

**AU-EU Health Support Facility &
Hub support to Africa CDC and African Medicines Agency**

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PART ONE:

DOCUMENT OF ACTION AND EXPLANATORY NOTE



Belgium
partner in development



Annex I to the Multi Partner Contribution Agreement

CRIS No. XXX

Description of the Action

AU-EU Health Support Facility

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Acronyms

Acronym	Full term (as used in the document)
AECID	Spanish Agency for International Development Cooperation
Africa CDC	Africa Center for Disease Control and Prevention
AHS	Africa Health Strategy
AHSS	Africa Health Security and Sovereignty Strategy
AMA	African Medicines Agency
AMR	Antimicrobial Resistance
AMRH	African Medicines Regulatory Harmonization
AU	African Union
AUC	African Union Commission
AUDA-NEPAD	AU Development Agency – NEPAD
AU-IBAR	AU Inter-African Bureau for Animal Resources
CEMAC	Economic and Monetary Community of Central Africa
CIFF	Children's Investment Fund Foundation
DG INTPA	European Commission Directorate-General for International Partnerships
DH	Digital Health
DOA	Document of Action
DTF	Dossier Technique et Financier
EAC	East African Community
ECDC	European Centre for Disease Prevention and Control
ECOWAS	Economic Community of West African States
EF	Expertise France
EIB	European Investment Bank
EMA	European Medicines Agency
Enabel	Belgian agency for international cooperation
EU	European Union
EUD(s)/EUDEls	EU Delegations
GG	Global Gateway
GFF	Global Financing Facility for Women, Children and Adolescents
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
HISP	Knowledge Hub on Health, Socio-Economic Inequalities and Social Protection
HLSM	High-Level Steering Meeting
HSF	AU-EU Health Support Facility
HSOH	Health Security using a One Health approach
IANPHI	International Association of National Public Health Institutes
KM	Knowledge Management
M&E	Monitoring and Evaluation
MAV+	Manufacturing and Access to Vaccines, Medicines and health technologies in Africa

MS	(EU) Member States
MT	Management Team
NPHIs	National Public Health Institutes
NRAs	National Regulatory Authorities
OSC	Operations Steering Committee
PAVM	Partnerships for African Vaccine Manufacturing
PHAHM	Platform for Harmonized African Health Products Manufacturing
PHI	Public Health Institutes
PMPA	Pharmaceutical Manufacturing Plan for Africa
RECs	Regional Economic Communities
SADC	Southern African Development Community
SIDA	Swedish International Development Cooperation Agency
SRHR	Sexual and Reproductive Health and Rights
TA	Technical Assistance
TEI	Team Europe Initiative
TFF	Technical and Financial File
ToR	Terms of Reference
UHC	Universal Health Coverage
UNDC	UN agency reference (as written in file)
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNIDO	United Nations Industrial Development Organization
WAHO	West African Health Organization
WHO	World Health Organization
WOAH	World Organization for Animal Health

1 Summary of the Action

Title of the Action	Reinforce Pharma, Health Products and Technologies value chains AU-EU Health Support Facility
Duration	36 months
Geographical area	Sub Saharan Africa Brussels
Budget	4.75 Mi EUR total (tbc) The action is cofinanced by: - European Union: 3.5mEUR - Belgium 1.1mEUR - France 0.15 mEUR
Beneficiaries	The AU–EU Health Partnership TEI and its Hubs (Manufacturing and Access to Vaccines, Medicines and health technologies (MAV+), Digital Health, Public Health Institutes (PHI), Health Security using a One Health approach (HSOH), Sexual and Reproductive Health and Rights (SRHR)). The European Union (DG INTPA or other EU institutions) EU Member States and their agencies participating in the TEI The African partners: Africa CDC, AMA, RECs, AUDA-NEPAD, AUC, etc. (indirect beneficiaries)
General objective	The Overall Objective of this action is to strengthen the African health security architecture, pharmaceutical systems and public health capacity, contributing to stronger, more resilient health and inclusive health systems and improved health outcomes.
Specific objective	The specific objective of the Action is to provide support to Team Europe (including among others hubs coordinators, TEI coordinator, EUDELs, and EU MS) and African partners towards a coherent, coordinated and efficient approach to the implementation of the AU-EU Health Partnership Team Europe Initiative (TEI)
Expected Outputs	1. Increased synergies and complementarity among health TEI hubs through integrated support to governance, coordination, joint planning and decision-making 2. Effective Knowledge management, visibility, learning and guidance, in areas related to the health TEI,

	3. Monitoring, results and performance reporting 4. On-demand short-term expertise (technical, managerial, transversal)
Implementing partners	Enabel (lead entity) and Expertise France (EF)

2 Context of the Action

2.1 General context

Global health is undergoing significant transformation shaped by evolving geopolitical dynamics, rapid technology change, population growth, increased global mobility, urbanization and climate change, a growing risk of pandemics, the rise of antimicrobial resistance (AMR) and zoonotic threats.

The COVID-19 pandemic revealed critical weaknesses in global preparedness and response mechanisms. Beyond its health impact, it also highlighted major vulnerabilities in global supply chains for vaccines, diagnostics, and medical countermeasures: many low- and middle-income countries faced delays due to export restrictions and concentrated manufacturing capacity. This was particularly the case in Africa where 99% of its vaccines and 70–90% of its medicines are imported. These disruptions have reinforced the need to strengthen local and regional manufacturing ecosystems to improve access to health products and health system resilience.

In parallel, global health security risks are further compounded by gaps in the surveillance systems, insufficient laboratory capacities, and limited availability of medical countermeasures and emergency health workforce readiness. Strengthening integrated surveillance and improving coordination between public health, veterinary, food security, and environmental, in a One Health approach, is therefore critical for early detection and effective response to emerging threats.

Closely linked to this agenda is the growing role of public health institutes and regional health agencies. In Africa and other regions, new mechanisms are being developed to strengthen preparedness, coordination, and rapid response to outbreaks. These institutions play a key role in surveillance, workforce development, laboratory capacity, and policy coordination, while supporting countries in building more resilient health systems.

Technological innovation is also transforming the global health landscape. Digital tools are increasingly integrated into health systems to improve efficiency, expand access to services, and support evidence-based decision-making. At the same time, the expansion of digital health tools raises important questions related to data governance, data protection, and health sovereignty, particularly regarding the secure and ethical management of health data across borders. In addition, persistent inequalities in access to essential health services remain a major concern. Ensuring access to comprehensive sexual and reproductive health and rights (SRHR) services remains fundamental to improving health outcomes and achieving universal health coverage. Yet these gains remain fragile: beyond financing constraints and shrinking civic space, deeply

entrenched social norms, harmful practices, and limited access to comprehensive sexuality education (CSE) continue to prevent women, girls, and young people from fully exercising their reproductive rights. Strengthening integrated health systems capable of addressing both service delivery and the broader social determinants of SRHR is therefore a critical component of global health strategies.

Finally, the global health financing landscape is evolving. Declining official development assistance for health and limited national ownership and domestic resources undermine the ability of individual countries to guarantee health outcomes and transition to health sovereignty. These dynamics reinforce the need for sustainable and resilient domestic health systems, enhanced regional cooperation, accountability mechanisms, and more sustainable health financing models.

2.2 Sectoral context

In this shifting landscape, the AU and the EU have placed health at the heart of their strategic partnership. In the wake of the COVID-19 pandemic, the two unions formally elevated health as one of their partnership's strategic priorities.

At the continental level, the African Union's Agenda 2063 sets the long-term vision for "The Africa We Want," with health positioned as a central pillar of human development and economic transformation. The Africa Health Strategy (AHS) provides the sectoral architecture for health systems strengthening pandemic preparedness, universal health coverage, and health workforce development. The Africa Health Security and Sovereignty Strategy (AHSS) build on the foundations of the New Public Health Order, reinforcing Africa's drive toward health sovereignty and reduced external dependency.

Other relevant African policy frameworks include the Sexual and Reproductive Health and Rights Continental Policy Framework and its revised Maputo Plan of Action 2016–2030, and the Pharmaceutical Manufacturing Plan for Africa (PMPA). Africa CDC further provides multiple strategies and frameworks across the five health hubs: the Partnerships for African Vaccine Manufacturing (PAVM) Framework for Action, the Africa CDC Digital Transformation Strategy, the Framework for Development of National Public Health Institutes in Africa, the AU One Health Zoonotic Disease Prevention and Control Strategy (2025–2030) and the Africa CDC Climate Change and Health Strategic Framework (2025–2029).

A landmark institutional development shaping the regulatory environment is the operationalization of the African Medicines Agency (AMA). Established in 2019 and operational since 2025, AMA represents a critical milestone in the harmonization of pharmaceutical regulation across the continent, with significant implications for market access, product registration, and the development of a coherent African health products ecosystem.

On the European side, the 2022 EU Global Health Strategy provides the overarching policy framework, structured around three priorities: delivering better health and well-being of people across the life course; strengthening health systems and advancing universal health coverage; and preventing and combating health threats, including pandemics, through a One Health approach. These three priorities directly align with the thematic architecture of this Action. Health is equally recognized as one of the key areas of the EU's Global Gateway strategy.

Underpinning both the AU and EU approaches to global health is the 2023 Lusaka Agenda. The Lusaka Agenda called for boosting domestic health financing as a foundation for health sovereignty, and for greater coherence and better coordination among global health players.

2.3 Relevance of the Action

The Action is fully aligned with the continental health policy architecture of the African Union and its implementing agencies, and responds directly to the strategic priorities set out in the EU's key policy frameworks (particularly the 2022 EU Global Health Strategy and the Global Gateway strategy).

The AU–EU Health Partnership Team Europe Initiative is organized around **five thematic Health Hubs** that collectively structure its implementation. These include: the **MAV+ Hub**, which supports sustainable African manufacturing and improved access to vaccines, medicines and health technologies; the **Digital Health Hub**, which advances secure, interoperable, and continent owned digital health systems; the **Public Health Institutes Hub**, which strengthens the core institutional capacity of NPHI's, promoting regional collaboration and networking among African and European institutes, enhancing health workforce training, supporting evidence-based policy analysis and advice; the **Health Security through a One Health Approach Hub**, which strengthens systems and capacities for sustainable prevention, preparedness and response to infectious threats and antimicrobial resistance in African countries using a One Health approach ; and the **SRHR Hub**, which promotes rights-based access to quality sexual and reproductive health services as an essential component of universal health coverage and supports coordination on commodities, data and accountability. Together, these hubs provide the TEI with a coherent thematic architecture to deliver coordinated, impactful and partner aligned action.

Stakeholder Analysis

The proposed action operates across all five Health Hubs and engages, upon request, a wide constellation of state and non-state actors whose mandates, capacities, and political authority are critical to the success of the partnership.

2.3.1. Continental and Regional Institutions

At continental level, the **African Union (AU)** provides the overarching political leadership and continental convening authority across all hubs. Its operational arm, the **AU Development Agency – NEPAD (AUDA-NEPAD)**, brings a broad developmental mandate with a strong track record in coordinating cross-sectoral initiatives, making it a key partner for coherent programmatic delivery. AUDA-NEPAD, provides the implementing infrastructure that translates continental policy commitments into programmes and projects at regional and national level. The AUDA-NEPAD Continental Primary Healthcare Program (2025–2030) integrates digital health solutions as a key pillar. On SRHR, AUDA-NEPAD works in partnership with Regional Economic Communities to strengthen national laws and policies and integrate SRHR into UHC packages.

The **Africa Center for Disease Control and Prevention** (Africa CDC) is the AU's principal public health agency, mandated to strengthen the capacity of their member states public health institutions to detect, prevent, control and respond to disease threats, build health security systems, and lead continental preparedness and response. It plays a pivotal technical role across all hubs, engaging through multiple specialized units. Together, these units provide the technical backbone for health security, public health institutes, local production, and digital health innovation. Africa CDC's Africa Health Security and Sovereignty (AHSS) Agenda provides a practical roadmap to ensure African nations can finance, produce, and govern their own health systems and medical countermeasures. Its pillars directly mirror the Action's priorities: the Digital Transformation Agenda drives a continent-owned intelligence ecosystem enabling real-time data flows, while the local manufacturing pillar sets an ambitious continental target to significantly increase the production of essential health products on the continent. The AHSS further advances pandemic preparedness and response as a core institutional commitment, directly reinforcing the Action's Public Health Institutes (PHI) and Health Security/One Health components.

The African Medicines Agency (AMA), officially launched in 2025, is the AU's dedicated regulatory body for medicines and health products. By centralizing and harmonizing medicine regulation across the continent, it provides an enabling regulatory environment for expanding local manufacturing and improving market access. The AMA is already engaged with the European Medicines Agency (EMA) on regulatory capacity-building across the continent.

Beyond these agencies, the AU Commission, through its Department of Health, Humanitarian Affairs and Social Development, plays a central normative and policy coordination role. The Inter-African Bureau for Animal Resources (AU-IBAR), is the specialized technical office of the African Union Commission working on harnessing the potential of animals, including livestock, fisheries, aquaculture, and wildlife, as valuable resources for human well-being and economic development and important in the domain of animal health and one health.

The African Continental Free Trade Area (AfCFTA) secretariat is equally relevant, as the progressive integration of African markets has direct implications for the harmonization of health product regulation, local manufacturing investment, and the development of regional pharmaceutical value chains.

Regional Economic Communities (RECs) occupy a critical intermediate level between continental frameworks and national implementation and are essential stakeholders for this Action. RECs such as ECOWAS, SADC, the EAC, IGAD, and others have developed their own regional health policies and strategies and play a frontline role in translating continental commitments into regional programmes. In the area of health security, several RECs have established regional disease surveillance and response mechanisms that complement Africa CDC's continental architecture. On SRHR, regional frameworks such as the SADC Sexual and Reproductive Health and Rights Strategy 2019–2030 and the IGAD Regional SRHR Strategy provide the normative foundation for national policy reform and service integration. On local manufacturing, RECs are increasingly engaged in facilitating intra-regional trade in health products and harmonizing regulatory requirements in alignment with the AMA framework. The

Action will engage RECs as both policy interlocutors and implementing partners, ensuring that continental-level support is translated into coherent regional action.

2.3.2. National-Level Actors

At national level, **Ministries of Health, Trade, Finance, Science & Technology and Digital Affairs** are the primary duty-bearers, responsible for national ownership, budget execution, and sectoral regulation. Their coordinated engagement; across ministries; is indispensable given the cross-cutting nature of the health agenda, which intersects with trade policy, industrial development, and digital transformation. **National Regulatory Authorities (NRAs)** perform quality control, clinical oversight, and national regulatory functions, particularly important for the MAV+ and Health Security & One Health (HSOH) hubs. **National Public Health Institutes (NPHIs)** contribute through linking surveillance, laboratory services and data for improved evidence-based decision-making; coordinate pandemic preparedness and response; strengthen health systems and advocate for disease prevention and health promotion. Their collaboration at international level is supported by the **International Association of National Public Health Institutes (IANPHI)** which connects, develops, and strengthens NPHIs capabilities globally and serves as a key institutional interlocutor for the PHI hub.

2.3.3. European and Multilateral Partners

The **European Commission, EU Delegations, and Team Europe Member States** are the core strategic members across all hubs, providing programming coherence, Global Gateway investment alignment, and policy guidance as well as peer learning. This also includes continental and national technical agencies such as the EMA, European National Regulatory Agencies, ECDC, EFSA, FPI and DG HERA. Their collective engagement through a Team Europe approach is the founding rationale of the proposed support team.

UN Agencies and multilateral organizations (including WHO, UNICEF, UNFPA, UNDC, UNITAID, The World Organization for Animal Health (WOAH) and UNIDO) are normative authorities and key actors in the global health architecture, and strategic technical stakeholders across hub thematic areas.

Global Health Initiatives, donors and philanthropic organizations (including The Global Fund, Gates foundation, Global Financing Facility for Women, Children and Adolescents (GFF) and Children's Investment Fund Foundation (CIFF)) provide critical funding mechanisms, vaccine procurement channels, and health system strengthening support across some hubs, and can be engaged to ensure complementarity and avoid duplication with the proposed action.

2.3.4. Private Sector, Academia, and Civil Society

Health product and technologies producers, engaged primarily through the MAV+, SRHR, and Digital Health hubs, are indispensable to produce health products, technology provision, and supply chain logistics. Their sustainable engagement in the health partnership should take into account the ILO fundamental conventions on labor rights.

Universities, academic and research institutions and initiatives (such as European & Developing Countries Clinical Trials Partnership (EDCTP), African Society for Laboratory Medicine (ASLM))

generate the evidence base, drive R&D, and underpin health workforce training; making them structural partners for a knowledge-driven partnership. **Laboratories and quality control centers**, engaged through the MAV+ hub, provide essential diagnostic capacity and safety monitoring functions for medical products.

International NGOs, technical partners, and civil society organizations (including The International Association of National Public Health Institutes (IANPHI), Drugs for Neglected Diseases initiative (DNDi), PATH, International Planned Parenthood Federation (IPPF) and Medecins Sans Frontières (MSF) among others bring specialized technical expertise, advocacy capacity, and community engagement capabilities and networks. They provide a critical voice on access to medicines, priority disease setting, and the promotion of the right to health.

