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Introduction

The European Union (EU) has long portrayed itself as an altruistic actor in Africa. Since the Schuman Declaration in 1950, European officials have framed themselves as idealists committed to the ‘essential task’ of Africa’s development (David 2000: 11). This discourse has continued into the current timeframe of the Africa-EU relationship. Notably, the Africa-Europe Alliance announced in 2018 reaffirmed the EU’s commitment to poverty reduction and development in the continent. EU negotiations for a successor treaty to the Cotonou Agreement with African, Caribbean and Pacific (ACP) countries, meanwhile, stressed Europe’s commitment to the wellbeing of African partners in alignment with the UN Sustainable Development Goals (SDGs) (Carbone 2018). Moreover, the EU continues to explain its self-styled benevolence towards Africa in relation to its own fundamental guiding norms regarding democracy, human rights, solidarity, good governance, regionalism, and the rule of law. Europe thus continues to present itself as a model for African countries to follow – in keeping with the supranational project’s self-image regarding its supposed normative power to reshape external actors’ behaviour in alignment with European civilisational values (Manners 2002). Europe’s ‘essential task’ in Africa is also central to its own ontological security – defined as a stable sense of self that orientates external policy action (Haastrup et al 2021).

In the timeframe of the ACP-EU Cotonou Agreement (2020-2021), however, European officials have sought to not only convince their own populations about the righteousness of EU interventions in Africa. They have also increasingly sought to convince African audiences. EU public diplomacy (PD) strategies have therefore come to fruition to spread strategic stories about Europe’s development mission among African audiences. This has never been so clear than in the context of the COVID-19 pandemic (c.f. Jones and Teevan 2021). The European Commission – alongside EU member states and institutions such as the European Investment Bank (EIB) – declared a ‘Team Europe’ responsibility for health in Africa. Pointing to the vulnerabilities of ‘fragile’ African health systems, Team Europe declared that it would mitigate insecurities posed by COVID-19 in Africa. In relation to this endeavour, Europe’s PD discourse emphasises that the two continents can work together for health security, and for post-pandemic recoveries via trade and investment (European Commission 2021a). Europe, through health themed PD communications, is presented as a boon to African development. Moreover, EU PD messaging counters potential reputational risks for the bloc. For example, in terms of media accounts of the spread of the virus to Africa via southern EU member states (Chadwick 2020).

In stark contrast to Europe’s PD health stories, however, the article contends that the EU’s neo-colonial trade and investment strategies pose serious health risks for African citizenries (Langan 2018). The immediate health benefits of Team Europe’s pandemic response are far outweighed by hazards associated with European commercial interventions. By focussing upon health themes, European officials are thus in danger of inviting upon themselves wider public conversations about - and interrogations of – the health impacts of EU ‘development’ contributions in Africa. These public conversations about EU health impacts will not flatter the European project, quite the contrary. Europe’s PD focus on health interventions in Africa therefore unwittingly poses reputational risks for the supranational project. As highlighted via case study focus on Ghana and Niger, EU trade and commercial policies, including the dumping of poor quality agri-produce and investment in hazardous extractive industries, will come to greater public attention given the EU PD focus on health. In short, Europe’s normative PD focus on health is inherently compromised by its trade and commercial policies that regularly damage the health of poorer communities and workers in the African continent.

The discussion is structured as follows. The first section explores Europe's PD strategies in Africa and their professionalisation in the timeframe of the Cotonou Agreement. It explains the article's conceptual focus on reputational risks and neo-colonialism, as well as its case study discussion of Ghana and Niger. The second section examines Team Europe's health interventions, which are explained in terms of efforts to protect the EU's reputation vis-à-vis rival powers, notably China. It highlights EU pandemic interventions in the case study countries. The third section discusses EU health impacts in Africa in relation to trade and investment. It does this through focus on interview narratives with Ghanaian business people in the poultry and tomato sectors, and workers and communities impacted by European investment in uranium mining in Niger.¹ This points to the health hazards of Europe's commercial agendas in stark juxtaposition to EU PD communications. The discussion thus underscores the unwitting reputational risks that the EU's PD focus on health poses for the European project. The conclusion considers the agency of African officials to leverage these reputational risks to contest Europeans' unhealthy commercial ties to Africa.

