

DISCUSSION PAPER No. 393

A shared agenda to advance health sovereignty through Africa-EU-Global Fund partnerships

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September 2025

This year's Global Fund Eighth Replenishment is not only about raising resources – it is a test of collective commitment to global health equity, resilience and sustainability. This paper highlights how the Global Fund aligns with Africa's agenda for health sovereignty, demonstrating the fund's role in supporting continental health frameworks, regional health financing hubs and cross-border health initiatives. At the national level, the fund fosters health sovereignty by boosting domestic financing, reforming public financial management and supporting inclusive health governance.

The analysis shows that the Global Fund and the EU's Global Health Strategy share a broad range of priorities. It also identifies opportunities to strengthen cooperation between the Global Fund and the EU to achieve the ambitions of the Global Gateway strategy and health-related Team Europe Initiatives (TEIs). Deeper engagement could transform shared priorities into greater joint impact.

The paper highlights the Global Fund's unique strengths, including its market shaping, catalytic financing model, focus on vulnerable populations and a governance model that prioritises equity and community voice. For the EU, investing in the Global Fund can be a strategic move that strengthens global health security and fosters stronger partnerships. Team Europe, African partners and the Global Fund need to collaborate more strategically to secure financing and explore innovative models towards achieving universal health coverage and for a healthier, more equitable world.

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Acknowledgements

The authors would like to thank Pauline Veron, Kasia Lemanska, Delphine Thizy, Emily Wiggins, Héloïse Levallois, and Tarita Baldan for peer reviewing. We would also like to thank Joyce Olders for layout and formatting, and Isabell Wutz for editorial support. The authors are grateful to the numerous European and African officials, private sector, civil society representatives, the Global Fund and other experts who shared their insights and comments. The views expressed in this paper are those of the authors only and should not be attributed to any institution or ECDPM. All errors remain those of the authors. Comments and feedback can be sent to Philomena Apiko (pha@ecdpm.org) and Katja van der Meer (kvdm@ecdpm.org).

Acronyms

AfCFTA	African Continental Free Trade Area
AIDS	Acquired Immunodeficiency Syndrome
ALM	African Leadership Meeting
ALMA	African Leaders Malaria Alliance
AMA	African Medicines Agency
AMR	Antimicrobial Resistance
AMRH	African Medicines Regulatory Harmonisation
ARVs	Antiretroviral Medicines
ATM	AIDS, Tuberculosis and Malaria
AU	African Union
AUDA	African Union Development Agency
CCM	Country Coordinating Mechanism
COVID-19	Coronavirus Disease 2019
DFI	Development Finance Institution
DSCF	Data Science Catalytic Fund
EAC	East African Community
ECDPM	European Centre for Development Policy Management
ECOWAS	Economic Community of West African States
EDCTP3	European and Developing Countries Clinical Trials Partnership 3
EIB	European Investment Bank
EU	European Union
GHI	Global Health Initiative
HIV	Human Immunodeficiency Virus
IGAD	Intergovernmental Authority on Development
JCWG	Joint Committee Working Group

LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex
MAV+	Manufacturing and Access to Vaccines, Medicines and Health Technologies in Africa (TEI)
M&E	Monitoring and Evaluation
MFF	Multiannual Financial Framework
MOH	Ministry of Health
Mpox	Monkeypox
NDICI	Neighbourhood, Development and International Cooperation Instrument
NEPAD	New Partnership for Africa's Development
ODA	Official Development Assistance
PBF	Performance-Based Financing
PFM	Public Finance Management
REC	Regional Economic Community
RHFH	Regional Health Financing Hub
RISLNET	Regional Integrated Surveillance and Laboratory Network
RSSH	Resilient and Sustainable Systems for Health
RDT	Rapid Diagnostic Test
SADC	Southern African Development Community
SDG	Sustainable Development Goal
SRHR	Sexual and Reproductive Health and Rights
SSA	Sub-Saharan Africa
STC	Sustainability, Transition and Co-financing
TASO	The AIDS Support Organisation
TB	Tuberculosis
TEI	Team Europe Initiative
TLD	Tenofovir, Lamivudine, and Dolutegravir
UHC	Universal Health Coverage
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
US	United States
WHO	World Health Organisation

Executive summary

This paper analyses the Global Fund's contribution to health sovereignty in Africa and identifies opportunities for greater alignment with the EU's health ambitions, including cooperation through Team Europe Initiatives (TEIs) and the Global Gateway flagship projects.

This paper argues that the Global Fund supports African health sovereignty at both regional and national levels. Regionally, it aligns investments with continental frameworks, supports the African Leadership Meeting (ALM) Declaration on health financing, Regional Health Financing Hubs, cross-border initiatives and procurement of African-manufactured medicines and diagnostics. These efforts strengthen collective capacity and resilience. At the national level, the Global Fund fosters country ownership through Country Coordinating Mechanisms, strengthens domestic resource mobilisation and accountability, and invests in inclusive community systems. By supporting health financing reforms and public finance management alongside investments in workforce development, and supply chains, the Global Fund empowers African governments, civil society and communities to sustain and scale health services.

The paper highlights that the Global Fund aligns with the EU's Global Health Strategy and Africa's vision for health sovereignty. Shared priorities include health systems strengthening, universal health coverage (UHC), gender equality, human rights, domestic resource mobilisation, and digital innovation. The Global Fund can act as a strategic bridge, translating the EU's global health commitments into tangible support for African-led strategies that are grounded in country ownership, inclusivity, and sustainability. Yet, synergies between the EU's TEIs and the Global Fund remain underdeveloped, leaving opportunities untapped.

The Global Fund's unique value stems from its focus on innovation, vulnerable populations, catalytic financing, and its ability to shape markets by supporting African manufacturers. Its strong commitment to equity, human rights and community-driven governance model that ensures programmes reflect the needs of affected populations.

From a strategic perspective, the paper argues that investing in the Global Fund is not just an act of solidarity but a necessity for the EU's own health security, as strong global health systems contribute to defence against emerging cross-border health threats. Such investments can also strengthen the EU-Africa partnership and enhance the EU's influence in global health fora, particularly given the withdrawal of the United States from the global health space.