2.3.5 EU Member States implementing agencies

Finally, **implementing agencies** from EU MSs (including agencies such as AECID, Enabel, Expertise France, GIZ, Sida/PHAS) at HQ and field-level are amongst the key operational delivery partners through which country and regional programs are executed, and their coordination with the support team will be central to effective and accountable program management.

This Action operates within a crowded and dynamic landscape, bringing together a wide range of multilateral agencies, bilateral donors, philanthropic foundations, continental institutions, and civil society organizations. Effective coordination is therefore a structural requirement for the Action's success.

From the outset, the Action will support the Health TEI and the hub coordinators, map relevant initiatives, establish clear lines of complementarity, and support engagement, with key stakeholders through the thematic hub coordinators, to identify synergies, avoid overlaps, and ensure that EU support adds distinct and measurable value within the broader ecosystem of partners where relevant or required.

3 Strategic Approach

3.1 Guiding principles

General principles

The Action is anchored in a set of core principles that guide its strategic orientation and operational conduct. It is first and foremost driven by **Team Europe spirit**, ensuring that interventions across all hubs contribute to a unified, mutually reinforcing AU–EU Health Partnership. The approach emphasizes **system strengthening**, focusing on durable institutional capacities, and resilient structures rather than standalone activities. A strong commitment to **equity and the principle of leaving no one behind** ensures that all support under the Action promotes inclusive access and addresses structural inequalities.

The Action is grounded in strategic guidance complemented by **evidence-based policy and practice**, ensuring that strategic choices, programming and operational decisions are informed by robust analysis and reliable data across each thematic hub. It fosters **multisectoral thinking**, reflecting the interdependence of health with areas such as digital governance, data stewardship and interoperability, industrial development, research and surveillance capacities, Health Security using a One Health approach, human rights based service delivery, and workforce training. The Action is built on **partnership among EU MS and their institutions**, ensuring ownership, alignment with continental priorities, and joint accountability for results towards an effective AU-EU partnership.

Ethical and rights-based considerations are central, supported by **political sensitivity, transparency, and accountability** in all processes. Finally, the Action embeds **learning loops**, ensuring that technical assistance, knowledge generation, coordination and visibility reinforce one another, enabling continuous improvement and adaptive management across the TEI.

Operational principles

A clear and jointly owned vision is essential to ensure coherence, alignment and collective purpose across the TEI. This Action therefore places strong emphasis on a shared understanding of objectives, roles and processes among all Team Europe actors. Effective facilitation of the TEI requires a unified direction that guides coordination, and ensures that all components of the Support team contribute to the same overarching goals as defined by the EU and the MS.

This joint vision is operationalized to support the **TEI governance** and thematic **hubs**. The Action adopts a **demand driven approach**, ensuring that support responds to clearly articulated requests from the thematic Hubs (that include EUMS) and the TEI coordinator (that would be responsible for channeling requests from other actors of the AU-EU health partnership including African partners). In line with Team Europe principles, the Support Team acts as an **enabling mechanism rather than an implementing entity**, ensuring that expertise, coordination and knowledge reinforce existing structures and empower and support thematic hub coordinators, and through them EU Member States and EU to deliver coherent, effective and aligned action towards successful AU-EU health partnership.

The Support Team operates as **one single, integrated entity**, guided by a common strategic vision and an unified operational logic. It supports coordination through the TEI Coordinator, and the five thematic hubs' Coordinators. This unified setup ensures coherence, predictability, and a smooth flow of information across all components of the TEI.

3.2 Intervention logic / Theory of change

The Action's intervention logic is premised on the enabling role of the Support Team: rather than implementing hub activities directly, it supports the governance, coordination, knowledge, technical backstopping and performance management functions that allow the five thematic Health Hubs (MAV+, Digital Health, PHI, HSOH and SRHR) to deliver coherently and at scale. The support to the hubs also include support to MS active in the hubs where coordinators and MS

jointly interact that for the sake of coherence and coordination will be channeled through the hub coordinators.

If the Support Team can:

- provide **integrated coordination and governance support** to the TEI Coordinator and Hubs (including secretariat support and joint planning support upon request, issue tracking for learning from practices and risk management);
- Support the TEI to operate a **shared monitoring and performance reporting approach**;
- Provide **knowledge management and visibility support** that captures and disseminates lessons learned, assist in the development of hubs specific and cross-hub knowledge products and supports coherent Team Europe messaging;
- Mobilize **demand-driven short-term technical assistance** to respond rapidly to hub-specific or cross-cutting needs (technical, managerial or strategic), with products systematically captured in the shared knowledge base;

Then the TEI will benefit from improved coherence and effectiveness across the five hubs, in particular through more predictable coordination processes, better information flow, and a common basis for joint planning and accountability.

- coordination mechanisms will become sustainable and embedded in regular practices and tools, supporting sustainability beyond the Action's lifetime
- knowledge products and visibility actions reinforce a coherent Team Europe narrative and facilitate cross-hub learning and uptake
- information will flow more efficiently among hubs, enabling better alignment and identification of synergies,
- monitoring and reporting become more consistent and coherent across hubs, strengthening transparency, mutual accountability and adaptive management across the TEI
- duplication is reduced and complementarities are strengthened through transparent mapping of initiatives and support to systematic cross-hub coordination
- strategic and operational decisions are informed by consolidated evidence, shared analysis and clearer prioritisation across hubs
- technical support is mobilised more efficiently and targeted to clearly defined needs, improving responsiveness and quality of delivery
- Meetings such as High Level Steering Meeting are effectively supported

Ultimately, improved coherence, performance and joint accountability across the five hubs will strengthen the AU–EU Health Partnership TEI's contribution to **health security and preparedness** through a One Health Approach, **health system resilience and UHC, equitable access to quality health products and services, digital public goods and trusted data governance, stronger public health institutions, and rights-based SRHR**, thereby supporting Africa's health sovereignty agenda and better health outcomes.

This theory of change assumes sustained engagement and decision-making by the TEI Coordinator, thematic hub coordinators and participating Team Europe members, timely sharing of information and data for joint monitoring and learning, the ability to mobilize fit-for-

purpose expertise when requested, and a sufficiently stable political and institutional enabling environment to implement agreed priorities across the five hubs.

3.3 Leverage and sustainability

The Action taken will strengthen the TEI and will contribute to support coordination and availability of expertise by increasing capitalization on best practices. Several strategies will be put in place to ensure the sustainability of the present action and afterwards, especially towards the beneficiary administrations. The support team will work on a sustainability process including an exit strategy during the action implementation.

Financial sustainability:

According to national, regional and continental political interests of AU and EU, it is assumed that financial support for the AU-EU Health Partnership TEI - including for key functions to support the TEI such as support to coordination, M&E, knowledge management, visibility, and technical assistance - beyond this Action will be ensured in the long term. The Support Team will systematically capture, analyze and apply lessons from its operational experience to foster continuous improvement and propose practical sustainability measures that can be integrated into future arrangements beyond the duration of the Action.

Institutional sustainability:

The technical assistance will have a demand driven approach. Strong visibility of the TEI with associated knowledge management and expertise will have a long-lasting impact. The Action will focus on supporting knowledge products demanded or agreed with the TEI coordinator and hubs. Effective mechanisms will be put in place to disseminate and consolidate the knowledge, tools and approaches developed by the Support Team, thus contributing a progressive institutionalization within EU MS and EU, and to lasting impact and sustainability beyond the duration of the Action.

Policy level sustainability:

A key feature of the Action will be the focus on supporting the coordination of the TEI. This will support stronger policy alignment and ownership by AU and EU stakeholders, anchoring results within long-term strategic frameworks.

3.4 Synergies and coordination

The Support Team will work closely with the Support Unit previously established in Addis Ababa for the thematic hub on Health Security using a One Health approach to promote complementarities, avoid duplication, ensure the sharing of experience and maximize impact across the AU–EU Health Partnership. Regular exchanges, joint planning and information sharing will be established to align priorities and interventions, including on M&E, visibility, as well as some of the cross-cutting topics such as surveillance and workforce development, and other areas of health security/one health. The ways of working and task-sharing across the two teams will be regularly reviewed so that sustainable arrangements can be put in place for the continued integrated functioning across all Hubs once the MPCA underpinning the Support Unit in Addis Ababa comes to an end in February 2028.

The Support Team will also promote and facilitate collaboration between relevant TEIs and Hubs, providing, as requested, technical assistance, knowledge products and visibility actions, while contributing to a more integrated and systems-based approach to health.

3.5 Cross-cutting themes

In the areas of environment, climate change mitigation and adaptation, human rights, conflict and context sensitivity, and inequality reduction—including gender equality—the implementing agencies' safeguard and gender systems, in alignment with EU policy frameworks and standards, enable the early identification of potential unintended negative impacts and ensure their systematic integration into project design and implementation through appropriate mitigation measures. This approach is consistent with the European Union's commitments under the European Green Deal, the EU Gender Action Plan (GAP III), and the EU's Human Rights and Democracy Action Plan, ensuring that interventions are conflict-sensitive, rights-based, and climate-resilient. In relation to climate change adaptation, the system also considers external climate-related risks and vulnerabilities based on relevant climatic parameters and risk analysis tools, in line with EU climate resilience and adaptation priorities. About gender equality, it further supports the identification and implementation of targeted measures aimed at promoting equal opportunities, addressing structural inequalities, and ensuring meaningful participation of women and marginalized groups across all stages of project design and implementation.

3.6.1 Gender equality

The support team will take into account the fact that the TEI has a gender responsive and human-rights-based approach at its center, following the EU Gender Action Plan III (GAP III, 2021-2027), and, the African Union's commitment to end all forms of discrimination against women and girls, stated in the AU Agenda 2063 as well as in the AU Strategy for Gender Equality and Women's Empowerment.

In preparation of the Action, a standardized assessment appraises whether there are potential considerable risks or unintended negative impacts. An in-depth assessment is performed if the screening indicates that there are potential considerable risks for one or more safeguards of gender equality or if it cannot be satisfactorily completed due to inadequate data. A gender analysis will be used to examine risks and potential for the promotion of gender equality and women's empowerment. Accordingly, the concept notes and logical framework of the Action will be reviewed with regards to gender equality and women's empowerment. Gender considerations will be systematically mainstreamed across all technical assistance, coordination support, knowledge management, governance, and analytical work provided under the Action. All tools and activities by the action will be developed and applied with a significant participation of women as technical experts, researchers, planners, trainers, lecturers, etc. Gender equality considerations will be reflected in the formulation of recommendations, outputs, and deliverables linked to TEI support, as well as in expert assignments and short-term technical assistance where relevant. Technical support documents, talent development, formation, training, and awareness raising measures and materials will target all genders and reflect the different needs and interests of the genders. The project will support the qualitative and quantitative participation of women in decisions on the elaboration, implementation,

communication, and control of management plans. High participation of and benefits for women will further be aimed at in all steps of planning, monitoring, and evaluating of the action. Lastly, it is highly recognized that the teams of development agencies behind the MPCA are diverse in their gender composition.

3.6.2 Environment

Environmental sustainability will be considered throughout the project and upon each thematic pillar of the TEI. The Support structure will support the EU and MS so that stakeholders recognize the environmental risks and potential impacts of health products the action (e.g., waste management of hazardous waste and by products, wastewater management, etc.).

The approach covers all health components. This will guide the exchanges in the thematic hubs of the EU and EU MS with partners on these matters. The Support structure will support EU and EU MS to address environmental and climate change aspects at the policy level, and regulatory frameworks, to the extent possible, and with the private sector. For instance, short or long-lasting expertise could be engaged to support in this area.

3.6.3 Right to health

Since the right to health encompasses access to comprehensive, quality healthcare, key issues across the five Hubs must be considered, including: effective governance and regulatory frameworks; sustainable and equitable health financing; a sufficient and well-trained health workforce; reliable health information systems; the availability, affordability and quality of medicines, vaccines and health products, supported by efficient procurement, supply chains and respect for patients' rights; and accessible, safe and quality health service delivery.

3.6.4 Socio-economic inequalities

The strengthening of health systems and broader development capacities across Sub-Saharan Africa (SSA) represent a strategic step towards more resilient, equitable, and inclusive societies, addressing structural inequalities that persist in access to essential services, human capital development, and system-wide preparedness for shocks.

This approach is aligned with continental and global commitments to universal health coverage, inclusive growth, and sustainable development, including initiatives such as Gavi, the Vaccine Alliance, which support health system strengthening and equitable access to life-saving interventions. Beyond service delivery alone, the Action contributes to supporting a comprehensive transformation of health ecosystems across SSA by improving health governance and system efficiency, expanding equitable access to quality services, strengthening human resources for health, promoting decent employment and skills development for young people and women, and accelerating digital transformation to enhance data availability, interoperability, and evidence-based decision-making.

In this perspective, and across five Health Thematic Intervention Areas (TEIs)—namely strengthening health system governance and service delivery performance; improving resilience and efficiency of health supply chains and essential service delivery systems; advancing digital health transformation and data-driven public health systems; promoting human capital development, workforce strengthening, and inclusive employment in the health sector; and

reinforcing health security, pandemic preparedness, and the integration of social protection mechanisms—the Action adopts a fully integrated and systems-based approach to addressing socio-economic inequalities in access to health. Digital transformation acts as a cross-cutting enabler across all TEIs, improving coordination, transparency, accountability, and access to services through interoperable platforms, health information systems, and innovative delivery models. Designed for scalability and adaptation across Sub-Saharan Africa, and implemented in synergy with complementary social protection and sectoral strengthening initiatives, the program will generate strong systemic linkages and contribute to more equitable, resilient, and sustainable health outcomes for all populations in the region.

4 Description of the Outputs

4.1 Objectives of the Action

The specific objective of the Action is to provide support to Team Europe (including among others hubs coordinators, TEI coordinator, EUDELS, and EU MS) and African partners towards a coherent, coordinated and efficient approach to the implementation of the AU-EU Health Partnership Team Europe Initiative (TEI).

The outputs, based on the analysis of the needs of all the Hubs, will be:

1. Increased synergies and complementarity among the thematic health TEI hubs through integrated support to governance, coordination, joint planning and decision
2. Effective Knowledge management, visibility, learning and guidance, in areas related to the health TEI
3. Monitoring, results and performance reporting
4. On-demand short-term expertise (technical, managerial, transversal)

4.2 Expected outputs and main indicative activities of the Action

Approach

The model will be demand-driven originating from requests from the Hubs and TEI coordinator and African partners, channeled and managed by the TEI coordinator. The coordination will take place between the TEI coordinator, the hub coordinators and the Support Team leader. As it is demand driven, the proposed activities listed in the outputs below are indicative and aim to describe the support services that are foreseen to be provided.

4.2.1 Output 1: Increased synergies and complementarity among thematic health TEI hubs through integrated support to governance, coordination, joint planning and decision (implemented by Enabel)

Main objective: Ensure effective delivery of the TEI through integrated operational coordination support and administrative support.

The indicative activities aim to enhance collaboration and alignment among the thematic hubs of the AU-EU Health Partnership Team Europe Initiative. These activities will be implemented by Enabel and focus on supporting governance, coordination and fostering strategic alignment across the hubs.

The key activities include:

1. **Support to strategic alignment and lessons learned** Contribute to the reflection on how to advance the strategic agenda for each of the themes, how to strengthen positive

engagement from internal and external stakeholders and how to facilitate that lessons learned are developed. Indicative activities may include the following:

- a. Contribute to thematic reflections by facilitating short analytical inputs, option papers, or mapping notes as requested by the Hubs and African partners through the hubs' Coordinators or the TEI Coordinator. Support on-demand consultations requested through the Hub coordinators or TEI coordinator with EU MS, African partners and technical institutions to support coherent strategic alignment.
- b. Assist the TEI or Hub coordinators in organizing focused exchanges or technical discussions to refine hub-specific strategic priorities.
- c. Support the Hubs in identifying opportunities and thematic areas for in depth exchange and discussions among MS and/or with African partners. This will be mainly in form of virtual meetings or in presence if necessary.

Gender equality considerations will be systematically mainstreamed across all analytical inputs, consultations, and strategic reflections under this component, including in the design of recommendations, expert exchanges, and identification of thematic priorities.

2. **Support for Governance** : Assist the TEI coordinator and Hub coordinators in implementing the approved TEI governance model. Provide timely operational and administrative support to the TEI upon request to support coordination and effective implementation of the TEI partnership and hub activities. This includes ensuring that the governance structure is operational and aligned with the agreed strategic priorities of the TEI . Indicative activities may include the following:

- a. Provide secretariat support to TEI governance bodies (HLSM preparations meetings, Team Europe Management meetings, Hub coordinators meetings, etc.) including preparation of agendas, background notes, and follow up actions (on request).
- b. Facilitate the operationalization of the approved governance model through standard templates, single email platform, digital planning tool, procedures, and coordination tools.
- c. Facilitate the development of concise analytical notes to inform decision-making processes to the TEI governance bodies when required.