EU public diplomacy and reputational risks in Africa

Europe's founding fathers justified the creation of the European Economic Community (EEC) by stating that its members' collective resources would be dedicated toward development in the African continent (Kawasaki 2000). What Schuman termed Europe's 'essential task' was subsequently embodied in the Association of the EEC with then colonies, without consultation with local African leaders (Brown 2002). From Association under the Treaty of Rome in 1957 onwards, Africa-Europe relations have thus been presented as evidence of the European project's benevolence on the international stage (Langan 2011). The *Eurafrican* relationship, moreover, has been hailed by European officials as constituting an equal North-South partnership aimed at prosperity and peace building within the wider international realm (Kawasaki 2000). In the timeframe of the recent negotiations for a successor treaty to the ACP-EU Cotonou Agreement, this benevolent European development discourse has again come to the fore. This has been especially evident in the EU's attempts to forge a closer institutional 'alliance' with the African Union (AU) (Carbone 2018). In this vein, Europe has presented itself not only as a fair dealing partner in efforts to achieve the UN SDGs, but as a successful regional model of democratic co-operation which the AU can emulate (c.f. Lenz 2013; De Gouveia & Plumridge 2005). Europe, in this context, sees itself as a 'normative power' in Africa – able to (re)shape the behaviour of its external partners by its good example and by diffusing its own foundational norms regarding democracy, human rights, good governance, solidarity, and the rule of law (Manners 2002; Storey 2006; Langan 2012). Europe's self-perception of its normative power in Africa is in fact key to the bloc's own ontological security, understood as a stable sense of self that guides external action (Haastrup et al 2021).

In the timeframe of the Cotonou Agreement, however, EU officials have taken increasing interest not only to convince European publics about the benevolence of Europe's 'partnership' with Africa, but to convince African officials, civil society and citizenries. Institutionalised EU PD strategies have thus emerged which seek to counteract and refute negative stories of European interventions in the African continent – and to prevent reputational

¹ Informed consent was gained with all participants in Ghana through thorough explanation of the purpose of the research and the potential anonymised use of quotations for scholarly publications. University of Leicester ethics clearance ref no: 9092; University of Newcastle ref no: 17018/2018

damage to Europe as a normative power (Lynch 2005). Moreover, by targeting African citizens and civil society groups with uplifting EU PD stories about the benefits of a win-win Africa-EU partnership, European officials hope to create a political ‘enabling environment’ in which African officials may assent to EU commercial agendas without falling foul to ‘disabling’ domestic backlashes from their own populations. As Leonard explains:

public diplomacy is about building relationships: understanding the needs of other countries, cultures and peoples; communicating our points of view; correcting misperceptions; looking for areas where we can find common cause ... Public diplomacy is based on the premise that *the image and reputation of a country are public goods which can create either an enabling or disabling environment for individual transactions* (cited in de Gouveia & Plumridge 2005: 6; emphasis added).

Institutionally, this EU PD strategy for Africa has been cultivated by the European Commission’s Directorates General (DGs) for i) trade; ii) development - now renamed DG international partnerships - alongside iii) the European External Action Service (EEAS). Together the three institutions have formed a ‘strategic triangle’ in which the coordination of a sustained EU PD message for Africa has become increasingly apparent during the Cotonou Agreement (Duke 2013: 33). Notably, the professionalisation of PD strategies was initiated in the early 2000s under the leadership of Pascal Lamy who actively sought to ‘sell’ the developmental value of EU free trade deals. As Head of DG trade, Lamy’s championing of controversial Economic Partnership Agreements (EPAs) with ACP countries was built upon an increasingly sophisticated PD strategy and its core development rhetoric (Michalski 2005: 136-137). Professionalisation was later cemented by Catherine Ashton as the first EU High Representative for Foreign Affairs. Her influential ‘Step Change’ document mandated the EEAS to work with the DGs to establish ‘a professional communications structure... to engage all stakeholders and public opinion. This is important within the EU as well as to the outside world’ (cited in Duke 2013: 10). The EEAS thus actively sought to convince African officials and citizens that the EU is a desirable partner for commercial and political affiliation.

