health-in-all-policy approaches and really striving to build resiliency of social programmes as a whole. Dr. John Nkengasong, Director of Africa CDC, believes the best way to prepare for a future pandemic ensure long-standing challenges (like HIV, TB, malaria and Ebola, the rise of noncommunicable diseases and emerging antimicrobial resistance) have adequate financial and political investment, while also strengthening the health workforce and supporting local manufacturing capacities.[48] Tajudeen raised COVID-19 as an opportunity to strengthen manufacturing on the continent, with an emphasis on the need for technological transfer, so Africa can sustain itself in the long-term and be better prepared for future health emergencies.[49]

> *"There is an understanding that capacity can't be built overnight, but now is the time for African leaders and partners to accelerate the movement and help the continent reach independence in the near future."*
>
> Anges Binagowaho, Vice Chancellor of the University of Health Equity and Rwandan pediatrician at the Africa-Europe Foundation Forum

The AU-EU summit, which was scheduled for December 2020, was cancelled at the last minute with little public explanation beyond the COVID-context preventing an in-person meeting. However, an EU official stated "disagreements over the agenda and the format of the meeting" as reasons for the cancellation.[50] Some civil society groups raised the need for "Europe to recognize Africa's interests and vision for its own future in order to rebalance the economic partnership between the two continents".[51] This concern has been echoed in discussions with AU representatives, and must be rectified. If the EU is serious about establishing a partnership of true equals, then the priorities of African leaders and the people they represent must be at the center of agenda building.

The Voice of African Civil Society

It is well-documented that the civil society space in the African context is often limited or challenging. [52] Now, the coronavirus pandemic has led to a shrinking of civil space around the world. For any future AU-EU partnership to be successful, the voices of those who will be most impacted must be at the forefront of both the process and content-building. Yet, Civil society groups in Africa and Europe have said that they feel shut out of the process, which is top-down and disconnected from the needs of communities.[53] **A survey found that while 97% of participants consider EU-Africa cooperation important, more than two-thirds don't think it's working well.[54]**

WACI Health and GHA engaged with a number of African health and development organisations in order to hear what they would like to see from a future partnership. The overwhelming conclusion was that health systems, especially community health systems, need to be strengthened across the continent.

It was stressed that COVID has highlighted the inability of formal urban health systems to respond to challenges facing many vulnerable groups, such as people living in rural areas, those living in poverty, young people, sex workers, people with disabilities and the LGBTQ community. Women and children also face unique challenges when accessing care. These needs can only be met with vibrant community health systems, and support to health care workers on the front lines. There is a need for meaningful engagement with communities, especially those who are socially isolated, excluded or criminalised.

It was also expressed that any AU-EU actions on health must align with continental policy frameworks - such as Agenda 2063, the Catalytic framework for HIV/AIDS, and the SRHR Framework.[55] Finally, there was significant discussion about the need to take a ONE Health and health-in-all-policies approach. Currently, there are limited linkages between the health system and other programmes which impact health, including tax policies and trade, investment, the debt crisis, migration and security. Investment in health is key, but we cannot do away without investments in other areas for an overall response to health.

While the EU maintains that CS are "crucial development partners" and "best placed to know the needs" of those on the ground[56], it is not always easy for CS to engage with the EU political process. None of the organisations we spoke with had been consulted on the EU-Africa strategy, nor had any been invited to the ongoing consultations for the EU's wider development programming. On the official EU website for the EU-Africa partnership, it outlines the recent establishment of the Africa-Europe Foundation, which brings together different actors (including academics, think tanks, civil society, and the public and private sector) around five thematic working groups (Health, Digital, Agriculture and Sustainable Food Systems, Sustainable energy and Transport and Connectivity) in order to identify issues at stake and highlight main topics of discussion.[57] At the end of this two year process, each working group will present an informative report and recommendations. The foundation is led by Friends of Europe think-tank and the Mo Ibrahim Foundation, in partnership with ONE and the South Africa Climate Foundation.

Members of the working groups are published online and appear to be diverse, representing a gender-balance, and an equal distribution between the continents and the different societal sectors. However, it is not clear how or why these members were chosen, nor how other interested parties can get involved in the process as it moves forward. Considering the scope and significance of the EU-Africa Strategy, the EU has the responsibility to ensure that a wide range of civil society are consulted - after all, they are best placed to know the needs of the communities they serve.