3. **Coordination support to TEI thematic Hubs**: Support the TEI Coordinator in facilitating decision-making, accountability, and effective coordination within and across the thematic hubs in line with TEI governance arrangements. This includes facilitating communication and collaboration between the hubs to avoid duplication of efforts and promote synergies. Indicative activities may include the following:

- a. Facilitate synthesized updates to maintain a shared overview of consolidating cross-hub developments and priorities upon request.
- b. Support coherence of workplans and timelines across hubs by preparing light planning or tracking tools.
- c. Support TEI coordinator and Hub coordinators to operationalize decisions taken at HLSM and Management Team Meetings.

These activities are indicative and designed to support the TEI creating a unified approach to health interventions under the AU-EU Health Partnership, enabling the hubs to work together effectively and achieve their shared objectives. The support will be administrative and technical and may include, on demand, workshops and meetings. By fostering collaboration and alignment, the initiative aims to support the TEI to maximize the impact of health interventions and contribute to stronger, more resilient health systems across Sub-Saharan Africa. This will include promoting inclusive participation in coordination and decision-making processes, including attention to gender balance and equality considerations where relevant.

4.2.2 Output 2: Effective Knowledge management, visibility, learning and guidance, in areas related to the health TEI (implemented by Enabel and Expertise France)

The main objective is to support the development and strengthening of a joint and integrated system for transversal expertise, knowledge management, visibility, and event support that enhances coherence, collaboration, and evidence-based decision-making across the TEI. This system will facilitate the production and dissemination of accessible, high-quality, and actionable knowledge products aligned with key cross-cutting expertise areas. It will promote that knowledge production and dissemination are anchored in and aligned with key transversal areas of expertise, such as health resilience, digital health, SRHR, PHI, MAV+, Health Security using a One Health approach, private sector engagement, and health financing, thereby reinforcing the overall coherence and long-term impact of the TEI. Where relevant, gender equality and women's empowerment perspectives will be reflected within these transversal areas of expertise.

The indicative activities, detailed below, aim to assist that thematic Hub TEI members and relevant stakeholders have easy access to timely, actionable, and quality-assured knowledge products that address critical knowledge gaps, reduce duplication, and support informed decision-making. They will be implemented through transversal expertise by Enabel (health resilience and private sector experts as well as visibility expert) and Expertise France (health economist expertise)

1. Facilitate the availability and Production of knowledge products and guidance for thematic hubs and partners to inform policy and investment decisions:

- a. Provide hub specific and cross-cutting strategic, technical, and operational support to hubs, aligned with TEI priorities and key governance milestones, enabling coherence, alignment, and effective knowledge sharing. This includes developing structured approaches and methodologies, delivering analytical inputs, facilitating meetings or workshops (on demand) and supporting strategy design and implementation.
- b. Contribute content to monitoring and analysis by identifying trends, gaps, and opportunities, and by producing targeted outputs to inform decision-making, while promoting synergies, complementarity, collaboration opportunities and cross-fertilization across thematic areas and hubs.
- c. Provide guidance and follow up on engagement strategies and approaches, including meetings and event participation and organization, network strengthening.

2. **Maintain a sustainable user-friendly knowledge management system**, including standardized documentation, templates, and repositories, to ensure accessibility, consistency, and quality of knowledge products. Facilitate the capitalization, dissemination, and uptake of good practices and promote harmonized formats and approaches across stakeholders through the TEI Coordinator.
3. **Anticipate and provide visibility planning, content and assets**, ensuring common standards and expectations, working in coordination with INTPA G4, INTPA A2, INTPA 02, EU delegations, and AU-EU Health TEI Partnership members.
4. **Provide operational and logistical support for events and activities** (on-site/online logistics, agendas, minutes, follow-up actions) at the request of the AU-EU Health Partnership TEI members and in coordination with the Hub and TEI coordinators.

4.2.3 Output 3: Monitoring results and performance reporting (implemented by Enabel)

The objective is to facilitate coherent, reliable, and timely monitoring of the Team Europe Initiative including all its projects, building on and complementing existing reporting systems. This contributes to informed decision making, accountability, and strategic steering across all five thematic hubs. It aims to provide a consolidated performance framework capturing indicators, progress, financial tracking, and TEI members' (EC and EU MS) contributions, while enabling learning and adaptation throughout the implementation period.

Indicative activities and set of integrated monitoring and reporting functions will be implemented by Enabel in close collaboration with visibility and knowledge management experts, hub coordinators and other relevant structures and may include:

1. **Maintain and further develop the TEI monitoring and evaluation system.**
This includes supporting thematic hub coordinators in developing the Joint Intervention Logic, ensuring that indicators, data flows and monitoring tools remain aligned with operational needs and the evolving priorities of the TEI.
2. **Support the identification, collection, and analysis of relevant monitoring data.**
Data on output and outcome indicators as well as trends, EC, Member State and partner contributions, financial tracking, and implementation of progress across hubs will be gathered and consolidated. Data will be analyzed to provide clear insights for coordination, governance of bodies and strategic meetings. Gender-disaggregated data will be used where available, and gender-related disparities will be identified and considered in analysis.
3. **Resource and Activity Mapping:** Develop and maintain a continuously updated resource and activity map, including contributions from Team Europe Member States, Development Finance Institutions, and EU. This map will help steer joint programming and joint messaging, ensuring transparency and alignment of efforts. Facilitate smooth data information flow to facilitate stakeholder engagement and participation of EU Member States across coordination processes. Indicative activities may include the following:
 - a. Compile and update a streamlined resource and activity map to support co-programming and joint messaging.

- b. Provide tailored mapping outputs (country, theme, financing) to inform hub planning and coordination processes.
 - c. Assist in consistent and timely data collection and in making it available to all stakeholders and interested parties and thematic hubs.
- 4. **Improve data quality, usability, and presentation of TEI and hubs' reporting.**
In collaboration with hub coordinators, experts, and implementing partners, the M&E expert will strengthen data reliability, address gaps, and facilitate consistent reporting practices. Improved data visualization—through dashboards, summaries, and trend analyses—will support decision-making and communication.
- 5. **Produce monitoring reports and respond to M&E requests from governance structures.**
This includes preparing inputs for the TEI Coordination meetings, thematic hub meetings, hub reviews, annual results monitoring reports, and ad hoc requests from the TEI or Hub Coordinators. All reporting will follow EU requirements and contribute to transparency and accountability.
- 6. **Feed monitoring outputs into learning and knowledge systems.**
In close coordination with Knowledge Management and visibility functions, monitoring findings will be used to identify lessons learned, highlight good practices, inform adjustments to workplans, priorities and coordination processes, and monitor their implementation where relevant (capitalization process). Monitoring reports and analytical outputs will integrate gender considerations and gender-related lessons where relevant.
- 7. **Risk Management:** Maintain a record of issues and risks raised by the TEI hubs. This involves keeping records and documenting recommendations and outcomes from High-Level Steering Meetings (HLSM) to address challenges and ensure smooth operations. Indicative activities may include the following:
 - a. Maintain an updated register of issues and risks reported by hubs and partners.
 - b. Prepare short summaries or dashboards highlighting emerging risks ahead of strategic meetings. Where relevant, risks will include gender-related vulnerabilities.
 - c. Facilitate targeted problem-solving exchanges to address bottlenecks when required.
- 8. **Operational monitoring of the Action:** to provide a complete view of the progress of the Action and its financial or human needs, as well as to inform the operational steering committee to make the necessary decisions to resolve operational problems and prevent the occurrence of risks
 - a. The monitoring of results is annual and concerns the monitoring of project results. Monitoring results constitutes a key moment during which the projects assess their achievement of results, analyze their intervention logic, learn lessons from implementation, identify factors of success and difficulties and, consequently, recommend reorientations. This monitoring of results is carried out once a year and results in the production of an annual report. This annual report also includes monitoring of budget execution.
 - b. The final report, narrative and financial, covers the entire period of implementation of the Action and covers both the financial and operational

execution, the analysis of the results and the learning achieved during the execution of the project.

- c. The interim and final reports will be produced and transmitted in accordance with contractual obligations.

4.2.4 Output 4: on-demand Short Term Technical Assistance (implemented by Expertise France)

Activity 4.2.3.1: Mobilization of Short-Term Expertise

In addition to long-term thematic expertise and knowledge management functions, the AU–EU health partnership requires a flexible mechanism to respond to ad hoc, hub-specific or transversal needs of a technical, managerial or strategic nature. Certain requests expressed by the TEI may fall outside the scope of existing long-term expertise or require highly specialized, time-bound inputs.

To address this, the Action will mobilize a pool of short-term experts to provide flexible, high-quality, and demand-driven support. This pool will cover technical areas related to each of the HUBS and transversal areas, including gender equality, inequality, human resources, communication, and monitoring and evaluation and will complement, when needed, the long-term expert work. Experts will be pre-identified and maintained on a roster to ensure rapid mobilization and alignment with evolving needs. Gender expertise will also be included in the roster and mobilized across assignments where relevant.

The mobilization of expertise will be triggered through requests channeled via the coordination mechanism (see under governance section 6.2.2) and the TEI Coordinator, who ensures strategic validation, prioritization, and budget oversight. A dedicated dashboard will be used to track requests, missions, expert days, and budget consumption. All outputs generated through the Facility will be integrated into a shared knowledge repository to maximize their use and avoid duplication.

The Short-Term Expertise Facility will be implemented by Expertise France and supported by a dedicated project officer, who will ensure responsiveness to requests and oversee contractual and administrative processes. In addition, experts should be mobilizing for report reviews.

Activity 4.2.3.2: Rapid ToR, Deployment and Lessons Learned

The Action will ensure the rapid operationalization of short-term expertise through streamlined and efficient processes. For each assignment, the project officer will support the clarification with the requester and the development of the Terms of Reference, to clearly define the scope, expected outputs, and timelines.

Experts will be deployed rapidly following validation, ensuring responsiveness to time-bound needs expressed. Implementation will be accompanied to ensure quality, relevance, and adaptability of the support provided.

Upon completion of each assignment, lessons-learned notes will be systematically produced to capture key results, challenges, and good practices. These will be shared and disseminated through knowledge management, where relevant.

4.3 Beneficiaries of the Action

Definitions:

Direct beneficiaries include the entities, organizations or institutions that receive direct support from the Action (e.g., services, capacity building, technical assistance, equipment, grants, participation in governance/coordination mechanisms) and are expected to use the Action's outputs to deliver results.

Indirect beneficiaries (final beneficiaries) include the individuals, groups or organizations that benefit from the Action's effects (outcomes/impacts) without necessarily receiving direct support from the Action, typically as end-users of improved policies, systems, services or products enabled by the direct beneficiaries.

As a result:

Direct beneficiaries of the Action are the members of the AU–EU Health Partnership Team Europe Initiative (TEI) and its five thematic Hubs—Manufacturing and Access to Vaccines (MAV+), Digital Health, Public Health Institutes (PHI), Health Security using a One Health approach, and Sexual and Reproductive Health and Rights (SRHR). Hubs will directly benefit from strengthened coordination, technical support, knowledge management, and joint planning mechanisms. The TEI will benefit from reduced fragmentation of investments, and increased collective impact and visibility of health actions within the AU–EU health partnership **initiative**.

Indirect beneficiaries include key African institutional partners, such as Africa CDC and the African Medicines Agency (AMA), AUDA-NEPAD, AUC, RECs, which will ultimately benefit from improved alignment, structured dialogue, and more coherent engagement with Team Europe actors to achieve the goals of the AU-EU health partnership. There will be no direct interactions with the indirect beneficiaries unless requested by the TEI.

4.4 Intervention area

Given the complexity of coordinating a program implemented by several agencies, a Support Team will be primarily (but not fully) established in Brussels. The Team Leader should ideally be based in Brussels.

The Support Team will consist of staff that will be hired by the implementing partner agencies that will work as part of the single Support Team and not representing each agency's interest, ensuring coordination not only between the activities and interventions of the project, but also the use of synergies between project activities and bilateral development projects from the agencies within the Hubs areas of work.

The geographic area will cover all countries under the AU-EU health partnership

4.5 Duration of the Action

Duration of the implementation period

The duration of the implementation period of the Action is 36 months. All activities will be implemented during this period, including in particular all provisional acceptance of the works undertaken and the closure of the grant agreements, if applicable.

Contractual closure

The contractual closure phase of the Action is maximum 6 months following the end of the implementation period. Some closure activities may take place during this period: final report, final review, transfer of goods and equipment, and final payments.

5 Indicative calendar

An inception phase of three months is planned to allow for the support team to do the following:

- Develop the first annual workplan in close consultation with the TEI Coordinator and Hubs.
- Establishing the Short-Term Expertise Facility, including expert rosters, request-management procedures, and deployment mechanisms.
- Finalizing internal inception arrangements, including recruitment, governance, reporting, planning and operational procedures or any adjustments to the documents (for validation by OSC if required).

Note: while a three month inception phase is proposed, it does not mean that all activities will have to be delayed by three months. Some activities are likely to be initiated from the start, where possible, provided the staff is available and needs are identified. Similarly a three month closing phase is proposed for closing the project

6 Implementing modalities

6.1 Contractual framework

The Action will be implemented by Enabel (lead organization) and Expertise France, according to their own rules and management systems which have been positively assessed by the EU during the ex-ante audit known as the “pillar assessment”. Furthermore, the implementing agencies may apply processes and regulations which have not been subject to the ex-ante evaluation of the pillars to the extent that they do not contradict conditions of the contribution agreement.

6.2 Governance

6.2.1 Operations Steering Committee (OSC)

The OSC is the strategic body of the Action. It shall be set up to guide and validate the proposed direction of the project and ensure adequate coordination between all organizations involved. The OSC shall meet twice a year (in person as much as possible, but if agreed it can also be virtual). The Team Leader will report to the Steering Committee on the progress on all components, monitoring and evaluation (M&E) and dissemination activities, among others.

The EC, representatives of Belgium and France will chair the Operations Steering Committee.

The implementing agencies (Enabel, EF) will be responsible for reporting on the state of play of the Action. Other EU MS that are part of the TEI will be invited to participate with voice but no vote.

The chairs of the committee ensure the monitoring and overall direction of the intervention at the strategic level. It is therefore in charge of:

- Assessing overall progress and ensuring that the objectives of the Action are achieved;
- Taking where applicable, all necessary measures for the strategic reorientation of operations in accordance with the contribution agreement;
- Studying the proposals for strategic reorientations proposed by the Support team of the action if necessary; validate annual workplans and review their progress;
- Ensuring the internal and external strategic coherence of operations;
- Ensuring overall monitoring and compliance of commitments made by stakeholders;
- Ensuring ownership of operations by all stakeholders;
- Resolving issues raised by the project manager and deciding on all change requests for key elements of the project.

The Committee's operating procedures will be further detailed and validated at the first meeting of the committee.

PROPOSED GOVERNANCE



Figure 1 governance structure

6.2.2 The Partnership Committee

The Partnership Committee is an agency setup that will be composed of a Representative appointed by each implementing agency. The Partnership Committee assists in developing and approving procedures and the decision-making process relating to the general management of the Action. It facilitates effective inter-agency communication and finding amicable solutions for any unresolved disputes between the Parties concerning the implementation of the Action where needed. The Partnership Committee will meet at the beginning of the Action and at least once a year (and on any relevant occasion) thereafter.

6.2.3 One-team approach means:

- **One team:** All teammates operate as one team under the coordination of the Team Leader, under a shared vision and a single, streamlined operating model, with clearly defined and functional links.
- **No siloed working:** All teammates work collaboratively across agencies, through continuous dialogue, regular coordination meetings, joint delivery and peer reviews when relevant. Roles and responsibilities are clearly defined and adhered to.

Common rules for all: Regardless of contractual status (Enabel, EF, seconded experts, external consultants), all members must comply with the same principles, support team processes and procedures jointly defined, without exception.

- **Shared workflows:** All requests are managed following harmonized processes.
- **Acting for TEI as a whole:** All members act for the TEI as a whole, not their respective agencies, ensuring a single, coherent interface vis-à-vis beneficiaries.

The Support Team Leader will be the focal point of contact with the TEI and hubs Coordinators and will guarantee effective coordination of the support team. The TEI coordinator and Support Team Leader will meet regularly (initially weekly and adjusted later if needed) to discuss requests, review progress and alignment to needs and will address any challenge. The Team Leader will communicate the main discussion points to the team for action or follow up. The Team Leader will guarantee effective coordination of the support team.

There will be regular technical meetings between the TEI coordinator, hubs coordinators, and the support team (suggested monthly meetings) to share priorities and plans, discuss needs and reports, and ensure effective communication and coordination. Synergies and transversal support across the hubs will be encouraged to foster collaboration and reduce silos approaches. The HSOH Support unit Team leader will participate in these monthly meetings for alignment and coherence.

6.2.4 Requests management

Requests cover a wide range of services: these include among others, requests for administrative support, event management and support, technical expertise, etc.