EU PD efforts, meanwhile, became especially prominent in the aftermath of the so-called ‘migration crisis’ and the COVID-19 pandemic. This is due to the severe reputational risks that these crises posed to Europe in its dealings with African actors. Reputational risks - in the context of EU external relations - can be understood as events, issues and associated counternarratives which threaten to tarnish the EU’s image and to thus engender backlashes against European commercial and diplomatic interests in ‘partner’ countries and regions. Risk management, in this sense, deals with what Power et al (2009: 309) classify as ‘second order’ reputational risks – defined as ‘man-made’ communicative constructs linked to (inter)subjective perceptions about the behaviour and legitimacy of an organisation. This they differentiate from ‘first order’ material risks such as climate change. However, in the case of Africa-EU relations, the management of these so-called second order risks via EU PD strategies is clearly central to the ability of EU officials to obtain preferred commercial and diplomatic outcomes. In an era of ‘a new scramble’ for African resources, markets and political affiliations, the reputation and prestige of an entity such as the EU has material consequences for successful accomplishment of preferred policy objectives (Carmody 2011). Meanwhile, this conceptual focus on reputational risks clearly correlates to debates about the emergence of the ‘brand state’ in the realm of international diplomacy. That is, how states and regions actively seek to project a positive international image to facilitate their diplomatic and economic objectives in their dealings with external partners (van Ham 2001; Coaffee and Rogers 2008).

With similarities to the marketing strategies employed by transnational corporations (TNCs), the nation-state – as well as multi-state actors such as the EU and NATO – seeks to develop a positive brand image via PD strategies. However, their political ‘brand’ – as well as their own ontological security – can be severely damaged by reputational crises which undermine their core constitutive messaging (c.f. van Ham 2001; Power et al 2009; Wright and Bergman Rosamond 2021; Haastrup et al 2021). Reputational risk events – just as with TNCs – can cause states, and multi-state actors, to lose face and bear diminished political and commercial standing. This can be particularly damaging in situations where loss of face leads to direct civil society, public, media and/or official mobilisations against their external policies and agendas.

In relation to the ‘migration crisis’, racially prejudiced European public and official reactions to African migrants caused a reputational risk event that exacerbated ill-will among African civil society and media groups against EU officialdom (Bisong 2019). EU PD strategies thus emerged to focus on Europe’s proactive assistance to job creation in Africa to tackle the ‘root cause’ of irregular migration. Moreover, in relation to the pandemic, Europe’s unsteady response to the crisis in the Southern Mediterranean, combined to African media stories of infections arriving to Africa from the EU, led to open public ridicule of Europe’s ‘corona-colonialism’. The European Commission alongside the EEAS, the member states, and institutions including the EIB thus launched a collective ‘Team Europe’ response to the pandemic, with PD messaging about Europe’s positive help for ‘fragile’ health systems in Africa. EU PD efforts have thus sought reputational damage limitation and to mitigate negative African public sentiment in the context of an initially stalled EU pandemic response. Europe in its PD response to crises has also sought to fend off broader reputational risk in the form of persistent allegations of *neo-colonialism* touted by its political rivals in the continent (for instance, Turkey), as well as by African civil society (c.f. Langan 2018).

Nevertheless, despite EU denials, the concept of neo-colonialism does usefully characterise the political and economic relationship between the EU and African countries from 1957 to the present.² Defined by Kwame Nkrumah, the concept of neo-colonialism defines a situation in which nominally independent former colonies find that, through external powers’ recourse to aid-giving, corporate influence and direct political interference that their sovereignty is reduced to a mere ‘flag-independence’ (Langan 2018). External ‘development’ actors, in the neo-colonial situation, pursue colonial-style extraction and lopsided trade by supporting pliable elites in former colonies to maintain exploitative economic arrangements (ibid). Most notably in recent times, the EU’s use of aid money in its pursuit of premature EPA free trade deals with African countries underscores the current neo-colonial character of the Eurafrikan relationship. Europe has allegedly threatened to withdraw aid from African governments that do not comply with EPAs and has awarded budget support to incentivise acquiescence within African trade ministries (Interview A 28.3.17). Aid monies have also been used to subsidise corporate investments in lucrative industries such as mining, despite negative health consequences for local citizens (explored in more detail later in relation to Niger) (Langan 2018). EU aid monies, in this context, also seek to mitigate reputational risks in relation to Europe’s commercial interests by enabling European officials to generate positive PD ‘development’ stories to mitigate possible African dissent (c.f. Leonard 2002: 49). Team Europe’s PD strategies in Africa during the pandemic are thus useful to consider in relation to the concept of neo-colonialism. Such a conceptual focus enables us to juxtapose Europe’s