Conclusion and Recommendations

COVID-19 continues to teach us lessons about pandemic preparedness and the importance of strong health systems. While concerns about the third wave of infections show new cases rising in the African continent,[58] we still do not have a full picture of how the disease burden is impacting other health needs in Africa.[59] What we do know is that access to health is a fundamental human right, and a foundational aspect of flourishing societies, and that health systems in African have experienced chronic underfunding and COVID19 has exposed healthcare shortfalls. Accelerating progress towards UHC is also an objective of EU development[60] and essential for reaching the SDGs. The EU has stated their intention to establish a partnership of equals with the AU, while AU representatives and African civil society have been clear that health should feature prominently in cooperation with the EU.

Therefore, any future EU-Africa partnership must have health systems strengthening ingrained as a key focal area and pillar of engagement. If the European Commission's proposal of 5 clearly defined 'partnerships' is observed, we recommend a sixth partnership on health. This would not only strengthen essential programming for health systems strengthening and address determinants of health (such as water and sanitation, nutrition, gender equality, and sexual and reproductive health and rights) but could also mobilize political support for universal health coverage and national leadership on domestic resource mobilisation for health.

Simply put, health and well-being are empowering. If done properly, a sixth partnership on health could tie into and support a number of other joint issues, already addressed by the EU-Africa Partnership proposal. This sixth area of focus should have at its core:

1. **Financing for health systems and supporting public health to advance equity:**

   The Abuja Declaration commitment to reach 15% of budgetary spending on health is now more politically viable, even within the reduced fiscal space caused by the crisis. The EU must continue to support AU Member States as they draft strategic health investment plans to mobilise domestic resources. The EU should also augment grant financing for health in their bilateral programming, promoting both equity and quality of health services in long-run terms.

2. **A mechanism for systematic and meaningful engagement with civil society and communities:**

   Civil society organisations are best placed to understand both the health needs, and the potential solutions of communities in which they operate. Ensuring meaningful and continuous engagement with civil society would allow the partnership on health to monitor the quality of services, hold governments accountable to their commitments, and course-correct where necessary.

3. Ensuring a healthy environment for a healthy population:

The EU has been advancing a greener agenda and has become more aware of how our relationship with the environment impacts every part of our lives. This renewed "ONE Health" is closely tied to sustainable development and should be a foundational aspect of a sixth partnership on health.

4. Building local capacities in both research and innovation (R&I), and in manufacturing:

If the EU truly wishes to strengthen Africa as a genuine partner, then the continent's excellence and future potential in research and innovation must also be acknowledged and supported. The EU can complement R&I efforts of existing successful EU-Africa partnerships such as the European and Developing Countries Clinical Trials Partnership, by investing in research and laboratory capacity and in regulatory system strengthening. Furthermore, the lack of access to affordable, quality medicines, vaccines, medical technology and diagnostics is a barrier to health for all in Africa, as well as to defeating COVID. Working with partners to increase locally based manufacturing capacities would foster regionalized value chains that may improve the supply and access to adequate products at affordable prices. Here it is important to mention the Pharmaceutical Manufacturing Plan for Africa which seeks to strengthen the ability of the continent to produce high quality, affordable pharmaceuticals across all essential medicines.

5. Health data and digitalisation:

the COVID-19 crisis has highlighted the information gap for health in Africa. The European Commission should focus on fostering digitally literate health workforce, while protecting the rights of digital users and their data, supporting partners' to increase the availability and use of real-time and high quality granular data across the health care system, and ensuring that communities are involved throughout the process, to improve the quality of information and its effective use.

Who are we?

Global Health Advocates (GHA) is a global health advocacy organization dedicated to fighting diseases stemming from poverty and inequality. GHA's mission is to advocate for policy change at the highest political level and mobilize resources to tackle major health threats, build sustainable health systems and enhance health equity. GHA has offices in Paris and Brussels.

WACI Health is an Africa regional advocacy organization, which influences political priorities through an effective, evidence-driven Pan-African civil society voice and action.

WACI Health exists to champion the end of life-threatening epidemics and health for all in Africa by influencing political priorities through an effective, evidence-driven Pan-African civil society voice and action.

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