Requests will come from the hubs and TEI coordinator (that include MS and African partners requests) and transmitted to the support team where the best modality for implementation will be agreed upon. The support team will engage with the requesting entity to ensure clear understanding of expectations and scope. Work will be reviewed internally and validated by the requesting entity and TEI coordinator.

From past experience, we anticipated two types of requests:

- **Major Requests** include studies or analysis that require a significant amount of time. They should be of interest to the TEI or a specific Hub(s) or across hubs. They will require either a support team expert or the mobilization of STEP.
- **Minor requests** do not require more than a few days (duration to be agreed upon during inception phase) of work. They include, among others, support team advice, short review, information sharing, references, documents inputs, etc.

Note that activities that have been validated in the annual workplan do not require additional request procedures

1. The proposed “on demand” process is structured to respond to both major and minor requests in a coherent and proportionate manner, by following these steps:
2. Requests are first subject to request formulation (or reshaping by the Support Team in a specific form) with estimated time of work by the requestor focal point(s).
 - a. In case of major **requests**, the request will be submitted during regular meeting involving the requestor focal point(s), the TEI and Hubs coordinators, the Team leader, Project officer and experts relevant to the area of expertise concerned. The meeting will allow the confirmation of the time allocated to the request and the response modality, considering both human resources available and STEP budget if needed.

- b. By **contrast, minor requests**) follow a simplified pathway (email or request form sent to the Support team with cc to TEI coordinator + relevant Hub coordinator and involved MS) and proceed directly to the assignment stage.
3. The assignment of the roles, responsibilities and modalities responsible of the request is defined by the support team leader, based on the areas of expertise requested and workload constraints (following also the RASCI framework if applicable).
4. This is followed by a refinement phase between the responsible expert or Project officer and the requestor, to further clarify the need, expected deliverables and terms of reference, thereby ensuring a shared understanding before implementation.
5. The request is then taken forward through implementation, during which the agreed output is produced, and subsequently undergoes quality control through peer review when needed and as defined during the assignment.
6. Following this, the deliverable is validated by the requestor focal point(s), together with the TEI and/or Hubs (for major requests).
7. Product or result is then disseminated by the Support Team in agreement with the TEI or Hub coordinator, through suitable channels such as the Knowledge Platform, e-mail, webinars or workshops.
8. The process concludes with monitoring and evaluation, ensuring follow-up on the use of outputs and lessons learned, and continuous improvement of the support provided.

This working arrangements of the Support Team will be further developed during the inception phase and validated by the OSC. It will be analyzed and reviewed at least after 6 months of implementation and beyond if necessary. Any change in the request process will be validated by the OSC.

See below the proposed steps description and below (figure 3) the proposed graphic mechanism for requests management:

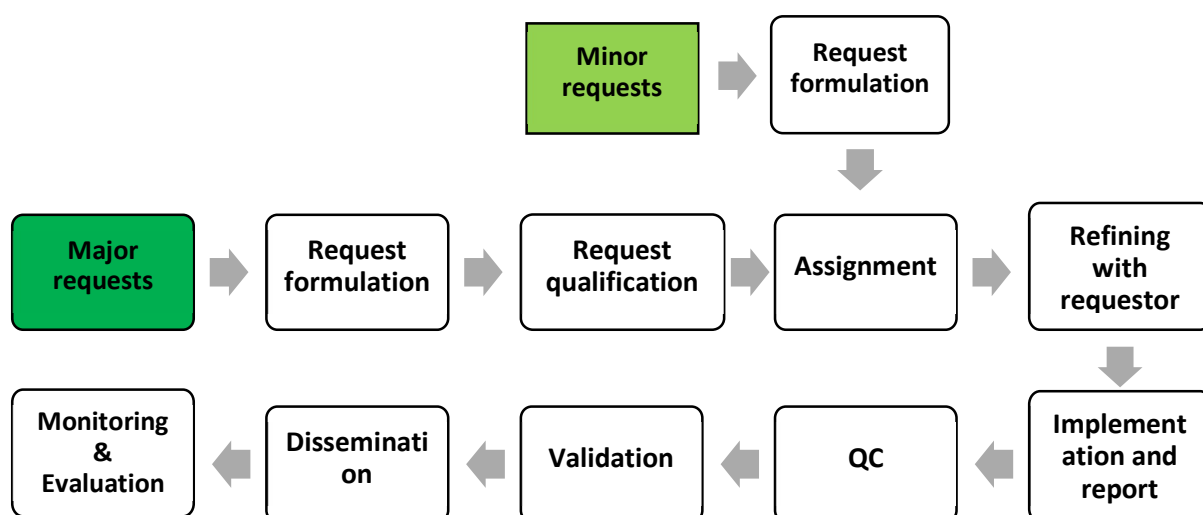


Figure 3 Proposed requests flow and management

NB Should African partners contact the support structure directly to present a request, the request shall be channeled to the TEI coordinator and relevant hub if applicable.

6.2.5 Support Team structure

The Action will be implemented by a Support Team mostly based in Brussels which will ensure the daily implementation of the operations. Led by a Team Leader, it will be composed of (i) a permanent team, (ii) experts mobilized on an ad hoc basis and (iii) administrative and financial management support staff. As described below, part of the human resources will be shared with other interventions from the bilateral portfolio or funded by third parties. Upon request from the support structure, additional agency experts with specialized expertise may be mobilized as needed on an ad hoc basis.

All members of the Support Team commit to acting **in the interest of the TEI as a whole**, ensuring there are **no silos** and no duplication of efforts. Collaboration is strengthened through **team-building processes**, jointly agreed ways of working, and continuous dialogue across all functions. Clear rules, shared planning tools, and harmonized protocols along with systematic **risk identification and mitigation**, support accountability and ensure a predictable operating environment. It will maintain the flexibility required to adapt to evolving priorities and emerging demands, ensuring that the structure remains adaptable as the needs of the TEI evolve.

It will function as a **lean structure with** clearly defined roles and responsibilities for all team members. Team building and adequate communication tools will contribute to building trust and complementarity among the staff. This arrangement is intended to work as one team, prevent fragmentation, eliminate parallel reporting or communication channels, and avoid duplication of effort across agencies or hubs.

The support team structure is composed as follows:

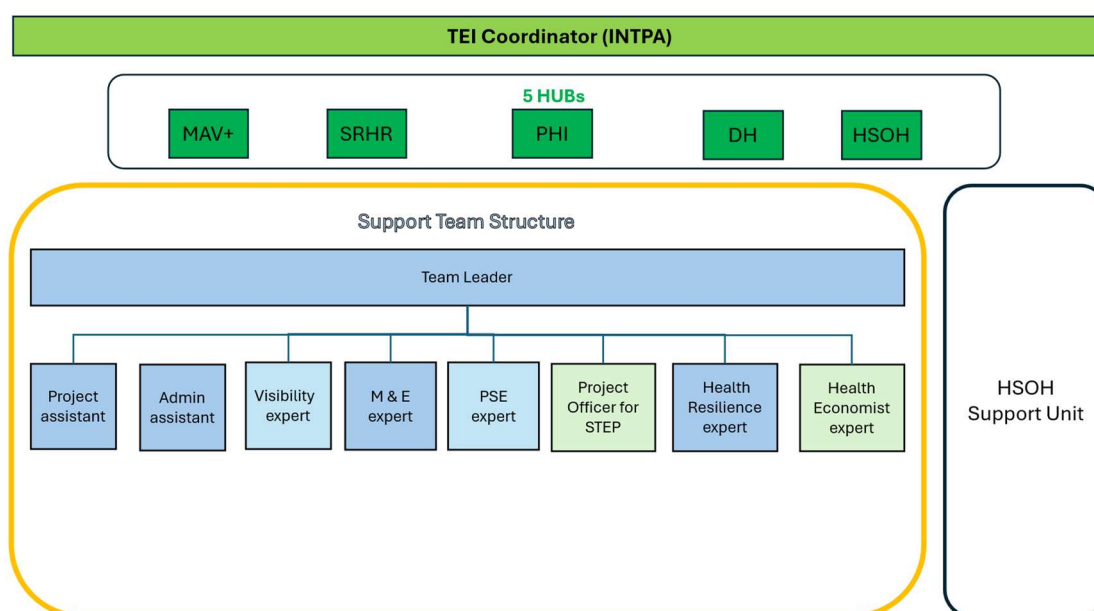


Figure 4: Support Team Organigram and functional links

The deployment of human resources is indicated indicatively in the table below. It may evolve during implementation according to needs.

Composition of the Support Team

Support Team (% of working time)	Function, tasks and responsibilities	Responsible Agency and Project Office
Team Leader (100%)	The Programme Team Leader is accountable for supporting the AU-EU Health Partnership objectives into results delivered through an integrated Support Team. - Effective Programme and team coordination - Operational leadership – primary operational interface and focal person to TEI Coordinator - Ensure responsive support to AU-EU health partnership (incl TEI coordinator and hub coordinators) - Decision-making and accountability - Quality assurance and learning oversight	Enabel Brussels, Belgium
Project Assistant (100%)	• Overall support for the implementation of the AU-EU health partnership and hub activities (administrative and contractual matters, technical support, events, etc.) • Support the implementation of project activities • Support to financial management and compliance • Coordinate meetings, workshops, and events, including scheduling, venue setup, and participant communications	Enabel Brussels, Belgium
Project officer (100%)	Support all activities related to the short-term pool of experts: • Support Hubs by responding to ad hoc technical, managerial, or strategic requests • Support Hubs through the clarification of needs and drafting of Terms of Reference (ToR) • Support Hubs by ensuring the rapid deployment of experts once requests are validated • Support Hubs through a structured requests monitoring system (dashboard tracking requests, expert days, and budget use) • Support Hubs by ensuring the quality, relevance, and adaptability of delivered outputs • Support Hubs through the systematic capture	Expertise France Paris, France

Support Team (% of working time)	Function, tasks and responsibilities	Responsible Agency and Project Office
	of lessons learned after each assignment Support Hubs by sharing and disseminating knowledge and lessons learned through the knowledge management system.	
Visibility and events expert (100%)	- In coordination with INTPA G4, INTPA A2, INTPA 02, EU delegations, and TEI members, support visibility on different platforms and channels upon demand - Coordinate with relevant stakeholders (e.g., the European Commission, EU MS, hub coordinators, implementing agencies, DFIs, and partners) on joint visibility opportunities - Develop strategy for participation in relevant events - In alignment with the hub coordinators, inform relevant stakeholders of achievements - Provide clear visibility guidelines, requirements and specifications to serve as a common standard for TEI implementation aligned with Global Gateway standards and the expectations of EU MS and partners - Provide operational and logistical support for events and activities at the request of the TEI members and in coordination with the Hub and TEI coordinator - incl. coordinating TEI members prior and during event, logistic event support (venue booking, meeting set-up, invitation management, catering, etc.), agenda management (gathering stakeholder and participant input, supporting in time management etc.), note taking/ minutes, support TEI members in follow up actions resulting from events.	Enabel Brussels, Belgium
Health resilience expert (100%)	- Provide transversal support across all five hubs, ensuring that access to quality health services is systematically integrated as a core lens of analysis, coordination and technical guidance and contributing to a stronger cross-hub coherence. - Support Hubs to develop a strategic approach, narrative, and vision on each of the hub thematics, providing guidance on how to support health resilience and access in each of the areas of the hubs. - Support TEI Coordinator and Hub Coordinators, by providing analyses, briefs and	Enabel Brussels, Belgium

Support Team (% of working time)	Function, tasks and responsibilities	Responsible Agency and Project Office
	strategic notes on global health and health system resilience toward UHC for hubs and TEI. • Support Hubs through evidence based technical inputs on strengthen country-led resilient health policies and systems toward UHC • Support hub coordinators and TEI health to strengthen resilient supply chains, integrate local products into HSS/UHC systems, and improve access to quality health products and services. • Contribute to the hubs and TEI through technical inputs and reviews to strengthening of health security and country preparedness mechanisms upon request (and in alignment with the HSOH unit) • Support hub coordinators and TEI health to promote effective use of digital tools including AI where applicable across the hubs	
Private sector engagement expert (100%)	• Advise and support the AU-EU Health Partnership TEI on Private Sector Engagement to strengthen coherent private sector cooperation. • Develop strategies for the systematic engagement of private sector actors in Team Europe Initiative Hubs, including the identification, mapping and prioritization of relevant companies, investors, industry associations and other relevant stakeholders. • Develop tailored engagement approaches, foster investment mobilisation, build and maintain networks with private sector stakeholders, facilitate dialogue and partnerships in coordination with relevant EU initiatives. • Analyse private sector ecosystems, stakeholder roles, engagement models and collaboration mechanisms (including innovative partnership models and public-private collaboration), and provide technical advice on opportunities with private sector actors, and facilitate collaborative initiatives that contribute to the objectives of the AU-EU Health Partnership. • Support the planning, organisation, implementation and follow-up of events,	Enabel Brussels, Belgium

Support Team (% of working time)	Function, tasks and responsibilities	Responsible Agency and Project Office
	workshops, business dialogues, and networking activities involving private sector stakeholders. - Facilitate stakeholder participation and prepare agendas, background materials, and follow-up actions for engagement activities. - Develop and implement results-oriented monitoring approaches, document good practices and lessons learned, and prepare analytical reports and recommendations on the effectiveness of private sector cooperation.	
Health finance and economist expert (60 %)	- Support Hubs develop a strategic approach, narrative, and vision for each theme, providing guidance on how to promote access to both private and public finance across areas of intervention. - Support Hubs identify gaps, overlaps, and opportunities for complementarities between programs and public investments, fostering cross-fertilization. - Support Hubs promote a more effective and coordinated global health architecture through their funding participation. - Support Hubs to diversify global supply chains and manufacturing of key health product through investment, partnerships (PpP) (i.e. Investment in manufacturing capacity and resilient supply chains, Promote partnerships and knowledge exchange on production, procurement and access to key health products, clinical research networks for vaccines, treatments and diagnostics) - Support Hubs in their actions on sustainable, country-led health systems through the identification of financing mechanisms and governance. - Support Hubs monitor trends in global health financing, public investment flows, and innovative financing mechanisms. (i.e evaluating funding for access to science and data to support evidence-based communication, research and innovation) - Support Hubs provide analytical support to inform TEI program implementation through tailored health finance briefs and strategic notes for Hub-level and EU decision-making	Expertise France Paris, France

Support Team (% of working time)	Function, tasks and responsibilities	Responsible Agency and Project Office
	based on their investments. • Support Hubs analysis and synthesis of public health financing and investment initiatives, enabling alignment of Team Europe health investments with strategic priorities such as Global Gateway and Global Health resilience initiative. • Support Hubs identify opportunities for cross-Hub collaboration to leverage private sector mobilisation in health	
Private sector engagement expert (100%)	• Advise and support the AU-EU Health Partnership TEI on Private Sector Engagement to strengthen coherent private sector cooperation. • Support the development of systematic engagement of private sector actors in Team Europe Initiative Hubs, including the identification, mapping and prioritization of relevant companies, investors, industry associations and other relevant stakeholders. • Support the development of tailored engagement approaches, foster investment mobilisation, build and maintain networks with private sector stakeholders, facilitate dialogue and partnerships in coordination with relevant EU initiatives. • Analyse private sector ecosystems, stakeholder roles, engagement models and collaboration mechanisms (including innovative partnership models and public-private collaboration), and provide technical advice on opportunities with private sector actors, and facilitate collaborative initiatives that contribute to the objectives of the AU-EU Health Partnership. • Support the planning, organisation, implementation and follow-up of events, workshops, business dialogues, and networking activities involving private sector stakeholders. • Facilitate stakeholder participation and prepare agendas, background materials, and follow-up actions for engagement activities. • Support the development and implementation of results-oriented monitoring approaches, document good practices and lessons learned, and prepare analytical reports and	Enabel Brussels, Belgium

Support Team (% of working time)	Function, tasks and responsibilities	Responsible Agency and Project Office
	recommendations on the effectiveness of private sector cooperation.	
M&E Expert (100%)	In close collaboration with visibility expert and other relevant structures and in support to hub coordinators: • Maintain and further develop the monitoring and evaluation system of the AU-EU Health Partnership • Identify, collect and analyze relevant data and feed them into the results monitoring systems of the TEI • Improve the collection, use and presentation of data – to identify data gaps, for use in decision-making by TEI Coordinator and hubs and for use in publications, meetings and document production • Provide support in ensuring and improving data quality • Respond to M&E requests from TEI Coordinator and hub coordinators, including reporting	Enabel Brussels, Belgium

Admin/ Support Staff (% of working time)	Function, tasks and responsibilities	Responsible Agency and Project Office
Enabel Programs Manager (10%)	Program oversight, coaching and advice; interagency relations and interaction with INTPA	Enabel, Brussels
Technical support staff (<5%)	Technical expertise from the Global Health and Rights unit in Brussels or experts in the field (on demand)	Enabel, Brussels
Enabel Manager Finance & Contracts (10%)	Responsible of Administration and finance and contracts, financial reporting oversight and MPCA contract management Responsible for closure activities after the end of the implementation period.	Enabel, Brussels
Enabel Contract Support Manager (10%)	Responsible of contracts (Procurements, Grants, Cooperation Frameworks agreements)	Enabel, Brussels
Enabel public purchase (10%)	Responsible for any purchase procurement	Enabel, Brussels
Enabel Financial Officer (35%)	accounting, finance controlling etc) as well as MPCA financial aspects of the contract	Enabel, Brussels

	including financial closure	
Enabel HR(5%)	HR recruitment and contract management	Enabel, Brussels
Expertise France – HQ (10%)	Preparation and follow-up of contracts (experts, service providers, etc.) Formatting of documents produced within the projects. Drafting of meeting minutes. Collection, organization, and archiving (both paper and electronic) of administrative documents. Financial management, contract monitoring Responsible for closure activities after the end of the implementation period. Facilitate coordination with the donors	Paris, France

6.2.6 Offices of the Action

The Enabel offices in Brussels will serve as the head office of the Action. As a result, they have the following financial implications:

Project Office costs cover the concrete infrastructure and internal services made available by Enabel for the day-to-day functioning of the Action:

- Infrastructure costs include office premises, rent, utilities, maintenance, office-related investments, internet connectivity, office supplies and other common facilities.
- Internal service costs relate to operational support services provided by Enabel to the project, such as HR and payroll support, accounting, IT support, reception, maintenance and other services directly supporting the day-to-day functioning of the project.