Finally, this paper makes some recommendations for Team Europe, African partners, and the Global Fund:

Team Europe	African Partners	Global Fund
Explore concrete opportunities for synergies and cooperation under the Global Gateway. Work more strategically with the Global Fund to reduce fragmentation of efforts and maximise impact in African health systems. Strengthen the Team Europe approach on Global Health Initiatives (GHIs) by adopting mechanisms for more regular joint coordination and vision. Secure adequate funding for global health in the upcoming Global Europe instrument	Capitalise on the momentum and reforms generated by the Africa Health Sovereignty Summit to strengthen concerted continental efforts. Assert ownership and effectively leverage support from both the Global Fund and the EU, leveraging the AU-EU Summit to articulate coherent continental priorities. Strengthen accountability mechanisms to track health programming, financing and implementation to enhance national planning and budgeting, but also reinforce African ownership by empowering institutions and citizens to set priorities, track domestic financing, and hold domestic actors and partners accountable.	Enhance support for country and local ownership and AU continental priorities by streamlining processes to minimise transaction costs and accelerating the implementation of its Sustainability, Transition, and Co-financing (STC) policy. Foster alignment with the EU's priorities towards Africa's health sovereignty, for example, by mapping support to avoid duplication and exploring partnerships with initiatives like EDCTP3. Pursue innovative financing models beyond grants, such as blended finance, to maximise impact and leverage additional resources. Strengthen engagement with European and African private sector by establishing regular dialogues with both European and African private sector actors to exchange information, identify collaboration opportunities, and address shared challenges. Improve coordination with other Global Health Initiatives (GHIs) in their support to Africa, including aligning funding cycles, exploring joint strategies, and establishing flexible funding pools.

Source: Authors

1. Introduction

1.1 Background and context

Africa bears a disproportionate share of the global infectious disease burden, particularly HIV/AIDS, tuberculosis (TB) and malaria (ATM). In 2023, about 26 million Africans lived with HIV and 390,000 died from HIV-related causes; sub-Saharan Africa accounted for 94% of malaria cases and 95% of malaria deaths; and in 2021 for 23% of global TB cases ([WHO 2024a](#); [WHO 2024b](#); [WHO 2022](#)). Co-infections, drug resistance and antimicrobial resistance (AMR) further strain health systems.

In Africa, COVID-19 laid bare systemic weaknesses: fragile health systems, weak emergency preparedness and response systems and capabilities, inadequate health infrastructures, as well as lack of access to life-saving medicines, diagnostics, therapeutics and equipment. These fragilities highlight the importance of global solidarity and external support in complementing domestic efforts.

Global health initiatives (GHIs) play a key role in mobilising funds for health, protecting lives and improving the health of people globally, while also contributing to global public goods such as global health security. Among them, the Global Fund to fight AIDS, Tuberculosis and Malaria (Global Fund) – the single largest external financier for HIV, TB and malaria—providing 28% of international HIV funding, 76% for TB and 62% for malaria—while also supporting the development of resilient and sustainable systems for health (RSSH) ([Global Fund 2024a](#)). The Global Fund in its 8th replenishment is seeking US\$18 billion, projecting US\$19 in health gains and economic returns for each dollar invested, with two-thirds in SSA ([Global Fund 2025a](#)).

1.2 Defining Africa's health sovereignty

Continental frameworks – such as the the [African Union's New Public Health Order](#), the [Africa Health Strategy 2016–2030](#), the [Abuja Declaration](#) and the [African Leadership Meeting \(ALM\)](#) on Health Financing – collectively define health sovereignty as the ability of African nations and institutions to lead, finance, produce and sustain their own health priorities, systems and technologies. Anchored in Agenda 2063, they articulate a vision for a resilient, self-reliant and inclusive health ecosystem.

Across Africa, initiatives to increase self-financing, local and continental leadership, regional manufacturing, bolstering health systems and infrastructures, supporting research aim to build resilient and self-reliant health systems. In a context of new health threats, including those resulting from climate change, strengthening the continent's agency to define, finance and independently deliver health solutions – African led, owned and financed solutions for Africans – rather than extensive reliance on external priorities and financing, is not only strategic but imperative. The August 2025 [African Health Sovereignty Summit](#), was a milestone calling for stronger national ownership, investment, and leadership, moving beyond traditional aid models. The planned Presidential High-Level Task Force on Global Health Governance will further elevate African leadership.¹ Regional Economic Communities (RECs) also advance this agenda. Through the 5 regional coordinating centres of the Africa Centre for Diseases Control and Prevention (Africa CDC), and regional health frameworks such as the West Africa Health Organisation (WAHO), they implement innovative and locally adaptive solutions tailored to the needs of their respective regions through shared disease surveillance and policy harmonisation to tackle transboundary health threats. Nationally, countries invest in primary health care and community health engagement and local structures, encouraging participation and ownership.

Despite these efforts, financing remains a challenge to achieving UHC. In 2001, the AU member states in the Abuja Declaration pledged to allocate at least 15% of annual expenditure to the improvement of the health sector (AU 2001), yet most have fallen short. To renew momentum, the 2019 ALM committed to boosting domestic financing. More recently, Africa's CDC's [Africa's Health Financing in a New Era](#) (2025) concept paper, outlined plans to deploy the African Health Financing Scorecard to track progress on Abuja targets and domestic resource efficiency ([Africa CDC 2025](#)). These are commendable steps to ensure sustainable financial support towards strengthening health sovereignty.

1.3 Purpose of the brief

Health is a priority in the European Union's (EU) external engagement. The EU Global Health Strategy sets key priorities, while the Global Gateway includes health as one of five focus sectors, notably infrastructure and pharmaceutical production. Under its umbrella, five Team Europe Initiatives (TEIs) on health are taking shape. Yet health still represents only a small share of Global Gateway projects – about 10% overall, and just 3 of the 46 approved for 2025 target health in Africa ([Gavas and Granito 2024](#)). Health is also a key area within the AU-EU

¹ This will build on the current AU Champions: President William Ruto for manufacturing and AU reforms, President Paul Kagame for financing, President Cyril Ramaphosa for pandemic prevention, preparedness and response, President Tinubu Bola Ahmed for health workforce and President Hakainde Hichilema for cholera.

partnership, with renewed political, financial and technical efforts made towards achieving UHC, regional production of vaccines and medicines and improving access to quality assured products and health services.

However the global funding landscape is shrinking, with US and European cuts to official development assistance (ODA) ([OECD 2025](#)). Yet, Team Europe (the European Union institutions and member states) remains the world's largest aid provider, with 42% of global official development assistance ([Pinyol Puig 2025](#)).

In this context, the 8th Replenishment of the Global Fund this year, is more than a resource mobilisation event – it is a collective commitment to global health equity, resilience and sustainability ([Alemayehu 2025](#)). Understanding the Global Fund's alignment with Africa's agenda for health sovereignty offers critical insights into its potential role within broader frameworks such as the Global Gateway and Team Europe Initiatives – insights that are essential for making informed decisions ahead of the 8th replenishment.

The upcoming negotiations of the EU's next multiannual financial framework (MFF) will define its capacity to sustain commitments towards global health against multiple competing priorities such as defence and competitiveness. Demonstrating the added value of EU contributions to health will be essential to avoid budget cuts. With the replenishment of the Global Fund taking place against this backdrop, it is essential to highlight the mutual interest that investing in the Global Fund brings for both European and African actors. Given the US withdrawal from the global health arena, the upcoming replenishment offers a timely chance for the EU to step up and demonstrate its credibility and reliability in supporting Africa's health sovereignty.

This brief analyses the Global Fund's current contributions to Africa's health sovereignty and identifies opportunities for greater alignment, including enhanced cooperation through TEIs and the Global Gateway flagship projects.