² For a more extensive historical discussion and assessment of Nkrumah’s concept of neo-colonialism and its relevance for making sense of external ‘development’ interventions in Africa today, see Langan (2018).

ethical self-presentation and reputation management with the material consequences of its commercial interventions in Africa in relation to the health of local workers and communities.

The next section explores the EU's reputational risk mitigation in terms of its PD focus on health. In addition, it considers EU health interventions in the case study countries, Ghana and Niger. These two states are useful to consider in terms of their positions as prominent West African nations that have received significant attention within EU PD articulations. Moreover, both countries bear special strategic significance to the EU – the first being a 'success story' democracy that historically has followed EU policy guidance, notably in terms of its acquiescence to a controversial EPA. The second being a 'fragile' state often used as a transit route for inter-continental migration. The West Africa region, meanwhile, bears particular importance for the EU as the so-called 'cradle of migration' from Africa to Europe (Langan and Price 2021).

EU public diplomacy and its health focus in Africa during the COVID-19 pandemic

Europe's PD efforts in Africa have gained increasing significance in context of the COVID-19 pandemic. The stalled performance of the EU in the early handling of the pandemic, alongside open tensions between northern and southern European countries about the prospects of a solidarity fund, all threatened to undermine Europe's image – and thus its normative power – in the African continent (Chadwick 2020). Moreover, stories of Europe's 'corona-colonialism' exacerbated ill-feeling among African citizenries and threatened the EU with an open ridicule laced with historical resonance (Shiferaw & Mucchi 2020; Marks 2020; Thomas-Johnson 2020; Nielsen 2020). Chinese interventions, meanwhile, to promptly offer personal protective equipment (PPE) also threatened Europe's self-image as the primary partner for Africa's development (Jones and Teevan 2021: 2).

To mitigate these reputational risks, the European Commission, alongside the member states and other key EU institutions such as the EIB, launched in April 2020 a united 'Team Europe' response to the pandemic. This Team Europe endeavour involves EU aid totalling €39.5 billion for developing countries, of which €8 billion is earmarked for Africa, with €4.8 billion destined for sub-Saharan Africa (European Commission 2020a; 2020b). In this effort, the EU has showcased its assistance to pan-African initiatives. This includes aid money for the African Centre for Disease Control and Prevention and the Partnership to Accelerate COVID-19 Testing (PACT) (African Union 2020). Additionally, the EU signalled its intent to establish the EU-Africa Global Health Partnership as part of Horizon Europe (the European research funding framework). This new Partnership will succeed the existing European and Developing Countries Clinical Trial Partnership which operated during the lifetime of the Cotonou Agreement. Moreover, Team Europe has strongly emphasised its contributions to the UN COVAX initiative for the distribution of vaccines to developing countries. This has been vigorously promoted via EU PD communications in relation to the supposed underlying values of the European project, with the EU Commissioner for Health declaring that:

Humanism and solidarity are essential values for Europe. These values have been our compass since the onset of the pandemic. The EU has invested close to €3 billion to pre-finance the production of safe and effective vaccines, which will benefit not only the EU but citizens across the world. Vaccines produced in Europe are now going all over the world... (European Commission 2021b).

Importantly, however, health focused EU PD stories have also emphasised European aid delivery to individual African nations. This has often highlighted historical EU sector budget support to African health ministries during the lifetime of Cotonou. These are now being lauded as evidence of Europe's long-standing contribution to the health of poorer populations in Africa, helping them deal with the current consequences of the COVID-19 pandemic (European Commission 2020c). EU PD stories have also focused upon emergency provision of basic goods and protective equipment in the context of local lockdowns. For instance, the European Commission (2020d) published an online news story explaining a partnership with an Ivorian NGO to provide essentials to locked-down communities in Abidjan. Indeed, many of Europe's published PD stories during the pandemic have focused on West African nations, owing in large part to the relative proximity of the region and its status as the most important origin point of African migration to Europe. The region, in this context, has gained increasing significance for EU officials given European public fears that migration may unwittingly act as a vector for transmissions of new variants (Cabrejas et al 2020; Schöfberger & Rango 2020).