For both infrastructure costs and internal service costs, the allocation is mainly based on the number of functions under the Action directly benefiting from the infrastructure or services concerned.

As a general principle, one person corresponds to one function, irrespective of whether the person works full-time or, for example, 4/5, as the workload generated for several support services remains broadly comparable. Genuinely part-time functions are, however, taken into account proportionally. Where a person joins or leaves the project during the year, the function is also taken into account pro rata for the relevant period.

The allocation furthermore reflects the infrastructure and services effectively used by the Action. Costs relating to infrastructure or services from which a project does not benefit are excluded from the allocation.

These project office costs are specific for the project activities and therefore distinct from Enabel's general indirect costs and from the management fees provided for under Article 5 of the Contribution Agreement.

6.3 Implementation tools

The implementation of the Action will be carried out under the responsibility of 2 agencies.

Direct implementation by Enabel	Subcontracting via public procurement (for services, works and supplies)	Awarding grants to public entities and eligible private organisations	Non-institutionalised horizontal cooperation: - Cooperation Agreements with public entities - Cooperation Agreements with UN
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In accordance with the Contribution Agreement and the 9 pillars Audit, in addition to **direct implementation by its intervention teams and the provision of own expertise**, depending on the applicable legislative and regulatory framework, Enabel may:

- subcontract operations (services, works and supplies) to Economic Operators via public procurement;
- award grants for which public or private bodies are specifically mandated or competent
- use non-institutionalized horizontal cooperation by means of two instruments:
 - Cooperation Agreements with Belgian or European public-law entities at the domains level of the Cooperation Program for which these entities have a specialized expertise of added value;
 - Cooperation Agreements with UN organizations at the domains level of the Cooperation Program for which they are specifically mandated or competent.

Finally, the operational agreement between Enabel and an implementing partner allows setting the conditions under which certain Enabel support is made available to this partner or specifying the conditions of its involvement in the implementation of specific activities. This instrument cannot give rise to a financial transfer except, when justified, the reimbursement of certain expenses (travel, per diem, accommodation) to the individuals involved.

6.4 End Term Review

An End Term Review is planned at the end of the Action. This assessment will be carried out by an external service provider.

This end term review makes it possible to provide an external point of view on the performance of the intervention, to analyze the development process at its implementation stage, and to identify lessons learned.

Representatives of the EU (DG INTPA) will be invited to participate in the mission to review the implementation of the intervention. The final report of the mission will be communicated by Enabel to the EU.

7 Risks

The main risks identified in the context of the implementation of the Action are detailed below as well as the monitoring and mitigation measures for these risks.

Risk	Likelihood of occurring	Impact	Corrective measures/Mitigation	Assumptions
Political risks				
Unforeseen changes at political level during the project that may affect the implementation or Political divergence EU–AU	Low	High	Working with political actors in Europe and Africa to underline importance of EU AU Health Partnership	The political contexts remain overall stable during the Action implementation. African and European Governments and the AU remain oriented towards collaborative approaches.
limited proactive engagement of EU MS in TEI and hub processes affecting Team Europe approach and joint ownership of activities	Low	High	Strengthen structured engagement mechanisms with EU Member States through hubs and TEI governance (e.g. targeted consultations, clearer articulation of added value, alignment with MS priorities). Ensure visibility of contributions and opportunities for co-creation to incentivize active participation.	Sustained commitment and proactive engagement of EU Member States in line with the Team Europe approach
Lengthy negotiations between multiple stakeholders impede project progress	Medium	Medium	Involving respective ministries and institutions in the project development and implementation from the beginning of the project	EUD to AU leads dialogue with AU institutions
Risks to project implementation				
High and competing demands from hubs without clear prioritization, leading to potential overload	Medium	Medium	Establish clear prioritization and planning mechanisms through Support Team governance (with TEI	It is assumed that the Support Team will work in close collaboration and communication, and the Support Team will have enough capacities.

and reduced effectiveness of the Support Team			Coordinator and hub coordinators), aligned with agreed priorities and workplans. Promote forward planning and regular review of requests to ensure a balanced and manageable workload for the Support Team.	
A lack of absorption capacity of the Support Team	Medium	High	TEI and hubs' coordinators and Support Team Leader will have a clear understanding of the workload of the teammates to prioritize and plan activities in a way that can be absorbed successfully. Planning updates will be regular.	It is assumed that Support Team will have enough capacities.
Staff changes/turnover or/and insufficient HR	Medium	High	Team spirit and back up with the Support Team. Transferable methodologies/tools and institutional memory	It is assumed that the current staff will be present throughout the project implementation period. It is also hoped that a strong KM and handover plan is in place should personnel changes, thereby limiting the gaps to the project implementation
Limited responsiveness from requestors (including TEI and hubs' coordinators) including lack of information available for the experts to evaluate the needs to make necessary conclusions	Low	Medium	The relevant activities will be planned with TEI, hubs coordinators and relevant requestors. In addition, all identified stakeholders will be involved in the initial phases. The relevant activities will be planned and regular timely communication will ensure the availability of all relevant parties and	Willingness and close cooperation between all stakeholders, in particular TEI and Hubs coordinators and requestors Full commitment of the involved beneficiary institutions

			timely completion of all activities Necessary documents and data will be timely communicated to the Support Team by TEI coordinator, Hub coordinators or TEI members	
Delay in the implementation of the activities (validation processes, recruitment delays, administrative procedures in agencies)	Low	Medium	Accurate preparation of the activities and close cooperation with INTPA/ TEI. Clear planning, request and validation process/flow.	Willingness and availability of all the stakeholders involved. Close cooperation established with all the institutions concerned
Lack of- or delayed availability of short-term expertise	Low	medium	Active mobilization of existing pool of experts within the 2 agencies Use of agencies network to disseminate the call for experts when needed Realistic and well drafted ToR of the short-term experts Interaction with the EC Knowledge hub	Good team Europe spirit of collaboration, willingness of stakeholders
Fragmentation between hubs persists	low	high	Support team will work in close collaboration with the TEI coordinator from the onset and facilitate any opportunity for joint ventures (joint events, joint meetings, multi-hub transversal support, etc). If required or where relevant, TEI members might be called to foster the collaboration	Since the spirit is about one TEI health, the fragmentation looks unlikely

Insufficient coordination among implementing partners	Low-medium	High	From the inception phase, the Project team will take a strong grip of project and team coordination to ensure smooth implementation, team spirit and avoid silos. Team building will be maintained throughout the implementation. Clear request process, communications lines and RASCI will facilitate smooth and coordinated implementation	Willingness and commitment of all implementing partners involved. Established close cooperation with all implementing partners engaged, constructive support form the partnership board
Sustainability risks				
Limited use of outputs (KM, monitoring, technical assistance) in decision-making processes, reducing the added value of the Support Team	Low-medium	high	Ensure close linkage of outputs to TEI governance processes (e.g. Management Team, HLSM), and tailor formats to decision-making needs (concise, actionable, timely)	Since Hubs and TEI coordinator validate the request, low uptake is unlikely
Overlaps or duplications of efforts with other initiatives and support units, leading to inefficiencies and affecting long-term coherence of the support provided	Medium-high	Medium-high	The Action will ensure clear adherence to its roles and responsibilities (defined above). The Support Team is demand-driven and will support the TEI coordinator and Hubs coordinators upon request. This includes engagement with MS and African partners as well as other actors if requested. Coordination with key donors and partners is done	Continued effective coordination between the different initiatives and Support Teams through TEI and Hub governance structures Availability of information related to other Support Teams' activities and deliveries, and responsiveness of stakeholders.

			through the TEI and HUBs and not directly through the Support Team unless requested. HSOH SU and the Support Team Leaders will be in close contact to avoid duplication. Collecting and updating info on countries' progress, EIB and other EU financial institutions, and other regional donors in Africa.	
Social impact and environmental risks (unintended negative effects)				
To be filled in -tbc				
Corruption risks				
Risk of corruption and/or conflict of interest due to a high level of complexity with many TEI stakeholders (governments, service providers, local manufacturers, etc.)	Medium	Medium	Developing legal framework promoting transparencies, and accessible to all TEI members at the same time.	The support team remains adequately staffed and resourced, with members consistently adhering to conflict of interest and ethical standards throughout the implementation period.
Overall risk assessment	Medium	Medium		

8 Indicative logical framework of the Action

Objectively verifiable indicators will be defined more precisely during the project start-up period during which baseline studies will be carried out. They will be validated by the Steering Committee.

Intervention Logic	Indicators	Target (36 months)	Verification Sources	Assumptions
Specific Objective: to provide support to Team Europe (including among others hubs coordinators, TEI coordinator, EUDELS, and EU MS) and African towards a coherent, coordinated and efficient approach to the implementation of the AU-EU Health Partnership Team Europe Initiative (TEI)	1. % of Support Team-supported interventions that demonstrate explicit alignment with agreed TEI strategic priorities or thematic hub priorities	1. ≥85% interventions aligned	Support Team reports, ToRs, hub surveys, Steering Committee validation, dashboards (PowerBI), visibility activity tracking and documentation	Political and institutional stability; stakeholders actively engage with the Support Team, joint vision across TEI members; interest in African and European partners to co-develop visibility activities
	2. Number of joint coordinated/joint initiatives supported (e.g. joint programmes, shared outputs, or co-implemented activities) supported by the Support Team within and across hubs.	2. ≥15		
	3. Number of joint AU-EU visibility activities (“one voice”)	3. 15 joint AU-EU visibility activities that include at least 2 Hubs, 2 TE members, and 1 African partner		
Output 1: Increased synergies and complementarity among health hubs through integrated support to governance, coordination, joint planning and decision	1. % of hubs with a defined vision aligned with the TEI JIL	1. 100% hubs	HLSM minutes, TEI and hub strategic vision, roadmap or workplans, Support Team reports	Hubs commit to joint planning
	2. % of hubs participating in joint planning at continental, regional or country level	2. ≥80% hubs participating		
	3. Number of cross-hub and cross-country linkages facilitated by the Support Team	3. ≥25 links		

Output 2: Effective Knowledge management, visibility, learning, and guidance , in areas related to the health TEI	1. Number of requests/documents realised (dsg. thematic)			
	2. % of TEI members and hubs coordinators' satisfaction of Support Team knowledge products		Knowledge repository metrics, stakeholder surveys, policy reviews, visibility resource tracking and documentation	Knowledge products are relevant, timely, accessible; digital platforms functional; interest from European partners in using materials
	3. % of stakeholder's activity using visibility products	1. +100		
	4. % of expert assignments where gender analysis and relevant gender dimensions are systematically integrated in the inception phase, recommendations and/or deliverables	2. ≥80% satisfaction 3. ≥ 25% stakeholder usage 4: >70%		
Output 3: Monitoring, results, and performance reporting ensured by the Support Team	1. % of complete annual TEI M&E tracker (PowerBI) update by the Support Team			Reliable data collection
	2. Number of MEL exercises (e.g., joint reviews, JIL, learning assessments) conducted by hubs facilitated by the Support Team M&E expert	1. 100% 2. ≥12 3. All reports submitted on schedule	Support Team M&E dashboards, Steering Committee review, audit reports	mechanisms; hub staff and stakeholders maintain engagement in reporting
	3. % of MPCA contractual reports prepared by the Support Team submitted on time			

Output 4: On-demand short-term expertise (technical, managerial, transversal)

1. Average time from request to deployment of experts by the Support Team	1. ≤4 weeks' average deployment	Expert mission reports, feedback forms, Support Team dashboard	Experts are available; stakeholders receptive to advice
2. % of expert consultancies producing actionable recommendations	2. ≥80% recommendations actionable		
3. % of satisfaction of stakeholders'	3. ≥80% satisfaction		

9 Communication and visibility

Enabel will ensure compliance with the provisions regarding communication and visibility as indicated in Annex II of the Contribution Agreement.

Enabel will also ensure compliance with the visibility provisions, as indicated in the guidelines for Communication and Visibility of EU External Actions.

For safety reasons, adaptations may be justified and require requests for exemption.

Communication

The visibility plan of the multi-Donor Action is to be developed during the inception phase in coordination with INTPA 02 (EU Political Strategy and Communication).

The communication strategy will be framed within the general communication objectives proposed by the European Union (EU) for its foreign action, specifically in the field of cooperation, to help consolidate the image of the EU and Team Europe as international actors and in line with the other donors requirements.

Visibility

In line with agreement between the Contracting authority (INTPA) and the representatives of Belgium and France, the following visibility requirements will apply to the project:

- The EU logo accompanied by “Co-funded by the European Union” will be placed on the left aside with Belgian and French flags/logos, and the logos of the “Implementing Partners” Enabel and Expertise France on the right.
- The logos of the implementing agencies will appear in the following order: Enabel – Expertise France.

Visibility measures for this Action will adhere to Article 7 of Annex II and the “Communicating and raising EU visibility: Guidance for external action” (hereafter the Guidelines).

Where necessary, Organization and Partners will adjust the standard disclaimers in the Guidelines to acknowledge the financial support of all donors to the Action and to clarify that products do not necessarily reflect their views but are the sole responsibility of Enabel and Expertise France.

The visibility obligations apply equally to Organization and Partners and their third parties, including grant recipients. Organization and Partners and their third parties will endeavor to implement visibility measures beyond those outlined in this document if requested by the EU or third parties designated by the EU.

AU-EU Health Support Facility

BEL26002

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NOTE EXPLICATIVE POUR LE FINANCEMENT DE LA BELGIQUE

CONCERNANT LE DOCUMENT D'ACTION (DOA) PROJET « AU-EU HEALTH SUPPORT FACILITY » (1,1MEUR)

A la suite de la lettre d'instruction D2.5/MD/DEV.01/2026/5538/1 du 27 août 2026, cette note vise à reprendre les interventions et activités qui seront financées spécifiquement par la Belgique dans le cadre de la contribution additionnelle de deux millions cent mille Euros (2,1 MEUR dont 1,1MI pour le Health Support Facility et 1 MI pour les détachements à Africa CDC et AMA) de la Coopération belge au développement à l'initiative européenne «AU-EU Health Support facility » ainsi qu'aux détachements à deux agences africaines (Agence Africaine des médicaments – AMA) et les Centres africains de contrôle et de prévention des maladies_-Africa CDC) ». L'objectif est de soutenir la mise en place et le fonctionnement d'une unité de support pour les cinq hubs santé du TEI AU-EU Health Partnership ainsi que le détachement d'experts auprès d'Africa CDC et de l'African Medicines Agency afin de contribuer à des systèmes de santé africains forts et résilients.

En effet, considérant l'adéquation des objectifs de l'initiative européenne et du financement additionnel de la Belgique, ainsi que la convergence des institutions partenaires concernées, la proposition de formulation unique a été acceptée. Cette formulation unique dans laquelle les contributions financières des différentes sources de financement sont clairement identifiées ("financement parallèle affecté" "earmarked") permet de positionner la Belgique à un haut niveau stratégique de visibilité, reconnu par les partenaires et l'Union Européenne dans la continuité de l'engagement belge dans le AU-EU Health Partnership TEI dont fait aujourd'hui partie le hub MAV+. Cette approche pragmatique promeut la transparence et la cohérence des interventions.

Les activités financées par la Belgique sont clairement définies et identifiées dans la formulation. Aucune activité n'est cofinancée par l'UE et la Belgique. Le budget est clairement structuré afin d'identifier et de distinguer aisément les activités financées par la Belgique de celles financées par l'UE et la France. Il n'y a pas d'output spécifique uniquement financé par la Belgique.