The brief is based on a desk-based analysis and research, including a literature review and consultation of expert analyses, and was supplemented by interviews with selected stakeholders from the EU, member states, Global Fund, African stakeholders and civil society.

2. The Global Fund in Africa: scope and impact

2.1 Overview of the Global Fund' investments in Africa

Since the Global Fund's inception 23 years ago, it has disbursed US\$65.4 billion to support programmes run by local experts in more than 100 countries to fight HIV, TB and malaria and strengthen health and community systems ([Global Fund 2024b](#)). About 72% of its 2023–2025 allocation goes to Africa ([Global Fund 2024b](#); [African Constituency Bureau 2025](#)).² The results are significant: between 2002 and 2022, TB deaths (excluding people living with HIV) reduced by 36%, malaria deaths by 28%, and between 2002 and 2023 AIDS-related deaths reduced by 73% in the countries where it invests, the majority being in Africa ([Global Fund 2024b](#)). Across 15 sub-Saharan African countries, life expectancy rose from 49 years to 61 years, with over half the gain due to progress in fighting AIDS, TB and malaria ([Global Fund 2025a](#)). Reduced disease burden has also generated estimated health system cost savings of US\$56 billion in sub-Saharan Africa between 2002 and 2023. ([Global Fund 2025a](#)).

Beyond its core mandate, the Fund allocated over US\$4.2 billion since 2020 to help 108 low- and middle-income countries, including many in Africa, respond to COVID-19 and protect essential services. ([Global Fund 2023a](#)). Through catalytic matching funds, it has supported innovation, strengthened community systems, and advanced programmes tackling human rights and gender-related barriers. These mechanisms balance country ownership with targeted catalytic inputs ([Global Fund 2024a](#)).

The Global Fund is one of the largest multilateral grants providers for health and community systems in low- and middle-income countries, with about one third of its resources devoted to supporting health systems, with over three-quarters of these investments concentrated in sub-Saharan Africa ([Global Fund 2025a](#)). With the increasing climate change related health risks, the Global Fund is supporting climate-resilient health systems.

The next section discusses how the Global Fund has contributed to health sovereignty at both the continental and national level, highlighting areas of added value in collaboration.

² The top five African countries receiving the largest amounts of funding are Nigeria, Mozambique, the Democratic Republic of Congo (DRC), the United Republic of Tanzania and Uganda with US\$933 million (Mn), US\$770 Mn, US\$700 Mn, US\$602 Mn and US\$587 Mn respectively ([African Constituency Bureau 2025](#)).

2.2 Contribution to health sovereignty at the continental level

2.2.1 Alignment with the African Union's continental health frameworks and cooperation with institutions

Africa's continental frameworks – Agenda 2063, the Africa Health Strategy (2016–2030), and the New Public Health Order – prioritise UHC, reducing morbidity and ending preventable mortality, domestic investment in health to reduce dependence on donor funding and enhancing local manufacturing of vaccines, diagnostics and therapeutics to ensure timely and equitable access.

The Global Fund supports these priorities by working with the AU Commission, Africa CDC and AUDA-NEPAD, reinforcing African institutions' leadership. For example, it has backed the African Leaders Malaria Alliance (ALMA) Scorecard to strengthen accountability and supported RECs through initiatives such as the TB in the Mining Sector in Southern Africa grant and the Intergovernmental Authority for Development's TB-HIV refugee programmes ([ALMA 2015](#); [AUDA-NEPAD n.d](#); [IGAD 2024](#)).

By anchoring its support in Africa's continental and regional frameworks, the Global Fund reinforces African institutions' capacity to lead and coordinate health responses. This reduces fragmentation, avoids the use of parallel donor-driven systems and strengthens Africa's collective response capacity to manage current health threats, such as ATM, as well as future threats like climate change and its effects on ATM.

2.2.2 Supporting the implementation of the ALM Declaration agenda

Shifts in donor aid policies have heightened the unpredictability of external health financing, reinforcing calls for stronger domestic resource mobilisation in Africa. At the World Health Assembly in May 2025, a side-event ([The Future of Domestic Financing for Health is Now: Africa's Pathway to Sustainable Health Systems](#) (Winch 2025)) co-hosted by Nigeria and the Global Fund highlighted the urgency of transitioning from dependency to domestic ownership, with a focus on innovative financing and regional cooperation. This builds on the 2019 ALM Declaration, a roadmap to increase investments in health and strengthen accountability ([AUDA-NEPAD 2023](#)).

The Global Fund supports the ALM agenda by working with AUDA-NEPAD and RECs to advance health financing reforms and coordination between health and finance ministries. Only 16 African countries currently have updated National

Health Development and Financing Plans, though these are vital for mobilising domestic resources ([Africa CDC 2025](#); Interviews 2025). Since 2021, AUDA-NEPAD, with Global Fund backing, has launched Regional Health Financing Hubs (RHHs) that pool knowledge and technical expertise, and train ministries to design and monitor reforms tailored to national contexts. RHHs are now operational in the Southern African Development Community (SADC) and East African Community (EAC) ([African Union 2024](#)), with discussions ongoing with ECOWAS and IGAD. AUDA-NEPAD has developed a comprehensive Monitoring and Evaluation (M&E) framework and AU-ALM health financing tracker to ensure progress and continuous improvement in interventions and health financing efforts ([African Union 2024](#)).

Another ALM priority is private sector engagement. With Global Fund support, AUDA-NEPAD drafted a framework to guide collaboration and mobilise private resources, complementing public funding and scaling innovations. For example, Malawi adopted a Private Sector Engagement Framework in Health (2023–2027) to strengthen the country's health system, including through public private partnerships. Such approaches can accelerate progress toward UHC by addressing gaps and expanding programmes by complementing public funding, developing and scaling digital solutions and market-based innovations.

Through these mechanisms, the Global Fund helps operationalise the ALM Declaration, enabling AU institutions and member states to reduce reliance on external assistance and advance towards more sustainable, self-financed health systems.

2.2.3 Support to regional manufacturing and procurement

Expanding regional manufacturing of vaccines, diagnostics and therapeutics is central to the AU's New Public Health Order and to long-term security of supply for essential health products. As the largest procurer of HIV, TB and malaria commodities, the Global Fund plays a critical role. It already sources antimalarials, insecticide-treated bed nets and other medicines from African manufacturers ([Sands 2023](#)), though 70–90% of medicines used on the continent are still imported ([Buckholtz 2021](#)).

Box 1: First procurement of African-made first-line HIV treatment

In May 2025, the Global Fund reached a historic milestone by procuring – for the first time – a first-line HIV treatment manufactured in Africa, by a Kenyan pharmaceutical company and delivered to Mozambique. TLD (tenofovir, lamivudine and dolutegravir) is quality-assured antiretroviral medicines (ARVs) prequalified by the World Health Organisation and listed by AUDA-NEPAD in the [24 priority medical products](#) that address a significant disease burden and have a large market demand. The volume supplied can treat over 72,000 people per year in Mozambique. Procurement from African producers provides opportunities to strengthen collaboration between the AU and the Global Fund in the production of essential medicines on the continent.