Two West African countries which are particularly interesting to consider here in terms of EU PD stories and aid delivery are Ghana and Niger, given their strategic standing. Ghana has historically been seen as a 'success story' and 'donor darling', affording it a special position within EU 'development' strategies (Langan and Price 2021). Notably, Ghana is one of few African nations to have unilaterally implemented a controversial free trade deal (EPA) with the EU. Niger, meanwhile, has gained increasing importance within EU approaches to Africa given its position as a migrant-sending 'fragile state' which is a transit hub for migration. In this context, it is perhaps not surprising that the EU's PD communications on COVID-19 health interventions in Africa have placed particular importance on these two countries. Publicly communicating Europe's benevolent assistance to health systems in Ghana and Niger not only mitigates reputational risks for Europe in these countries, but also helps EU officials to showcase broader EU health objectives in the West African region, and in the African continent more widely.

In the case of Ghana, EU PD stories during the pandemic have placed greatest focus on emphasising European support to the domestic government. For example, the EEAS (2020) website has enthusiastically promoted the European provision of €80,000 worth of 'masks, gloves, coveralls, protective eyewear, hydroalcoholic gel, soap, disinfectant, [and] thermometers'. This assistance has been provided to Ghana under the Western and Central Africa Port Security (WeCAPS) project funded by the EU in collaboration with Expertise France. This aid provision was accompanied by an official 'handover ceremony' – with photos on the public facing EEAS website alongside the text of the speech given by the EU ambassador on the occasion, in which she explained that:

WeCAPS' response to the emergency is part of the European Union and its Member States response to the COVID-19 emergency worldwide and in Ghana. There has been a major effort to adapt and re-direct our funding to support partner states, institutions and communities to fight against the pandemic. I am happy and proud to be here together with my French colleagues to show a concrete example of our coordinated action (ibid).

Despite the relative modesty of Europe's €80,000 contribution, the EU's PD story utilised this example as an illustration of the benevolence of the EU towards African states, thus mitigating reputational risks associated with the initially stalled European pandemic response.

Moreover, EU aid assistance to Ghana has been framed in terms of the Team Europe collective response to the virus. This has highlighted the role of EU budget support. The European Commission (2020e) website proudly states that €86.5 million has been allocated to Ghana under the Team Europe umbrella, with the EU Commissioner for International Partnerships proclaiming that:

Our Team Europe response to COVID-19 is offering immediate support to our partner in responding to the crisis. It is also about building a long-term recovery, a greener, fairer, and more sustainable world for future generations. I am delighted that our support to Ghana covers both of these crucial aims.

Budget support – a controversial aid mechanism in terms of recipient country sovereignty – is lauded as a key tool for dealing with ‘fragile’ health systems in Africa, (c.f. Langan 2015).

EU aid support to Ghana has also been lauded by European officials in relation to a regional disease tracking system – the Surveillance Outbreak Response Management and Analysis System (SORMAS). This system was developed in collaboration with a German technology partner. Funding from the EU has since enabled it to be deployed against COVID-19 in Ghana, as well as in neighbours including Nigeria and Ivory Coast. Again, such health interventions are used to bolster the EU’s public image and hence mitigate reputational risks associated with Europe’s initial handling of the pandemic. The European Commission (2021c) website emphasised SORMAS as being motivated by the EU principle of solidarity:

In a global pandemic, international cooperation helps keep us safe. Disease knows no borders and we must work together with partners around the world to ensure that everyone is protected. This means investing in smart solutions, like the EU did in SORMAS, and making sure the technology is readily available for all to use. By working in solidarity, we will overcome together and emerge stronger from the pandemic.

Solidarity, partnership, and the equal sharing of technology is emphasised as evidence of Europe’s concern for health and wellbeing in Africa.