Durée du financement : le financement belge est aligné sur le DoA dont la durée est de 36 mois (activités DoA : du 1 juillet 2026 au 30 juin 2029 et 6 mois de clôture) . Le financement belge couvre une période de mise en œuvre de 32 mois (du 1 novembre 2026 au 30 juin 2029) et une période de clôture de 3 mois (du 1 juillet 2029 au 30 septembre 2029).

Les activités financées par la Belgique dans chaque output sont indiquées ci-dessous :

AU-EU Health Support Facility – DOA Output 1 : Increased synergies and complementarity among health TEI hubs through integrated governance, coordination, joint planning and decision support (A 01 03)

En complément avec les activités de l'Output 1 financées par l'UE dont Enabel est entièrement responsable, ces activités additionnelles financées par la Belgique contribueront à renforcer la cohérence et la coordination entre les cinq hubs thématiques de la Team Europe Initiative AU-EU Health Partnership. Il s'agira d'appuyer les hubs de la TEI à faire des ateliers et réunions de réflexions stratégiques pour renforcer leurs rôles et leur permettre de développer de nouveaux outils si besoin, d'analyser les innovations et développements de leur secteur et renforcer leur contribution au partenariat AU-EU dans la santé. Elles permettront d'appuyer le fonctionnement de la gouvernance de la TEI, de faciliter les échanges entre les hubs et de renforcer l'alignement stratégique entre les différents partenaires européens et africains. Certains outils de capitalisation permettront d'identifier les bonnes pratiques, leçons apprises et autoréflexion afin de maximiser leur fonctionnement et leur contribution dans le partenariat santé.

Elles contribueront à accroître les synergies, la complémentarité et la coordination de la TEI, en soutenant la gouvernance, la planification conjointe, le partage d'expériences, la facilitation d'échanges techniques et l'alignement stratégique entre la Commission européenne, les Etats membres et les partenaires africains. Ces activités contribueront au renforcement du positionnement stratégique de la Team Europe, y compris la Belgique, dans la santé mondiale, ainsi qu'au renforcement de systèmes de santé forts et résilients dans le cadre du partenariat AU-UE.

AU-EU Health Support Facility – DOA Output 2. Effective Knowledge management, strategic communication, learning and guidance tools, in areas related to the health TEI, delivered (A 02 01)

En complément avec les activités de l'Output 2 financées par l'UE dont Enabel est entièrement responsable, cette activité additionnelle financée par la Belgique visera à renforcer l'intégration de la résilience des systèmes de santé comme thématique transversale au sein de l'AU-EU Health Partnership, en cohérence avec la Global Health Resilience Initiative récemment adoptée et le nouveau cadre stratégique EU de santé mondiale.

Ce renforcement se fera principalement à travers le recrutement d'un.e expert senior en résilience des systèmes de santé afin de produire des analyses, produits de connaissance et orientations stratégiques, et de renforcer les réseaux d'échange technique. Cette expertise vise à nourrir le dialogue politique. Elle favorisera l'apprentissage, le partage des connaissances et la diffusion des bonnes pratiques. Elle aidera les hubs, Team Europe et les partenaires africains à mieux intégrer la résilience des systèmes de santé dans leurs stratégies et leurs investissements. L'accent sera mis notamment sur l'accès équitable aux produits et services de santé. Cette approche permettra de mieux préparer les systèmes de santé aux chocs, y compris ceux liés au changement climatique et aux crises sanitaires.

AU-EU Health Support Facility – DOA Output 3: Monitoring results and performance reporting ensured (A 03 02)

En complément avec les activités de l'Output 3 financées par l'UE dont Enabel est entièrement responsable, cette activité additionnelle financée par la Belgique soutiendra la capitalisation, l'apprentissage, le partage d'expériences et la valorisation des résultats de la Team Europe Initiative.

La capitalisation est une démarche d'apprentissage interne et itérative qui consiste à prendre du recul sur une expérience, l'analyser et la documenter les enseignements. Elle permet de transformer les savoirs tacites et les enseignements tirés en connaissances explicites, partageables et réutilisables par d'autres projets, partenaires ou contextes.

Les ressources mobilisées contribueront à construire une vision et des objectifs communs, ainsi qu'à documenter les bonnes pratiques et les enseignements tirés de la mise en œuvre des activités auprès des partenaires africains, des États membres et de la Commission européenne. Elles permettront d'alimenter le dialogue politique, d'améliorer la prise de décision et de renforcer les synergies entre les différents hubs de la TEI.

Cross cutting costs

En complément des activités techniques, la contribution belge financera les moyens nécessaires à leur mise en œuvre, notamment les ressources humaines de support du projet, les services mutualisés en appui direct à la mise en œuvre du projet (gestion du MPCA, finances, contrats, achats, support administratif, gestion des ressources humaines, etc.), les équipements informatiques et les frais de fonctionnement directement liés à la gestion de l'action. Ces ressources permettront d'assurer une gestion efficace, transparente et conforme aux exigences administratives et financières du programme. (Voir aussi DoA section 6.2.6)

Observations :

Les activités décrites ci-dessus visent aussi à potentialiser les programmes en place au niveaux régionaux (notamment en Afrique de l'Ouest) et nationaux (notamment au Bénin, Burkina Faso, Burundi, République démocratique du Congo, Guinée, Mauritanie, Niger, Ouganda, Palestine et Sénégal) où la Belgique intervient dans la santé : en particulier en matière d'accès aux produits de santé (MAV+), de santé et de droits sexuels et reproductifs (SRHR) et de renforcement des systèmes de santé à travers les instituts de santé publique (PHI) et d'approches innovantes en santé en vue de renforcer la sécurité sanitaire, la résilience face aux chocs comme des pandémies ou des changements climatiques. Elles faciliteront les échanges d'expertise, le partage de connaissances et le développement de partenariats durables entre les institutions africaines, belges et européennes, notamment au travers de Team Europe et de l'écosystème belge de santé mondiale.

Une phase de démarrage est prévue pour clarifier les modalités pour adresser les besoins des partenaires comme Africa CDC, AMA et Team Europe et développer une programmation plus précise des activités.

Monitoring et rapportage (voir aussi la CMO et le DOA): un suivi des activités et de l'état d'avancement des différents résultats sera assuré par le projet. Un rapportage opérationnel et financier global et une annexe spécifique sur le budget belge seront produits annuellement. Pour rappel, le Service Public Fédéral Affaires étrangères, Commerce extérieur et Coopération au Développement est membre du Operations Steering Committee du projet (DOA) ainsi que des organes de gouvernances avec Africa CDC et AMA. Il pourra ainsi contribuer à la guidance stratégique et politique du projet.

Evaluation finale : Une évaluation finale externe sera réalisée sur le DOA (sous financement UE) et inclura toutes les activités mises en œuvre par Enabel sous le DoA.

Budget DOA – Annex 3

ANNEX III TO THE MULTI PARTNER CONTRIBUTION AGREEMENT TOTAL BUDGET in Euro		TOTAL Contributions to the action					FORECAST YEAR 1					
		EU Contribution			MAE FR Contribution	BE Contribution***	EU Contribution Year 1 (18 months)		MAE FR Year 1 (18 months)	BELGIUM Year 1 (18 months)	TOTAL Year 1 (18 months)	
In Euro	Total Budget	EF	ENABEL	TOT EU Contribution	EF	ENABEL	EF	ENABEL	Year 1 EU Contribution	EF	Enabel	TOTAL Year 1
Specific Objective: provide support to Team Europe (including among others hubs coordinators, TEI coordinator, EUDELS, and EU MS) and African partners towards a coherent, coordinated and efficient approach to the implementation of the AU-EU Health Partnership Team Europe Initiative (TEI)*	2.548.244	1.194.500	675.624	1.870.124	-	678.120	592.700	265.272	857.972	-	301.620	1.159.592
Output 1: Increased synergies and complementarity among thematic health TEI hubs through integrated support to governance, coordination, joint planning and decisionning and decision-making	309.024		96.024	96.024	-	213.000	-	48.012	48.012	-	106.500	154.512
Output 2 : Effective Knowledge management, visibility, learning and guidance, in areas related to the health TEI	938.460	318.500	200.200	518.700	-	419.760	154.700	65.000	219.700	-	172.440	392.140
Output 3 : Monitoring, results and performance reporting	424.760		379.400	379.400	-	45.360	-	152.260	152.260	-	22.680	174.940
Output 4 : On-demand Short Term Technical Expertise	876.000	876.000		876.000	-	-	438.000	-	438.000	-	-	438.000
Cross cutting costs *	1.750.821	137.276	1.263.628	1.400.904	-	349.917	39.790	530.278	570.068	-	139.967	710.034
Human resources	1.336.767	-	986.850	986.850	-	349.917	-	418.803	418.803	-	139.967	558.769
Operational costs (Project Office, mission, other costs)	378.054	137.276	240.778	378.054	-	-	39.790	111.475	151.265	-	-	151.265
End Term Review	36.000		36.000	36.000	-	-	-	-	-	-	-	-
Total Direct costs	4.299.065	1.331.776	1.939.252	3.271.028	-	1.028.037	632.490	795.550	1.428.040	-	441.587	1.869.626
	-			-								
Total Remuneration- indirect cost	450.935	93.224	135.748	228.972	150.000	71.963	44.274	55.688	99.963	67.676	30.911	198.550
Remuneration indirect costs (UE as per art 18,3 GC)	300.935	93.224	135.748	228.972	-	71.963	44.274	55.688	99.963	-	30.911	130.874
Overheads and other remuneration costs**	150.000			-	150.000	-		-		67.676	-	67.676
TOTAL BUDGET FOR THE ACTION	4.750.000	1.425.000	2.075.000	3.500.000	150.000	1.100.000	676.764	851.238	1.528.002	67.676	472.498	2.068.177
TOTAL EU Contribution	3.500.000											
TOTAL MAE FR CONTRIBUTION	150.000											
TOTAL BELGIUM CONTRIBUTION	1.100.000											

* With reference to Art. 11.3 GC this represents a budget heading. Sub-divisions under a budget heading are for reporting purposes only and not subject to the 25% rule stipulated in Art. 11.3 GC.

** Overheads exceeding the remuneration/indirect cost (Art. 16.8 GC) - which is limited to 7% of the total eligible direct costs to be reimbursed by the Contracting Authority

*** The Belgium contribution is earmarked :affected to specific activities (description in Annex 1)

Financement belge pour le DOA) AU-EU Health Support Facility :

Budget en Euro					TOTAL	2026	2027	2028	2029	
A AU-EU Health Support Facility					678.120	71.172	245.616	239.688	121.644	
A	01	Increased synergies and complementarity among health TEI hubs through integrated governance, coordination, joint planning and decision support			213.000	27.000	78.000	63.000	45.000	
A	01	03		Hubs workshops, technical meetings support and capitalization	213.000	27.000	78.000	63.000	45.000	
A	02	Effective Knowledge management, strategic communication, learning and guidance tools, in areas related to the health TEI, delivered			419.760	39.636	154.008	158.544	67.572	
A	02	01		Health resilience expertise and support	419.760	39.636	154.008	158.544	67.572	
A 03 Monitoring, results and performance reporting ensured					45.360	4.536	13.608	18.144	9.072	
A	03	02		Capitalisation facilitation et support	45.360	4.536	13.608	18.144	9.072	
Z		Cross cutting costs *			349.917	29.993	119.972	119.972	79.981	
Z		01	Human Resources			349.917	29.993	119.972	119.972	79.981
Sub Total Direct costs					1.028.037	101.165	365.588	359.660	201.625	
Z	99	05		Indirect costs	71.963	7.082	25.591	25.176	14.114	
TOTAL					1.100.000	108.246	391.179	384.836	215.739	

PART TWO:

**HUB SUPPORT TO AFRICA CENTER OF DISEASE CONTROL (Africa CDC)
AND AFRICAN MEDICINES AGENCY (AMA)**

A. Secondment to Africa CDC's health R&D ecosystem

*Belgian contribution to the African Union – European Union (AU-EU) Health Partnership (Phase II
Team Europe Mav+ hub support to Africa CDC)*

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Abbreviations

Africa CDC	Africa Center for Disease Control and Prevention
AHSS	Africa Health Security and Sovereignty Strategy
AU	African Union
DGINT	Directorate-General for International Cooperation and Humanitarian Aid
Enabel	Belgian agency for international cooperation
EU	European Union
EUMS	European Union Member States
(DG) INTPA	(Directorate-General for) International Partnerships
MAV+	Manufacturing and Access to Vaccines, Medicines and Health Technologies
MS	Member States
R&D	Research and Development
SDG(s)	Sustainable Development Goal(s)
TEI	Team Europe Initiative

1 Context and rationale AU-EU health partnership and Team Europe support

1.1 AU-EU health partnership

The AU–EU Health Partnership has become one of the most strategic areas of cooperation between Africa and the EU (EU Commission and its Member States), shifting health from a purely development agenda to a shared agenda of health security, sovereignty, resilience, innovation and economic transformation. It builds on the political commitments made since the 6th AU–EU Summit, the EU Global Health Strategy, the Global Gateway, the African Union Agenda 2063, the Africa Health Strategy, and Africa’s drive towards a New Public Health Order and Health Security and Sovereignty Agenda. The partnership is designed as a continent-to-continent framework, with Africa CDC playing a central operational and strategic role in translating political commitments into concrete support to African institutions and Member States.

The proposed collaboration builds on the achievements from the previous collaboration between Africa CDC and Team Europe (EU Commission and Member States) through the TEI-MAV+ (manufacturing and access to vaccines, medicines and health technologies in Africa), of which Belgium is a founding member, supporting the partnership on a financial and political level from its inception. The Partnership is structured around five complementary Team Europe health hubs: MAV+ — manufacturing and access to vaccines, medicines and health technologies — Digital Health, Public Health Institutes, Health Security through a One Health approach, and Sexual and Reproductive Health and Rights. Together, these hubs aim to reduce fragmentation, improve coordination and support African-led priorities through a coherent Team Europe approach. The MAV+ hub is particularly strategic because it links access to health products with local manufacturing, market shaping, regulatory strengthening, technology transfer, access to finance, skills development and R&D.

The focus on Africa CDC R&D is therefore central to the AU–EU health partnership, and aligns with Belgian priorities and expertise. COVID-19 showed the vulnerability created by Africa’s dependence on external supply chains for vaccines, medicines and diagnostics. Strengthening R&D is essential to build an end-to-end African health-products ecosystem — from research priorities and discovery science to clinical trials, regulation, manufacturing and access. This focus is also strongly aligned with the flagship investment case Investing in Health R&D: Africa’s Next Economic Growth Frontier, developed under the AU–EU Health Partnership with support from Africa CDC, Team Europe, Enabel and GIZ. The report shows that if African countries meet the AU target of investing 1% of GDP in R&D, with 15% allocated to health R&D, the continent could generate USD 668 billion in additional GDP over 20 years, create 4.56 million jobs, and produce a return of USD 137 for every USD 1 invested. This evidence is powerful because it reframes health R&D as a strategic investment in economic sovereignty, industrial development, competitiveness and resilience — not only as a health-sector cost.

Within Africa CDC, the Science and Innovation Directorate is developing this continental R&D agenda. Its work includes research prioritization, ecosystem mapping, translational research, therapeutic repurposing, clinical-trial readiness, pharmacovigilance, fellowships, scientific exchanges and AU–EU research partnerships. The current Enabel-supported secondment, funded by Belgium, has contributed to expanding Africa CDC’s R&D portfolio, engaging African scientists and institutions, and connecting R&D more closely to the local manufacturing agenda. This new detachment is in continuity of the initial Belgium contribution for TEI MAV+ support to Africa CDC and will therefore further develop based on this solid foundation.

1.2 Africa CDC Research and Development

Description and current status

Africa CDC's Science and Innovation Directorate coordinates continental research priorities, partnerships and capacity-strengthening initiatives in support of the New Public Health Order and Africa's health security and sovereignty. Its R&D portfolio spans discovery science, translational research, product development, clinical trials, pharmacovigilance, evidence generation and research-policy translation. Most importantly, it serves as the foundation for the local manufacturing agenda. The portfolio covers vaccines, medicines, diagnostics, biologics and enabling platform technologies for endemic diseases and emerging public health threats.

The function operates through collaboration with AU Member States, Regional Coordinating Centres, national public health institutes, universities, research institutions, local manufacturers, regulators, funders and global partners. A dedicated R&D expert seconded through Enabel under Team Europe MAV+ has supported this work since August 2024. Continued support is required to maintain institutional momentum, complete ongoing continental initiatives and convert the growing project portfolio into sustainable Africa-led local manufacturing agenda by an empowered continental R&D system.