Source: [Global Fund 2025b](#); [AUDA-NEPAD 2025](#)

Beyond medicines, the Global Fund supports procurement of African-made diagnostics, such as HIV self-tests from South Africa, and helped launch a review panel in 2023 (with Unitaid, PEPFAR and WHO) to encourage regional rapid diagnostic tests (RDT) production ([Global Fund 2023b](#)). Discussions are ongoing with Nigeria for the procurement of locally manufactured HIV RDT tests (Interviews 2025). The Global Fund's support for locally produced African manufactured products bolsters Africa's health sovereignty by promoting regional production ambitions, building supply chain resilience by reducing external dependency of critical medical products.

Rather than directly funding manufacturers, the Global Fund builds capacity through strengthening pooled procurement (Interviews 2025). Its Pooled Procurement Mechanism and [wambo.org](#)³ are tools utilised to deliver on the market shaping strategy. The Global Fund has been investing in national procurement systems in African countries, strengthening their ability to self-procure a number of medicines and diagnostics and equipment for ATM, which was cited as beneficial by country officials interviewed. It also has strategic plans to strengthen regional procurement as this enables volumes to be pooled to support uptake of efforts related to regional manufacturing. Aligning these efforts with the AU's pooled procurement mechanism could expand volumes, increase bargaining power and catalyse regional production.

³ The Global Fund's Pooled Procurement Mechanism is a key tool used to drive equitable access to quality-assured health products, equipment and other non-health products and services in support of its strategy. Wambo.org is a digital online procurement platform that facilitates the order management of Global Fund pooled procurement transactions from requisition to delivery ([Global Fund 2023d](#)).

Through its NextGen market-shaping interventions, the Fund also works to break the cycle of high prices and low demand by fostering predictable markets and supporting long-term agreements with suppliers ([TERG 2022](#)). This ensures supply security, lowers costs and supports early uptake of innovative products such as TLD and, soon, lenacapavir.

By shaping markets, and procuring African-made medicines and diagnostics, the Global Fund advances Africa's regional manufacturing agenda – a pillar of health sovereignty. These align directly with the EU's objective under the Global Gateway (discussed in section 3) to promote regional manufacturing ensuring sustainable access to health products.

2.2.4 Support to regulatory systems strengthening and quality assurance

Weak regulatory harmonisation remains a key challenge to scaling regional manufacturing. The Global Fund supports African countries to strengthen the technical, institutional and financial capacities of their national health regulatory authorities (Global Fund 2023), complementing the work being done under the African Medicines Regulatory Harmonisation (AMRH) initiative by AUDA-NEPAD and the African Medicines Agency (AMA) once operationalised at the continental level. These efforts help to overcome the fragmented nature of national regulatory systems on the continent and help combat entry of substandard and falsified medical products into the African market, and create more robust systems of pharmacovigilance and post-market surveillance.

Within the African Continental Free Trade Area (AfCFTA), harmonised health regulations will make cross-border trade of medicines and medical products easier and safer. Strengthening regulatory harmonisation and quality assurance has the double benefit of not only meeting Africa's ambitions for self-sufficiency in production of health commodities on the continent but also opens up the opportunity for export of medicines from Africa to the rest of the world, increasing competitiveness to supply chains globally.

2.3 Contribution to health sovereignty at the national level

2.3.1 Fostering country ownership of programmes and alignment with national health plans

The Global Fund's inclusive and unique community-led governance model is viewed as a contributor to health sovereignty. Its board includes diverse constituent representation including from developed and developing countries, non-governmental organisations and communities affected by ATM. Rather than

maintaining in-country offices, the Global Fund mandates Country Coordinating Mechanisms (CCMs) to take the lead in policy formulation and implementation in each country. CCMs serve as the primary structure to promote ownership in health initiatives. The Global Fund works not only with implementer governments but also communities affected by the diseases, civil society and other stakeholders to mobilise international and domestic resources, advocate for the strengthening of enabling environments such as policy, legal and governance frameworks and support the implementation of national programmes.

This is in line with the Global Fund's commitment to country ownership as a core principle of its practice in aid-recipient countries ([Global Fund 2012](#); [Garmaise 2009](#)).⁴ This approach emphasises that development policies should be determined by recipient countries themselves, rather than by donor nations ([Onokwai and Matthews 2022](#); Interviews 2025) and ensures that health programmes are tailored to the specific needs of each country and are sustainable in the long term.

Evidence is mixed on the extent to which CCMs have enabled country ownership. For example, a study on Ghana showed that some stakeholders believed that the CCM successfully facilitates country ownership while others saw the CCM as a duplication of already existing national coordination structures for the HIV/AIDS response ([Onokwai and Matthews 2022](#)). However, compared to other GHIs, CCMs allow for greater civil society leadership and agency in decision making and also as implementers, which is contributing to shared ownership in determining national priorities, reinforcing bottom-up accountability and building local institutional capacity of civil society for program delivery.

2.3.2 Support countries to mobilise domestic resources, innovative financing and achieving efficiency and sustainability

The Global Fund works with country teams to leverage the expertise of health financing specialists in collaboration with Ministries of Health and Finance, to generate the evidential basis for domestic financing advocacy efforts and health financing reforms in the countries (Interviews 2025). Its efforts aim to secure 'more money for health' and 'more health for money', thereby strengthening sustainability of HIV, TB and malaria responses ([OIG 2022](#)).⁵

⁴ The Global Fund (2012) describes country ownership as a core principle guiding its operations. It is a signatory to the 2005 Paris Declaration on Aid Effectiveness, the 2008 Accra Agenda for Action and the 2011 Busan Partnership for Effective Cooperation, all of which advanced the goal of country ownership.

⁵ Examples of efforts by countries to raise funds include: Zimbabwe has introduced a 3% AIDS levy on income and corporate tax and taxes on alcohol, tobacco, sugary drinks and fast food to mobilise finances for health ([Global](#)

As part of the ALM agenda, it has supported country-led national health financing dialogues in eleven African countries, bringing together ministries and other actors to design stronger financing frameworks, with plans to expand support to more countries (Interviews 2025). Support is done through evidence generation and coordination to increase domestic visibility and commitment to financing reforms, thereby providing a solid base from which countries can track financial reforms (Global Fund 2024c). For example, Uganda's 2025 dialogue focused on equitable financing, while Mozambique, with SADC and ThinkWell, developed a transition and sustainability strategy ([SADC 2023](#); [Global Fund 2024a](#)). These processes help countries track reforms and reinforce domestic accountability.