Scope and achievements

Between 2022 and 2025, Africa CDC expanded its active continental research portfolio from no coordinated projects to 48 and engaged more than 2,500 scientists through continental networks. Mapping of the African health-research ecosystem identified 46 drug-discovery initiatives, 370 basic and preclinical research programs and 209 clinical-trial sites. Key achievements supported under the current collaboration include:

- Development and implementation of the Africa CDC Health R&D Capacity and Capability Assessment Framework across 37 AU Member States, together with continental and national research-prioritization work.
- Establishment of the Africa CDC Continental Therapeutic Repurposing Research Platform and mobilization of a USD 720,000 grant from Canada's International Development Research Centre for African-led therapeutic repurposing and translational research.
- Development of translational-research ecosystems and programs designed to move discoveries towards vaccines, therapeutics, diagnostics and other health products, including fellowships focused on Lassa fever and mpox with African and European academic partners.
- Technical leadership for pharmacovigilance implementation and capacity strengthening in Nigeria, Sierra Leone, Uganda and South Africa, alongside training in clinical trials and product development.
- Coordination of advanced capacity-building initiatives in mRNA vaccine technology, translational research, clinical research and pharmacovigilance for African scientists and institutions.
- Creation and coordination of the monthly AU-EU Health R&D Webinar Series to strengthen scientific exchange, institutional partnerships and policy dialogue between African and European stakeholders.
- Contribution to Investing in Health R&D: Africa's Next Economic Growth Frontier, a flagship continental investment case demonstrating the economic and development value of sustained health-R&D investment.

Objectives

Africa CDC aims to strengthen an integrated, end-to-end and sustainable health-product R&D ecosystem that responds to African public health priorities and supports local manufacturing. Its specific objectives are to:

- Develop an empowered Africa Union R&D ecosystem by linking common resources and talents across the continent and global partners like the EU to accelerate the AU local manufacturing agenda
- complete continental R&D capacity assessments and priority-setting, and translate findings into national and regional investment plans;
- advance discovery, translational and preclinical research for priority vaccines, therapeutics, diagnostics and biologics;
- strengthen multicounty clinical research, platform trials, trial preparedness, regulatory science and pharmacovigilance;
- operationalize the Continental Therapeutic Repurposing Research Platform and other collaborative product-development programs;
- build sustainable research capacity through fellowships, training, mentorship and institutional partnerships;
- link African researchers with manufacturers, regulators, funders and technology partners so that promising innovations progress towards manufacturing and access; and
- generate evidence, policy briefs and investment cases to mobilize sustainable public, private and philanthropic financing for African-led health R&D.

1.3 Belgium positioning

Belgium's positioning is anchored in Africa CDC's continental mandate and in the AU–EU Health Partnership objective of supporting African health system strengthening, equitable access to health services and products and support for Universal Health Coverage. The support aims to respond to Africa CDC's priorities as a continental public-health institution and convener of the New Public Health Order. In this context, health R&D is a key bridge between African public-health priorities, evidence generation, regulatory science, local manufacturing and equitable access to quality health products.

Belgium can contribute in a complementary and practical way by mobilizing technical expertise, fostering institutional links between Africa CDC and Belgian authorities and partnership brokering through Enabel and the wider Belgian ecosystem. This can help connect Africa CDC's Science and Innovation Directorate with relevant public institutions, universities, research institutes, regulators and innovation actors, while keeping Africa CDC's leadership and priorities at the center.

The proposed seconded expertise is a continuity of the current one to accompany Africa CDC R&D to reach the next level. It should therefore be presented as support to Africa CDC's institutional capacity and ongoing R&D portfolio, in continuity with the current scope of work and expertise. It can help maintain momentum, support research prioritization and ecosystem mapping, facilitate equitable African-European partnerships, and strengthen links from discovery science and translational research to clinical trials, pharmacovigilance, regulation, manufacturing and access.

This approach is consistent with Belgium's broader international cooperation priorities: stronger health systems, equitable access to quality-assured health products, locally owned partnerships and effective Team Europe coordination. By working through Africa CDC's governance and workplans, Belgium supports African

scientific leadership while offering practical links to European expertise and networks and creating stronger institutional ties between African continental institutions and Belgian actors and institutions.

2 Description of the Support

2.1 Objective(s)

The overall objective is to strengthen Africa CDC's institutional capacity to coordinate and advance an integrated continental health-product R&D ecosystem that accelerates the development, evaluation, local manufacturing and uptake of priority vaccines, therapeutics, diagnostics and other health technologies.

The specific objectives are to: (i) reinforce strategic and technical coordination of Africa CDC's R&D portfolio; (ii) advance priority continental R&D and product-development platforms; (iii) strengthen the capacity of Member States and African institutions in translational research, clinical trials and pharmacovigilance; (iv) deepen AU-EU scientific cooperation; and (v) mobilise resources and policy commitment for sustainable health-R&D investment (vi) accelerate key components of R&D from discovery science to Phase 1,2 and 3 clinical trials for local manufacturing., (vii) build a strong off-take market for local manufacturing.

2.2 Expected output and main activities

2.2.1 Objective

Africa CDC is able to provide effective continental leadership, coordination and technical support for African-led health R&D, with stronger pathways connecting research priorities and scientific discoveries to clinical evidence, regulation, manufacturing and access.

2.2.2 Expected result(s)

- Africa CDC has strengthened technical and coordination capacity to manage its continental R&D portfolio and partnerships.
- Evidence from the Health R&D Capacity and Capability Assessment and research-prioritization exercises informs targeted support and investment across AU Member States.
- Priority collaborative research and product-development initiatives, including therapeutic repurposing and translational-research programs, are operational and progressing against agreed milestones.
- African institutions and researchers have improved capacity in discovery and translational research, protocol development, clinical trials, pharmacovigilance and product development.
- AU-EU research partnerships and knowledge-exchange mechanisms are expanded and better coordinated.
- New funding, investment partnerships and policy commitments are mobilized for African-led health R&D.

2.2.3 Description of main activities

The main activities are described below and may evolve according to needs and upon common agreement:

- Provide embedded senior technical advice to the Africa CDC Science and Innovation Directorate and coordinate work planning, partner engagement, technical review, monitoring and reporting for the health-R&D portfolio.
- Finalize analysis and reporting from the Health R&D Capacity and Capability Assessment and continental research-prioritization processes; support Member States to translate results into implementable capacity-strengthening and investment actions.
- Coordinate the Continental Therapeutic Repurposing Research Platform, including target product profiles, candidate prioritization, protocol development, multicountry collaboration, regulatory engagement, business cases and sustainability planning.
- Develop and coordinate discovery, translational and preclinical research initiatives for priority pathogens and health products, including platform technologies and pathways for product optimization.
- Support multicountry clinical research and trial preparedness, including scientific review, harmonized protocols, site collaboration, ethical and regulatory coordination, data and safety considerations, and links to manufacturing and access.
- Design and deliver fellowships, short courses, mentorship and scientific exchanges in translational research, mRNA technologies, clinical trials, pharmacovigilance and product development, using African institutions and equitable African-European partnerships.
- Strengthen pharmacovigilance and safety-monitoring capacity for vaccines and medicines through Member State engagement, regional training and collaboration with regulatory and public-health institutions.
- Coordinate the AU-EU Health R&D Webinar Series and other scientific convenings, and facilitate institutional matchmaking among researchers, manufacturers, regulators, funders and technology partners.
- Prepare policy briefs, investment cases, economic analyses, concept notes and competitive grant proposals; undertake high-level advocacy to increase sustainable financing for health R&D.
- Document results, lessons and scalable models, and ensure coordination with PHAHM, the African Medicines Agency and other Africa CDC programs relevant to manufacturing, regulation and health security.

The position would also continue to serve as a liaison with Belgian authorities, and Belgian and European academic institutions, research organizations, and private-sector partners, to foster collaboration, scientific exchange and joint research and innovation initiatives.

2.2.4 Geographical concentration

The support is continental in scope and will benefit all 55 AU Member States. Activities will be implemented through Africa CDC headquarters, its five Regional Coordinating Centres and selected national institutions, research sites and manufacturing partners based on public-health priorities, technical readiness and program needs. Particular attention will be given to balanced regional representation, Francophone and Anglophone participation, gender equity, and inclusion of countries and institutions with emerging R&D capacity.

3 Implementing modalities

3.1 Human resources

The action will be implemented by one seconded expert to Africa CDC head offices in Addis Ababa, Ethiopia (see terms of reference in annex).

The recruitment will be organized by Enabel and performed jointly with Africa CDC and will be subject to a joint open competitive process.

Africa CDC acknowledges the importance of ensuring that the Seconded Expert can legally perform their duties in the host country. To this end, the Host Institution shall actively support and facilitate the obtaining, renewal and maintenance of all visas, residence permits, work permits and other administrative authorizations required for the Seconded Expert.

Such support shall include, as appropriate:

- the issuance of official support or endorsement letters;
- the provision of any institutional documentation required by the competent authorities;
- the designation of a focal point to assist with administrative procedures;
- liaison and follow-up with the relevant national authorities where necessary; and
- any other reasonable measures within the Host Institution's mandate that may facilitate the timely processing of the required authorizations.

Africa CDC shall use its best efforts to ensure that such procedures are completed without undue delay.

3.2 Financial modality

Funding for the position will be managed by Enabel and will cover the detachment with a limited package of complementary activities to support the implementation of the expert's workplan.

3.3 Governance

The strategic oversight committee will include Africa CDC Science and Innovation Directorate, Belgium Directorate General for International Cooperation (DG INT) and Enabel. Its composition and modalities will be agreed upon during a first meeting in the first 3 months of the secondment.

The senior technical officer recruitment will be managed by Enabel and subject to a joint open competitive process

3.4 Duration of the support

The support is planned for a minimum of two years, subject to agreement on implementation modalities.

Indicative start date : 1 November 2026

3.5 Communication and visibility

Communication will demonstrate the added value of the AU-EU partnership and Belgium's contribution while maintaining Africa CDC's institutional leadership. A communication and visibility plan will be agreed during inception and implemented in accordance with Africa CDC and Belgian cooperation requirements.

Key outputs may include jointly branded policy briefs, technical reports, scientific webinars, event materials, success stories, multimedia products and visibility at continental and global forums. Communication will prioritize evidence, results and African scientific leadership; use accessible language where appropriate; and comply with ethics, data-protection, informed-consent and scientific-publication requirements. Publications and public statements will follow agreed review and clearance procedures.

4 Annexes

4.1 Africa CDC reference documents

- Africa CDC Strategic Plan 2023-2027.
- Africa CDC New Public Health Order for Africa.
- Africa Health Security and Sovereignty framework and related implementation documents.
- Framework for Action: Partnerships for African Vaccine Manufacturing and relevant PHAHM strategy documents.
- Africa CDC Health R&D Capacity and Capability Assessment Framework.
- Africa CDC Continental Therapeutic Repurposing Research Platform concept and implementation documents.
- Investing in Health R&D: Africa's Next Economic Growth Frontier.
- Relevant Africa CDC research-prioritization, translational-research, clinical-trials and pharmacovigilance frameworks and reports.

4.2 R&D Expertise support proposed terms of reference

General responsibilities:

- Advance the vaccine R&D agenda for Africa by identifying entry points for action, providing requisite technical and scientific subject matter advice, identifying next steps, and a strategy for action as required for PHAHM's strategy setting in the areas of vaccine R&D.
- Advise on necessary next steps for creating a well-functioning, healthy market for vaccines in Africa, with a focus on involvement in or potential support to initiation of alliances and networks in this highly dynamic field.
- Identify areas in which PAVM can promote R&D in member states with the aim of exploring synergies and entry points within the African region and guide the workstream to work closely to achieve outcomes.
- Advise on how to institutionalize a R&D strategy within Africa through procurement and other incentives, at the regional and sub-regional levels.
- Guide the accomplishment of synergies with PAVM's work agenda. Support Africa CDC and PAVM with general strategic advisory services on direction of the current and future projects and programs in this regard, as applicable, and as needed.
- Advise on expansion of the full vaccine R&D ecosystem in Africa
- Advise on and coordinate Africa CDC's global vaccine R&D partners.

Qualification and work experience required:

- PhD plus at least 10 years of experience and demonstrated leadership qualifications in the areas of local production, vaccine R&D and public health.
- Proven leadership experience and ability to bring stakeholders together for engagement at the highest levels.
- Excellent written and verbal communication skills; fluency in English. Speaking any other AU languages is an added advantage.
- Excellent diplomatic skills.

Excellent knowledge of African and the global vaccine R&D ecosystem and innovation processes.

Tenure of Appointment:

- The appointment will be made on a contract basis for a period of twenty-four months.
- **Location of the position:** Africa CDC offices in Addis Ababa

B. Secondment to African Medicines Agency

*Belgian contribution in the scope of the
African Union – European Union (AU-EU) Health Support Facility*

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Abbreviations

AMA	African Medicines Agency
AfCFTA	African Continental Free Trade Area
AU	African Union
DGINT	Directorate-General for International Cooperation and Humanitarian Aid
Enabel	Belgian agency for international cooperation
EU	European Union
EUMS	European Union Member States
(DG) INTPA	(Directorate-General for) International Partnerships
BDBV	Bundibugyo virus
MS	Member States
GMP	Good Manufacturing Practice
MAV+	Manufacturing and access to vaccines, medicines and health technologies
TEI	Team Europe Initiative
ML3	WHO maturity level 3
NRA	National Regulatory Authority
PMPA	Pharmaceutical Manufacturing Plan for Africa
SME	Small and medium-sized enterprise

1 Context and rationale AU-EU health partnership

1.1 AU-EU health partnership: a strategic platform for health sovereignty and access

The **AU–EU Health Partnership** is a key pillar of cooperation between Africa and Europe, aimed at strengthening health sovereignty, resilience and equitable access to quality health services and products. It responds to lessons from COVID-19 and aligns with major African and European frameworks, including the **AU Agenda 2063**, the **Africa Health Strategy**, the **Africa Health Security and Sovereignty Strategy**, the **New Public Health Order**, the **EU Global Health Strategy** and **Global Gateway**.

The Partnership is structured around five complementary Team Europe health hubs: **MAV+** — manufacturing and access to vaccines, medicines and health technologies — **Digital Health**, **Public Health Institutes**, **Health Security through a One Health approach**, and **Sexual and Reproductive Health and Rights**. Together, these hubs aim to reduce fragmentation, improve coordination and support African-led priorities through a coherent Team Europe approach.

Regulatory strengthening is one of the clearest areas where the AU–EU partnership can deliver concrete impact. It is central to the **MAV+** agenda because local manufacturing and improved access to vaccines, medicines and health technologies depend on trusted, efficient and harmonised regulatory systems. The **African Medicines Agency (AMA)** is a landmark institution in this regard. Building on the African Medicines Regulatory Harmonization (AMRH) initiative, AMA aims to strengthen continental coordination, harmonise standards, promote reliance mechanisms, support joint scientific work and improve access to safe, effective and quality-assured medical products.

For Team Europe and Belgium, supporting AMA and African regulatory systems is a strategic investment in health sovereignty. Strong regulation helps de-risk local manufacturing, accelerate product registration, improve market predictability, strengthen pharmacovigilance, protect against substandard and falsified products, and build public trust.

Through the AU–EU Health Partnership, regulatory strengthening should therefore be framed not as a narrow technical issue, but as a public good for access. Priority support focuses on aligning partner contributions with AMA’s strategic priorities, strengthening links between continental, regional and national regulatory authorities, promoting reliance and joint assessments, and connecting regulatory work more closely with manufacturing, procurement, market-shaping and access agendas.

In this way, regulatory strengthening can become a strong illustration of how the AU–EU Health Partnership translates political ambition into practical progress for African health sovereignty, industrial development and equitable access.

1.2 African Medicines Agency (AMA)

1.2.1 AMA background

The African Medicines Agency (AMA) is a specialized agency of the African Union established by treaty to strengthen the regulation of medical products across the continent and improve access to quality, safe and efficacious medicines, vaccines and health technologies. AMA is not intended to replace national regulatory authorities or Regional Economic Communities. Its added value lies in providing continental coordination, harmonized standards, reliance mechanisms, joint scientific work and shared regulatory intelligence that reinforce national and regional systems while respecting their mandates. The Agency is central to Africa's health security and health sovereignty agenda: strong regulatory systems are a prerequisite for quality local manufacturing, accelerated access to essential products, public trust, and protection against substandard and falsified medical products.

The Treaty for the Establishment of the African Medicines Agency was adopted by the Assembly of Heads of State and Government of the African Union at its 32nd Ordinary Session on 11 February 2019 in Addis Ababa and entered into force on 5 November 2021, following the deposit of the fifteenth instrument of ratification. Since then, AMA has moved from a political commitment to an operational continental institution, with its governance structures, Secretariat and technical architecture progressively being put in place. As ratification advances, the Agency is expected to become an increasingly important anchor for regulatory convergence and public health protection in Africa.

AMA's mandate responds to a strategic need. Fragmented regulatory systems, uneven capacity across countries, recurrent health emergencies, and the circulation of substandard and falsified medical products continue to affect patient safety, access to essential health products and confidence in African pharmaceutical markets. At the same time, the continent's ambitions for local production, pharmaceutical manufacturing, innovation and health sovereignty require predictable, trusted and efficient regulatory systems. AMA is therefore a central pillar of Africa's health security architecture and of the broader African Union agenda for resilient health systems, local manufacturing and market integration.

The objective of AMA is to enhance the capacity of State Parties and Regional Economic Communities, to regulate medical products in order to improve access to quality, safe and efficacious medical products on the continent. As stated by AMA DG, "Our focus is clear: protect patients, strengthen national regulators, and build a regulatory system that works for Africa." **AMA's priorities are simple: protect patients, expand equitable access to quality medical products, and support local manufacturing; while maintaining the highest standards of safety and efficacy.** By strengthening continental safety monitoring, enabling reliance and joint regulatory work, and advancing digital regulatory systems, AMA is laying the foundations for trusted, efficient regulation across Africa.

The AMA Treaty specifies eighteen (18) specific functions for AMA.

These include providing scientific, regulatory, coordination, and technical support to AU Member States, as follows:

- Strengthening national and regional regulatory systems
- Developing continent-wide regulatory standards and guidelines
- Supporting joint assessments, joint inspections, and reliance pathways
- Establishing a continental safety and quality monitoring system
- Providing scientific advice through AMA Technical Committees
- Supporting local manufacturing and technology transfer

- Managing regulatory information systems and digital platforms
- Coordinating responses to substandard and falsified medical products
- Providing guidance on regulation of traditional medical products

Through these functions, AMA can help reduce duplication, improve the consistency and speed of regulatory decisions, and strengthen trust in the quality of medical products circulating in African markets.

In a context of recurrent health emergencies, circulation of substandard and falsified medical products, and continued dependence on imports, AMA is a key pillar of Africa's health security architecture, the Pharmaceutical Manufacturing Plan for Africa (PMPA), the AU Health Strategy 2030 and Agenda 2063.

1.2.2 AMA strategic Plan

AMA's first 5-year Strategic Plan (2026-2030) should be understood as both a continental regulatory strategy and an institutionalization roadmap: it will consolidate the transition from AMRH to AMA, align national and regional regulatory priorities, operationalize technical committees and hubs, strengthen reliance-based regulatory pathways, advance digital and safety systems, support local manufacturing and innovation, and provide a disciplined framework for partner alignment, financing and accountability.

The plans includes 5 strategic goals as follows:

- Faster access to quality-assured priority medical products, with Africa relevant innovations reaching patients sooner, supporting pandemic preparedness
- A harmonized reliance-based African regulatory system delivering faster, more consistent decisions with less duplications for NRAs and industry
- Stronger safety and quality oversight that protects patients earlier and enables quicker action on substandard or falsified products
- More capable, efficacious, sustainably funded regulators that improve decision quality and speed, and strengthen patient trust
- Clear, efficient regulatory pathways that reduce uncertainty and help scale innovation, local manufacturing, and cross border trade

The newly-established AMA Regulatory Innovation and Manufacturing Readiness Hub is an instrumental development that will significantly contribute to the achievement of AMA strategic plan.

1.2.3 AMA Regulatory Innovation and Manufacturing Readiness Hub

The Regulatory Innovation and Manufacturing Readiness Hub is a flagship initiative of the African Medicines Agency, established to position regulatory science as an enabler of pharmaceutical innovation and local manufacturing across the continent. It advances strengthening the efficiency and predictability of medicines regulation, and supporting the growth of a competitive African pharmaceutical manufacturing base in line with the African Union's agenda for local production and health sovereignty. **The Hub serves as AMA's dedicated interface and regulatory front door for innovators, developers, and manufacturers seeking early, science-based regulatory engagement — making it a central vehicle through which the Agency delivers on its promise of faster, predictable, and harmonized access to quality-assured medical products.**

The Hub does not replace National Regulatory Authorities, issue binding regulatory decisions, negotiate national marketing authorizations on behalf of manufacturers, or undertake supranational regulatory assessments outside agreed reliance frameworks. Rather, it functions as a pre- and post-regulatory coordination platform that catalyzes innovation, strengthens regulatory and manufacturing preparedness,

and facilitates the translation of Africa's pharmaceutical innovation into trusted, quality-assured, and accessible health products.

Local manufacturing sits at the center of the Regulatory Innovation and Manufacturing Readiness Hub's mandate. The Hub works alongside African manufacturers to clarify regulatory expectations, de-risk product development, and accelerate the manufacturing readiness required for continental listing and international market access.

The Hub supports African Union Agenda 2063 aspirations by strengthening the regulatory foundations needed for industrialization, innovation and improved health outcomes. It contributes to the implementation of the Pharmaceutical Manufacturing Plan for Africa, the African Continental Free Trade Area (AfCFTA), and the African Union's New Public Health Order, partnering with the relevant AU agencies to leverage synergism.

By offering early, structured engagement, the Hub helps manufacturers make sound development decisions sooner, reducing cost and uncertainty on the path from production capability to approved, quality-assured medical products for Africa.

Within its first months of operation, the Regulatory Innovation Hub has:

- Established its operational infrastructure — including request submission and intake system, standard operating procedures, and requests logbook and tracker
- Delivered emergency scientific advice — supported two developers with early-stage development advice for Ebola Bundibugyo Virus (BDBV) disease, one for a vaccine candidate and the other a therapeutic candidate
- Coordinated a Facilitated Emergency Joint Assessment — for a vaccine candidate for Ebola BDBV protocol, in collaboration with AMA's network of ML3 NRAs and in partnership with the concerned NRA, ethics committee and health research organization
- Deepened technical capacity — through structured collaboration with the European Medicines Agency

1.3 Belgium positioning

For Belgium, Team Europe and Enabel, AMA represents a strategic partner at the intersection of health security, access to medicines, local manufacturing, regulatory strengthening and the AU-EU Health Partnership.

Its operationalization directly supports the enabling environment for local manufacturing, access to quality-assured health products, health security and market integration. Supporting AMA's institutional development is therefore not only a technical regulatory investment; it is a contribution to a more self-reliant, better coordinated and more resilient African pharmaceutical ecosystem.

This support is fully aligned with Belgium's international cooperation priority to improve equitable access to quality, safe, effective and affordable health products. By contributing to stronger regulatory systems, quality assurance, pharmacovigilance and predictable pathways for priority medical products, Belgium helps address one of the structural barriers to universal health coverage and health security: the timely availability of trusted medicines, vaccines and health technologies for the populations who need them most. In this sense, support to AMA provides a concrete contribution to Belgium's commitment to health systems resilience, patient safety and more equitable access to quality-assured health products in Africa.

2 Description of the Support

2.1 Objective(s)

To provide effective technical support to the Regulatory Innovation and Manufacturing Readiness Hub through the engagement of a senior technical officer based in AMA.

The senior technical officer position will also serve as a liaison with Team Europe, notably Belgian and European regulatory institutions, academics research organizations, and private-sector partners, to foster collaboration, scientific exchange and joint innovation initiatives where appropriate.

2.2 Expected output and main activities

2.2.1 Objective of the hub

The objectives of the Regulatory Innovation and Manufacturing Readiness Hub are the following:

- Serve as Africa's front door for regulatory innovation, providing a single entry point where innovators, manufacturers, small and medium-sized enterprises (SMEs) and investors can obtain scientific advice, early regulatory guidance, innovation support, to navigate the African regulatory ecosystem effectively
- Advance Africa's health security and sovereignty by enabling the development of, and timely access to quality-assured health technologies across the continent
- Advance innovative regulatory approaches — including adaptive pathways and the responsible use of emerging technologies
- Strengthen regulatory reliance and harmonization, reducing duplication and enhancing timely access to market for medical products
- Accelerate access to priority health technologies through facilitated and emergency joint assessment pathways

2.2.2 Expected results

By the end of the support period, the seconded senior technical officer is expected to contribute to the following factual and monitorable results:

- The Regulatory Innovation and Manufacturing Readiness Hub has a functional and documented intake, triage and tracking system for requests from innovators, manufacturers, SMEs and investors, including standard operating procedures, request templates, decision logs and periodic reporting on requests received, processed and closed.
- Scientific advice and early regulatory guidance are delivered for a defined number of priority health technologies, with advice records, follow-up actions and feedback from applicants documented by the Hub.
- Facilitated or emergency joint assessment pathways are operationalized for selected priority products, with participating National Regulatory Authorities, ethics bodies and relevant technical partners identified, roles clarified and timelines monitored.

- Regulatory reliance and harmonization are strengthened through documented guidance, coordination tools or practical workflows that reduce duplication and support more predictable regulatory engagement across participating countries and regional mechanisms.
- African manufacturers and product developers receive targeted regulatory and manufacturing-readiness support, with documented guidance on development pathways, quality requirements and evidence needs for selected locally relevant health technologies.
- Regular liaison is established between AMA, Team Europe, Belgian and European regulatory institutions, academic research organizations and private-sector partners, resulting in documented exchanges, technical inputs or collaboration opportunities that support the Hub's mandate.

2.2.3 Description of main activities

See proposed activities in the document in annex.

These will be revised based upon needs and in agreement with the parties

2.2.4 Geographical concentration

The support is continental in scope and will benefit all Members. Activities will be implemented through AMA headquarters.

3 Implementing modalities

3.1 Human resources

The action will be implemented by one seconded expert to AMA head offices in Kigali, Rwanda (see terms of reference in annex).

The recruitment will be organized by Enabel and performed jointly with AMA and will be subject to a joint open competitive process.

AMA acknowledges the importance of ensuring that the Seconded Expert can legally perform their duties in the host country. To this end, the Host Institution shall actively support and facilitate the obtaining, renewal and maintenance of all visas, residence permits, work permits and other administrative authorizations required for the Seconded Expert.

Such support shall include, as appropriate:

- the issuance of official support or endorsement letters;
- the provision of any institutional documentation required by the competent authorities;
- the designation of a focal point to assist with administrative procedures;
- liaison and follow-up with the relevant national authorities where necessary; and
- any other reasonable measures within the Host Institution's mandate that may facilitate the timely processing of the required authorizations.

AMA shall use its best efforts to ensure that such procedures are completed without undue delay.

3.2 Financial modality

Funding for the position will be managed by Enabel and will cover the detachment with a very limited package of complementary activities to support the implementation of the expert's workplan.

3.3 Governance

Strategic oversight committee will be led by AMA and will include representatives from Belgium Directorate general for International Cooperation (G INT) and Enabel. Its composition and modalities will be agreed upon in the first 3 months of the secondment.

The senior technical officer recruitment will be subject to a joint open competitive process

3.4 Duration of the support

The support is planned for a minimum of two years, subject to agreement on implementation modalities.

Indicative start date : 1 November 2026

3.5 Communication and visibility

Communication and visibility measures related to this support will be defined from the onset and implemented in accordance with the communication, visibility and clearance requirements of both parties, including the applicable requirements of Belgian international cooperation and Enabel, as well as AMA's institutional procedures, ownership and visibility requirements. Communication will remain factual, proportionate and results-oriented, with appropriate acknowledgement of Belgium's contribution while safeguarding AMA's institutional positioning.

Any public communication or visibility product related to the support — including web articles, social media content, event materials, reports or public statements — will be coordinated in advance between AMA, DGINT and Enabel and cleared through the relevant procedures before dissemination. Visibility arrangements, including the use of logos, institutional references and acknowledgement of financial support, will be agreed between the parties and will ensure coherent and appropriate recognition of Belgium, Enabel and AMA.

4 Annexes

4.1 Regulatory Expertise support terms of reference

HUMAN RESOURCE NEED – Senior Technical Officer / Head (P4/P5, Step 5)

Expertise Required

- **Regulatory-scientific standing** — a record of taking or leading assessment decisions on complex products
- **Convening credibility** — standing with national authority leadership, and a track record in harmonization, joint assessment, and reliance
- **Institution-building** — the capacity to convert operational experience into durable procedure, standards, and guidance.
- **Scientific integrity and conflict-of-interest management** — demonstrated ability to provide objective, evidence-based advice in sensitive contexts while identifying, disclosing and managing potential conflicts of interest.
- **Regulatory ecosystem fluency** — an understanding of regulatory and evidentiary requirements considerations in product development and investment decisions

Qualification and work experience required:

- University Master's degree in Pharmacy, Medicine, Public Health, Regulatory Science, Pharmaceutical Sciences or a related field from a recognized institution, with a minimum of seven (7) years of relevant professional experience in medicines or medical products regulation at national, regional or international level, including at least three (3) years at an expert level such as senior technical advisor.
- Demonstrated experience in regulatory harmonization, reliance mechanisms and multi-country regulatory initiatives, preferably within the African context
- leadership experience and ability to bring stakeholders together for engagement at the highest levels.
- Strong practical knowledge of at least two of the following:
 - Marketing authorization/registration processes and dossier assessment
 - Pharmacovigilance and safety systems
 - GMP inspections and quality assurance systems
 - Clinical trials regulation/oversight
 - Post-market surveillance and quality monitoring
 - Regulatory reliance and harmonization initiatives
- Proven drafting experience for guidelines, SOPs, technical reports, and policy/technical briefs.
- Excellent written and verbal communication skills; fluency in English. Speaking any other AU languages is an added advantage.
- Excellent diplomatic skills.

Excellent knowledge of African and the global pharmaceutical and regulatory ecosystem and innovation processes.

General responsibilities:

See result section

- The appointment will be made on a contract basis for a period of twenty-four months.

Location of the position: AMA offices in Kigali

NB the recruitment will be organized by Enabel and performed jointly with AMA

4.2 Proposed activities

PROGRAMME OF WORK

Year 1

Activity	Purpose	Deliverable
Contribute to the finalization and/or refinement of the Hub's service offering	Settles what the Hub does and does not do, informed by the stakeholder needs	Service offering and scope, published
Build the NRA / member-state signposting contact database	Enables requests to be routed to the correct authority, and underpins reliance and work sharing	Signposting contact database in operation
Develop the stakeholder database	Provides the basis for structured engagement and for tracking whom the Hub serves	Stakeholder database in operation
Develop communication materials	Enables consistent external explanation of the Hub's offering across a varied audience	Communication materials package
Conduct stakeholder engagements (physically and virtually)	Builds awareness and standing across authorities, partners, innovators, academia, and manufacturers	Stakeholder engagements reports
Deliver scientific advice	One of the Hub's core services	Concluded advice procedures, with decision records
Engage consultants for gap assessments for manufacturing readiness	Provides an independent view of the capability gaps the Hub is positioned to address	Gap assessment reports and manufacturing readiness roadmaps
Provide support to identified SMEs	Tests the Hub's value where it is claimed — on real development and listing questions	Sustained support to an identified SME cohort
Host training sessions for stakeholders	Builds regulatory and development capability among stakeholders, and surfaces recurring questions for later guidance	Training sessions delivered
Engage and compensate external experts	Secures specialist expertise the Hub does not hold in-house, and sustains the roster on which credible advice depends	Expert roster engaged and remunerated

Year 2

Activity	Purpose	Deliverable
Develop guidance documents	Converts Year 1 operational experience into standing guidance, so that recurring questions no longer require repeat engagement	Guidance issued in areas of recurring uncertainty
Deliver scientific advice	One of the core services, serving a wider applicant base	Concluded advice procedures; broader access in operation
Provide support to identified SMEs	Carries the Year 1 cohort through to decision points and extends support to a further cohort	Continued and extended SME support
Conduct stakeholder engagements (physically and virtually)	Extends reach on the strength of a Year 1 track record rather than on undertakings	Stakeholder engagement reports
Host training sessions for stakeholders	Scales capability building, targeted at gaps identified through Year 1 activity	Expanded training programme delivered
Update communication materials	Reflects the proven offering and published evidence of effect	Updated communication materials package
Maintain and extend the databases	Keeps signposting and stakeholder records current as the Hub's reach widens	Databases maintained and extended
Engage and compensate external experts	Sustains the roster as case volume and complexity grow	Expert roster engaged and remunerated

Belgium funding for the hub support to Africa CDC and African Medicines Agency:

				ACTIVITIES	TOTAL	2026	2027	2028
B				Africa CDC	467.290	56.418	233.105	177.766
<i>B 01</i>				<i>Human Resources</i>	462.927	54.928	231.463	176.535
B	01	01		Seconded expertise	439.500	52.000	219.750	167.750
B	01	02		Staff support	23.427	2.928	11.713	8.785
<i>B 02</i>				<i>Investments</i>	1.079	1.079	-	-
B	02	01		IT equipment	1.079	1.079	-	-
<i>B 03</i>				<i>Operational Costs</i>	3.284	410	1.642	1.231
B	03	01		Rent and office expenses	3.284	410	1.642	1.231
C				AMA	467.290	61.918	235.355	170.016
<i>C 01</i>				<i>Human Resources</i>	462.927	60.428	233.713	168.785
C	01	01		Seconded expertise	439.500	57.500	222.000	160.000
C	01	02		Staff support	23.427	2.928	11.713	8.785
<i>C 02</i>				<i>Investments</i>	1.079	1.079	-	-
C	02	01		IT equipment	1.079	1.079	-	-
<i>C 03</i>				<i>Operational Costs</i>	3.284	410	1.642	1.231
C	03	01		Rent and office expenses	3.284	410	1.642	1.231
				Sub Total Direct costs	934.579	118.336	468.461	347.783
Z	99	05		Indirect costs	65.421	8.283	32.792	24.345
TOTAL					1.000.000	126.619	501.253	372.128