Beyond mobilising additional resources, the Global Fund promotes efficient spending of existing resources. With focus moving from spending targets alone to whether funds are being used optimally, public finance management (PFM), on-budget spending and performance-based financing (PBF) offer opportunities to improve accountability and transparency of health systems and strengthen country policies and institutions towards achieving UHC. The Global Fund links funding to the achievement of clear and measurable results. Indicators and targets to which funding decisions are linked are proposed by the countries receiving the funding (and approved by the Global Fund). Rwanda's "one plan, one budget, one report" model is often cited as good practice ([MOH Rwanda 2024](#)). The Global Fund model is evolving to adapt to a changing environment and positioning the PFM approach as an example of how it continues to innovate in order to contribute to greater country ownership by beneficiaries.

The Global Fund, through its [Sustainability, Transition and Co-financing Policy](#) (STC), emphasises predictability, flexibility and differentiation ([Global Fund 2022](#)). It aims at enhancing alignment with country systems, promoting strategic investments in resilient and sustainable health systems and ensuring attention to key and vulnerable populations, human rights and gender issues ([Djoko 2024](#)). Specific to transition, the Global Fund is proactively supporting countries to plan for and manage the shift from its financing to domestic resources. This involves early planning, incorporating transition considerations into grant design and national planning and potentially providing transition funding to support countries in taking over programme responsibilities. The goal is to ensure sustainable health systems and continued access to services after Global Fund support ends.

[Fund 2016](#)). Nigeria is also exploring levies on telecoms, sugary drinks, tobacco, alcohol and health bonds ([Nabyonga-Oryem et al. 2023](#)).

The **Global Fund's debt-to-health swaps** are gaining traction among African countries as an innovative financing mechanism and instruments of fiscal sovereignty, hence the inclusion of these swaps in the agenda of the national health financing dialogues in some countries (Interviews 2025). Debt-to health swaps allow African countries to assert greater control over how debt is restructured and reallocated, directing it to national priorities like health. In contrast, interviews with donor countries revealed mixed feelings. Although most of the EU member states interviewed agree in principle that swaps can be an effective mechanism, with an added benefit of being counted as ODA, some question whether this is the best use of their ODA as opposed to directly pledging as part of their contribution to the Global Fund. Nevertheless, countries like Germany and Spain have engaged in these swaps and Germany does pledge additional contributions to the Global Fund alongside the debt-to health swaps.

2.3.3 Strengthening resilience in health systems

About 20–30% of Global Fund support goes towards strengthening health systems. This includes:

a) *Support to health and community response and systems (workforce development)*

A strength of the Global Fund support lies in empowering communities most at risk. Its 2023–2028 Strategy prioritises investments in long-term, tailored capacity building of community-led and community-based organisations to strengthen links and improve service continuity. This helps address health workforce shortages and aligns with Africa CDC's call to train 2 million community health workers ([Africa CDC 2024](#)).

Through the Africa Frontline First Catalytic Fund, the Global Fund, in partnership with the Africa Frontline First Initiative, supports 10 African countries in the improvement and scale up of community health systems. It enables African countries to reduce reliance on external actors and sustain their health services with local capacity, accountability and legitimacy, which are all essential ingredients of health sovereignty. By doing so, the Global Fund is shifting ownership of health services to local actors – not just governments, but communities. This is critical in Africa, where marginalised populations often fall through the cracks of formal systems. In some countries, the Global Fund supports community health workers conditional on their integration into national health systems including addressing remuneration. Examples include the collaboration between the Ministry of Health and the AIDS Support Organisation (TASO) in Uganda where funding from the Global Fund is used for **training of community**

health extension workers, giving them skills to provide quality healthcare services to rural communities ([Health Journalist Network in Uganda 2025](#)). Support to community workers progressively incentivises greater collaboration between civil society and governments and serves to integrate community systems into national health systems, thereby strengthening countries' health sovereignty.

b) Supply chain resilience

Complementary to its support to regional manufacturing and procurement, the Global Fund supports partner countries in Africa in the strengthening of supply chain resilience through innovative distribution models, managing inventories, quality control measures, the safe disposal of health products, logistical expertise, strengthening of governance through leadership training and by improving traceability of products ([Global Fund 2025](#); Interviews 2025). This enables a **shift away from disease-specific interventions towards product agnostic and holistic approaches with areas of wider impact**. The premise of the support is based on national health strategies, grounding the support by the Global Fund with the priorities identified by countries. A critical aspect in supply chain resilience is ensuring access to those in the last mile, and the Global Fund is helping countries design and their supply chain management from central warehouse to provincial/state level and ultimately to communities, ensuring equitable access for rural and marginalised communities. While the Global Fund supports countries to strengthen their supply chains, building resilience requires governments investing in enabling infrastructure – reliable electricity, water, road networks and digital infrastructure.

c) Laboratory systems strengthening

Laboratories are central to strong health systems, playing a critical role in accurate diagnosis, disease surveillance, patient monitoring, and evidence-based treatment. They also generate essential data for national planning and policy-making. In 2023, the Global Fund invested US\$142.4 million in laboratory and diagnostics capacity and US\$98.6 million in surveillance systems to enhance early detection and reporting ([Global Fund 2025c](#)). These investments have produced health dividends far beyond HIV, TB, and malaria as **laboratories can be designed to serve as multi-purpose infrastructure, rather than for disease-specific use**, as seen in the cases where diagnostic equipment for TB and HIV was repurposed for COVID-19 testing ([Friends of Global Fight et al. 2023](#)), and are currently being used to detect Mpox and other emerging outbreaks. Strong laboratories also enable cross-border surveillance, complementing Africa CDC's Regional Integrated Surveillance and Laboratory Network (RISLNET). By strengthening laboratory systems, the Global Fund bolsters countries' foundation for self-reliant disease detection and outbreak monitoring and response.

d) Health information systems – digital health architecture and national data systems

Robust digital health architecture and data systems is a foundational aspect for building smart, responsive and equitable health systems. The Global Fund invests in digital health tools and initiatives including the rollout tools for community health workers, digitising health data or supporting healthtech entrepreneurs to adapt their solutions to meet health challenges, all vital elements to reach communities in the most remote locations. The Global Fund also supports countries to digitise and integrate national, regional and local health data, which is essential to detect and respond to disease outbreaks rapidly and is the basis of robust, effective health systems.

2.3.4 Support towards equity, gender and inclusion approaches

The Global Fund's support towards equity, gender and inclusion approaches was an added value highlighted by stakeholders (Interviews 2025). This is particularly important amid growing backlash against gender and human rights ([UN Women 2025](#)). Targeted investments have helped to reduce HIV incidence among adolescent girls and young women by 69% in 13 sub-Saharan African countries since 2010 ([Global Fund 2025a](#)). Initiatives like the Gender Equality Fund and Breaking Down Barriers programme support women, girls, and marginalised groups, including LGBTQI communities ([Global Fund 2023c](#); Interviews 2025). By addressing stigma, discrimination, and structural inequalities, the Fund ensures health services reach those most excluded. In this way, by supporting inclusiveness and embedding equity the Global Fund helps countries build systems that are responsive to all citizens. This not only improves health outcomes but also reinforces trust, accountability, and local ownership.

In summary, the Global Fund contributes to Africa's health sovereignty by reinforcing country ownership, strengthening domestic resource mobilisation and investing in inclusive community systems. Its governance model, which centres on CCMs, reinforces policy autonomy and promotes multisectoral ownership of national health responses. Through co-financing requirements, blended finance initiatives and results-based funding, the Global Fund catalyses sustainable financing pathways that reduce dependency on external aid. It further strengthens national accountability systems by supporting performance-based financing and alignment with country PFM systems. Lastly, by investing in community health workforce development and supporting civil society engagement, particularly for vulnerable and marginalised populations, the Global Fund empowers local actors as key drivers of resilient and inclusive health systems. Together, **these actions operationalise key pillars of health sovereignty**

– national leadership, sustainable financing and community ownership – at the country level.

Having discussed how the Global Fund contributes to Africa's health sovereignty at the continental and national level, the next section discusses the EU support for health in Africa and opportunities for greater alignment with the Global Fund, including enhanced cooperation through TEIs and the Global Gateway projects.

3. Towards forging stronger partnerships with the Global Gateway and Team Europe Initiatives

3.1 The EU's approach to global health

The EU has a long-standing track record on engagement around global health. In 2023, EU institutions alone provided US\$1.1 billion for global health, ranking sixth among donors, making it a major global health actor especially as the US influence wanes. ([Donor Tracker n.d.](#))

The EU's approach to global health is shaped by key frameworks. [The European Consensus on Development \(2017\)](#) recognised health as central to development, setting a 20% ODA target for social sectors which was then integrated into the NDICI–Global Europe instrument ([EU 2021](#)). The EU Global Health Strategy ([2022](#)), drafted in the wake of COVID-19, reaffirmed commitments to the health-related SDGs and is built on equity, solidarity, and human rights. Its three priorities are: (1) better health across the life course; (2) stronger health systems and UHC; and (3) pandemic preparedness using a One Health approach ([EC 2022](#)). It also aims to reinforce strategic partnerships with GHIs such as the Global Fund.

The EU and the Global Fund share key policy priorities in global health, with strong alignment around the EU's Global Health Strategy and Africa's vision for health sovereignty. There is also clear policy alignment in strengthening health systems and UHC, while jointly advancing gender equality, human rights, domestic resource mobilisation, and innovation, including digital solutions. The Global Fund plays a pivotal role in operationalising EU priorities through its support for resilient and community-led health systems, access to life-saving technologies and promotion of gender equality and human rights. These areas closely reflect core objectives of both the EU and the AU. As such, **the Global Fund serves as a strategic bridge, translating EU global health commitments into tangible support for African-led strategies grounded in country ownership, inclusivity and sustainability.**

3.2 Operationalisation of ambitions through Global Gateway and the Team Europe approach

Much of the EU's financial investments in health is channeled through Team Europe Initiatives and in the context of the Global Gateway Strategy. Launched in 2021, the Global Gateway is central to EU external action, with its success and scale-up being made a top priority for Commissioner Josef Síkela ([EC 2024](#)). It combines “hard” and “soft” investments in a 360-degree approach: pairing infrastructure with support for enabling environments such as governance, systems, and skills ([Bilal and Teevan 2024](#); [Bilal 2025](#)). Health is one of its five priority areas, with most investments directed to infrastructure and pharmaceutical manufacturing. Delivery is channelled through Team Europe Initiatives (TEIs), which pool EU, member states, and development finance institutions (DFI) resources. There are five regional TEIs on health in Africa, focusing on pharma manufacturing, sexual health and reproductive rights (SRHR), Digital Health, One Health and Public Health institutes ([EC 2025](#).)

The TEI on Manufacturing and Access to Vaccines, Medicines and Health Technologies in Africa (MAV+), launched in 2021, is the most advanced health TEI, aiming to strengthen local pharmaceutical systems and manufacturing capacity across the continent. With nearly €2 billion in commitments from EU, member states and development finance institutions, MAV+ supports manufacturers – particularly vaccine producers – through direct financing, such as a €75 million EIB loan to Institut Pasteur de Dakar, and backs initiatives like Gavi's AVMA to incentivise vaccine production. MAV+ also promotes pooled procurement to ensure predictable market demand ([EC 2025](#)). As a central element of the AU-EU health partnership, MAV+ is being implemented in six pilot countries and is closely linked to multilateral efforts including mRNA vaccine technology transfer hubs in Senegal, South Africa and Nigeria ([Tondel et al. 2024](#)).

Another major health TEI is the one on SRHR, with a total budget of around €1.8 billion, and over 170 projects. It focuses on adolescent girls and young women, including key initiatives like [SafeBirth Africa](#), as well as several HIV-related projects.

The remaining three TEIs – on Sustainable Health Security, Digital Health and Public Health Institutions – were launched in 2024 and remain in early stages. They aim to build resilient systems (including AMR and One Health), promote digital health tools for UHC, and strengthen public health training and institutions ([EC 2025](#)).

The TEIs offer several complementarities and opportunities to seek synergies between the EU and the Global Fund – yet, several interviewees pointed out that these synergies are underexplored and therefore their benefits may be missed out on. The Global Fund brings deep expertise in demand generation, procurement, health systems strengthening and community-led delivery – all of which are essential to ensure that EU investments in manufacturing and infrastructure translate into improved access and use at country level. Recognising and strategically aligning these complementary roles presents a clear opportunity to enhance mutual impact and advance Africa's health sovereignty agenda. The next section explores concrete entry points for such alignment.

3.3 Foster alignment between the Global Fund, the Global Gateway and TEIs

Despite alignment of objectives, collaboration between the EU's TEIs and the Global Fund remains limited. Yet the interviewees acknowledged the Global Fund's expertise – in procurement, market shaping, demand generation, health systems and community delivery. For instance, in the context of MAV+, the interviews pointed out that **the Global Fund's strength in procurement is a clear added value to the TEI, potentially fostering predictable demand for the locally manufactured products supported by it.** The Fund's established infrastructure, large procurement volumes and efforts in health system strengthening and diagnostics offer significant, albeit indirect, relevance and synergy with MAV+'s goals of increasing local production and access to health technologies in Africa.

The roll-out of lenacapavir, a breakthrough HIV prevention drug offers a concrete example: the Global Fund plans to reach at least 2 million people over the next three years ([Global Fund 2025d](#)), while the EU could provide support to the local production and proper rollout of the drug.

Gilead, the drug producer, has given voluntary licensing agreement to six generic manufacturers including [EVA Pharma](#) in Egypt. Through MAV+, the EU could help scale up production facilities or enable partnerships with the broader African private sector, ensuring the continent can eventually manufacture lenacapavir at high quality and sufficient volume. This aligns with MAV+'s mission to strengthen local pharma manufacturing and reduce reliance on imports. The EU could also assist African authorities with regulatory approval. Accelerating approval and ensuring strict quality standards would allow Global Fund-financed programmes to deploy the drug without delay.

Critical for MAV+ success is the acceptance of new medical products and community trust ([EC n.d.](#)), a key component of the Global Fund's work ahead of

the introduction of the drugs it supplies. This is another example of complementary strengths interviewees identified. Likewise, collaboration in supply chain resilience, including medicine verification and traceability systems could reduce overlap between Global Fund and MAV+ actions.

The SRHR TEI also offers scope for collaboration with the Global Fund. Both focus on adolescent girls and young women, and the Global Fund is increasingly integrating SRHR services in the context of HIV prevention and broader health systems strengthening ([UNFPA 2025](#)). Furthermore, SRHR initiatives are often linked to community health initiatives, where the Global Fund has a distinct expertise. Stronger coordination could amplify impact, avoid duplication, and link community-based SRHR initiatives with broader EU investments. While some interviewees expressed scepticism, others noted alignment and the potential for greater impact through coordination.

Beyond MAV+ and SRHR, the three other regional TEIs – on Digital Health, Sustainable Health Security, and Public Health Institutions – remain in early stages. While there are clear overlaps with Global Fund priorities – digital health with its Data Science Catalytic Fund, Sustainable Health Security with its investments in AMR, labs and surveillance, and Public Health Institutions with its support for health workforce and community systems – coordination is still limited, and the key question is how to turn policy alignment into concrete opportunities. Differences in modalities, timelines and funding mechanisms make practical synergies harder to achieve. Without structured dialogue, there is a risk of fragmented or parallel efforts. Stronger cooperation would help translate EU investments into concrete health outcomes and reinforce Africa's health sovereignty. It could also help avoiding the problem of fragmentation of efforts.

Aside from the five TEIs discussed above, as part of the AU-EU partnership on health, the EU is also committed to the EU–Africa Global Health EDCTP3 Joint Undertaking under the Horizon Europe research and innovation funding programme. Given that HIV, TB and Malaria are three of the biggest poverty related diseases, opportunities lie in synergies between the work of the EDCTP3 and the Global Fund. For example, EDCTP3 has projects on malaria [diagnostics](#), [therapeutics](#) and [vaccines](#), that could complement the Global Fund's malaria focus. In addition, the Global Fund could partner with the EDCTP3 Joint Undertaking for clinical trials (or epidemiological or observational studies) in diverse contexts in African countries, for example for Lenacapavir.

3.4 Going beyond synergies

The value of the support to the Global Fund reaches far beyond synergies with the Global Gateway and/ or TEIs. First of all, the Global Fund is a key contributor to global health security – an increasingly strategic concern for the EU. In a world where future pandemics are inevitable, investing in global health is a strategic necessity for the EU, providing essential safeguards from cross-border health threats.

As the US withdrawals from the global health space ([Abdelgelil 2025](#)), the Global Fund offers the EU a chance to reinforce its partnership with Africa. While the EU-AU partnership has been under strain, global health has remained a tangible area where there are mutual interests ([Veron and van der Meer 2024](#)).

As a major multilateral actor in the global health ecosystem, the Global Fund provides the EU and its member states with both a strategic channel for influence and an opportunity to demonstrate their commitment to multilateralism. Financial contributions not only strengthen the EU's political weight in global health fora but, as recognised in the EU Global Health Strategy ([EC 2022](#)), should also translate into commensurate decision-making powers. This could be further fostered by more coherently advocating for shared priorities as Team Europe. Further attention to joint messaging and advocacy for priorities laid out in the GHS could further enable the EU to shape global health narratives. At the same time, leveraging its role effectively depends on aligning with other global health initiatives and African stakeholders such as the AU and Africa CDC, as well as forging stronger alliances with like-minded donors. By highlighting policy alignment with the Global Fund and underpinning it with expertise and resources, the EU can position itself as a reliable partner and a genuine player in global health governance.

Beyond influence and soft power, investments in the Global Fund can bring economic benefits to both Europe and Africa. European companies benefit roughly €3 billion annually from its procurement contracts, an amount comparable to the US. In the African context, opportunities are created for the private sector, including in supply chains for warehouse and transport. Yet, interviewees cautioned against overemphasising economic returns, as they could compromise the commitments to value for money or fuel pressure for donors to push for the purchase of their own products. In addition, tensions arise when the private sector plays a too dominant role in health systems and the provision of health products, including flooding the markets with health technologies that are not suitable in African contexts.

To fully capitalise on its investment, the EU could adopt a more strategic posture that views the Global Fund not just as a multilateral funding channel, but as a powerful instrument for advancing EU priorities on innovation, equity, localisation and health system resilience. This means going beyond finding points of synergy and alignment, to finding ways to leverage the support to the Global Fund. It also requires coherence across EU policies and instruments in an evolving global health architecture.

4. Strategic Recommendations

4.1 For Team Europe

4.1.1 Explore concrete opportunities for synergies and cooperation under Global Gateway

The EU could adopt a more strategic posture that views the Global Fund not just as a multilateral funding channel, but as a powerful instrument for advancing EU priorities on innovation, equity, localisation and health system resilience. Better leveraging the Global Fund's unique capabilities offers a high-return pathway to amplify Team Europe's global health impact. For instance, the Global Fund is well connected to public and civil society actors at the national and regional level – all actors which are prominent for the EU's engagement. Furthermore, the Global Fund supports countries and regions in improving the transparency and efficiency of public procurement, which the EU can leverage to help European companies access market opportunities. Finally, in some contexts, working through GHIs, like Global Fund, could strengthen the rights-based approach that is key to GHS.

4.1.2 Align with the Global Fund's existing support to Africa and reduce fragmentation

While the EU and its member states are active in supporting health in Africa, the fragmentation of different interventions is a well known problem and different actors often operate in siloes. To address this, the EU and its member states should engage with the Global Fund more strategically, using it to complement and strengthen their own health interventions, thereby reducing duplication, lowering transaction costs, and maximising the impact.

4.1.3 Strengthen Team Europe approach on GHIs

Team Europe could adopt mechanisms that bring the EU Institutions and member states more regularly together to develop joint messaging and coordinate

contributions to GHIs, thereby reducing fragmentation and strengthening their influence so that it serves European interests. In practice, this could mean further efforts to coordinate EU and member states' positions more systematically in pre-board meetings to present a united "Team Europe" agenda. The EU Commission reflection paper on global health governance and the [Joint Action to Maximise the EU's Global Health Impact](#) (JA-GHI) can provide ideas for further steps. Furthermore, there may be room to reflect more comprehensively on and identify how TELs contribute to the global health ecosystem and how they not only align but also could increasingly cooperate with GHIs.

4.1.4. Secure funding for global health in the upcoming Global Europe instrument

The Commission's proposal for the new MFF (2028–2034) foresees a significant increase in funding for external action, with €200.3 billion allocated, of which 90% should qualify as ODA. While promising, this proposal faces a challenging negotiation landscape where competing domestic priorities and tight national budgets may lead to downward revisions (Jones 2025). Moreover, the draft regulation omits the previous spending targets, including for human development, creating uncertainty for areas such as health, education, and gender equality. To ensure that the EU's leadership in global health is sustained, the new Global Europe Instrument should balance flexibility with predictability. This could be achieved by reintroducing a spending target for human development, or, if politically unfeasible, by embedding health more strongly as a cross-cutting objective, supported by robust accountability mechanisms. Health is a strategic sector for the EU internally being one of the priority sectors targeted by the European Competitiveness Fund. Because health is a strategic sector both for the EU internally and externally, strong coordination mechanisms should be built to ensure that health investments outside of the EU serve EU internal policy objectives and vice versa.

4.2 For the Global Fund

4.2.1 Enhance support for country/local ownership and AU continental priorities

The Global Fund should further support local ownership of both national and continental health agendas, for instance by building on its experiences with the governance model of the CCMs, but also through galvanising multi-sectoral national participation. For example, the national health policy dialogues are a step in the right direction. The Global Fund should also streamline processes to minimise the transaction costs for partner countries through simplification of access to funding and grants management procedures to ensure that countries

priorities are sustainably funded. The Global Fund should also accelerate the implementation of its revised STC policy especially around co-financing.

4.2.2 Foster alignment with the EU's priorities towards Africa's health sovereignty

The Global Fund's work has relevance for several EU policies and initiatives e.g. the Global Health Strategy, and the Global Gateway. To identify concrete opportunities, the Global Fund should map the support given to key areas of EU policies in Africa, and seek to deepen engagement with relevant EU-funded initiatives. For instance, the Global Fund could partner with the EDCTP3 Joint Undertaking for clinical trials (or epidemiological or observational studies) in diverse contexts in African countries, for example for lenacapavir. On digital health, opportunities lie in synergies between the Global Fund's Data Science Catalytic Fund (DSCF) and the TEI Digital Health (and potentially some of the work under the EU D4Dhub). Catalytic funds, such as the DSCF can leverage more private sector investments, a critical component under the EU's Global Gateway.

4.2.3 Pursue innovative financing models beyond grants to maximise impact

The Global Fund should expand the use of blended and innovative financing to complement grants and scale up support for Africa's health sovereignty. The Fund should consider enlarging its toolbox towards innovative financing and making its business model more sustainable in a context where ODA budgets are shrinking. On the other hand, Global Fund could consider using its funding more strategically to attract investments in health, for instance by providing a grant element as part of a blended finance operation, to incentivise DFI and private sector investments in health and by performance-based instruments to maximise efficiencies. It can also leverage other multilateral funds, and work in synergies to maximise the use of its funds.

In addition, the Global Fund should leverage its PFM expertise in budget formulation, execution and monitoring to ensure that resources are properly allocated and adequate, flow in time where they are needed and are properly utilised and accounted for. The move towards PFM and efficient spending offers opportunities to improve accountability and transparency of health systems and strengthen country policies and institutions towards achieving UHC.

4.2.4 Strengthen engagement with European and African private sector

The Global Fund should build on existing partnerships with European companies such as Delft Imaging, Siemens Healthineers, and Orange by establishing regular dialogues with both European and African private sector actors to exchange

information, identify collaboration opportunities, and address shared challenges. In line with its 2025 [Private Sector Investment Opportunity Report](#), the Fund could promote de-risking tools for pharmaceutical manufacturing, co-financing mechanisms, and joint investment in health technologies to reduce barriers to private sector participation. At the same time, it should showcase success stories that highlight the transparency and competitiveness of its procurement processes, while also strengthening engagement with African firms to foster local manufacturing, innovation ecosystems, and resilient health systems.

4.2.5 Improved coordination with other GHIs in their support to Africa, including the implementation of the Lusaka Agenda

The Global Fund should move beyond ad hoc collaborations by institutionalising coordination with other GHIs under the Lusaka Agenda framework. This could include aligning funding cycles, developing joint malaria and immunisation strategies, and creating flexible pooled funding mechanisms. Such steps would not only enhance strategic and operational coherence but also reduce duplication, strengthen country ownership, improve sustainability and efficiency, and reinforce Africa's sovereignty by ensuring external support is better aligned with national and continental priorities. Examples include collaboration under the Joint Committee Working Group (JCWG), a collaborative platform together with Gavi and the Global Financing Facility and that with Gavi and UNITAID to fund pilots to introduce the RTS,S malaria vaccine (the first vaccine recommended to prevent malaria in children) through routine immunisation programmes in Ghana, Kenya and Malawi ([Global Fund and Gavi 2023](#)). The inclusion of the Global Fund in the UNAIDS HIV Response Sustainability roadmaps for maintaining and advancing the HIV response beyond external funding cycles also ensures alignment with national and global HIV goals.

4.3 For African partners

4.3.1 Capitalise on the momentum and reforms of the Africa Health Sovereignty Summit

The recent Africa Health Sovereignty Summit provides avenues for more concerted continental efforts to strengthen the continent's health sovereignty. The initiatives announced such as the Presidential High Level Task Force on Global Health Governance are a step in the right direction to amplify African voices in global and continental governance. The Scaling Up Sovereign Transitions and Institutional Networks (SUSTAIN) will serve as a toolbox to assist countries to mobilise funding from the private sector, philanthropic partners and the Africa diaspora. Beyond financing, reforms should have an all-of-society approach to

deliver on results. This is more so, where the spread of false health information and polarisation is growing. Engaging with research institutions and academia is key to strengthening mechanisms that ensure that public health policies are rooted in science.

4.3.2 Assert ownership and leverage both the Global Fund and EU support effectively

African actors are actively pursuing health sovereignty through domestic financing, local production and strengthened health systems. African stakeholders should engage strategically with both the Global Fund and EU, leveraging their respective strengths, and ensuring that their investments feed into strengthening Africa's own health systems and agendas. The upcoming EU-AU Summit is an opportunity to bring up a coherent set of continental priorities, particularly around health sovereignty, resilient systems, and local manufacturing, while advocating for concrete commitments on financing and accountability. This approach would help ensure that health remains a central pillar of the partnership agenda and is translated into sustained, measurable action with partners such as the EU and the Global Fund.

4.3.3 Strengthen accountability mechanisms to track health programming, financing and implementation

African member states should strengthen and institutionalise accountability mechanisms by building on existing continental tools such as, the ALMA Score card to track malaria, AU-ALM health financing tracker and the ongoing establishment of an accountability mechanism within the AU architecture to ensure the effective implementation of the Lusaka Agenda as well as the planned Presidential High Level Panel. Robust accountability systems not only enhance national planning and budgeting, but also reinforce African ownership by empowering institutions and citizens to set priorities, track domestic financing, and hold domestic actors and partners accountable. Civil society should be actively engaged in monitoring these processes to drive real progress towards achieving UHC.

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This publication was funded by Aidsfonds and ONE in partnership with Global Health Advocates and Friends of the Global Fund Europe. It also benefited from the structural support by ECDPM's institutional partners: The Netherlands, Austria, Belgium, Denmark, Estonia, Finland, Ireland, Luxembourg and Sweden.

ISSN1571-7577