In Niger, meanwhile, EU PD stories have similarly lauded EU aid delivery towards ‘fragile’ health systems. The website of the Belgian development agency, Enabel (2021), for example, lauds the joint efforts of the EU and Belgium within a project titled ‘Strengthening Public Health System Resilience in the Face of the COVID-19 Pandemic’. The Belgian site explains that essential supplies such as medication, gels, and personal protective equipment have been distributed within Niger. Additionally, it makes clear that European monies have gone towards three regional hospital centres and the General Referral Hospital of Niamey (the national capital), including provision of ventilators. This public facing story is accompanied with a picture of a smiling local man in African print, wearing a mask. Medical supplies and Enabel signage are in the background – visually reinforcing a strategic PD narrative of the EU ‘doing good’ for African partners, thus bolstering Europe’s reputation.

Assistance to Niger in wake of the COVID-19 pandemic is also emphasised on EU public platforms in relation to budget support (with similarities to Ghana). A European Commission press release celebrates that €38 million is being given to Niger, as part of a wider €92 million allocated to Sahelian countries. EU budget support monies are emphasised to not only assist with short-term emergency responses to disease, but to secure the future by

promoting longer-term economic recovery. Further adding to positive EU PD narratives, the Sahel Alliance (2020) donor community website praises EU joint efforts with Germany to provide masks, gloves, soap and other essentials to over 25 healthcare centres and hospitals. The alliance, founded by the EU, France and Germany to provide a joint donor forum for development interventions in the Sahel, includes a quote from the Secretary General of the Governorate of Agadez in Niger, thanking Europeans for their efforts:

this is an important step from the European Union and German Cooperation, which have once again strengthened the capacities of our health centres and certain communities in the fight against the corona-virus pandemic (ibid).

EU-sponsored narratives of African politicians' gratitude work to bolster Europe's reputation in contrast to negative stories of Europe's 'corona-colonialism' and perceptions of its initial pandemic ineptitude.

Europe's PD focus on health thus underscores the EU's attempts to guard against external encroachment upon its 'development' mission in Africa and to safeguard its reputation for competent governance (notwithstanding schisms and early stalled pandemic responses among the European member states). However, this discursive emphasis is not without risks. EU PD emphasis on health encourages wider public conversations about the health consequences of EU activities in Africa. This is particularly so as the pandemic coincides with the onset of a new post-Cotonou ACP-EU treaty. As the next section illustrates, health is in fact very hazardous thematic terrain for EU PD strategies. When Europe's neo-colonial trade and investment linkages are considered in terms of their health implications for African citizenries, serious reputational risks emerge for the EU.

An unhealthy relationship: Health impacts of EU trade and investment in Africa

The EU's PD emphasis on health may have been a rational attempt to mitigate reputational risks associated with an initially stalled pandemic response, African accusations of Europe's 'corona-colonialism' and, a competent Chinese 'mask diplomacy'. However, opening-up conversations about the health impacts of European interventions in the continent may in fact create reputational risks for the EU and Team Europe, not least the EIB. In particular, the impact of EU trade and investment can be seen to have caused significant long-term health hazards for African communities. This becomes especially apparent when considering the case study countries, Ghana and Niger, with regards to EU trade and investment respectively.

In the case of Ghana, the health implications of EU trade regimes are notable given its adherence to donor-sponsored trade liberalisation strategies from the Washington Consensus onwards. Recently, the Ghanaian government's acquiescence to an EPA free trade deal with the EU has cemented this free market orientation. Health implications are now apparent with regards to the import flooding of cheap agricultural commodities from Europe to Ghana, with repercussions for dietary wellbeing (Yar et al 2020). Taking two commodities which are staples of the Ghanaian diet – tomato and poultry – the influx of cheap tinned tomato paste and frozen chicken meat has raised civil society fears not only about the implications for jobs on local farms but also for consumer health. Under the Ghana-EU EPA, tomato and poultry are included in a so-called 'sensitive goods basket' which the EU claims protects sensitive import-competing commodities. However, under the terms of the EPA the tariff level of the 'basket' cannot be increased beyond the current rate of 35%. This EPA standstill clause thus shuts down Ghanaian government policy space to raise tariffs and protect their farmers from subsidised

agricultural goods emanating from the EU. One civil society stakeholder interviewed during fieldwork in Ghana in 2017 explained that the influx of tinned tomato paste from Europe under EPA free trade poses a serious health challenge to Ghanaians:

They [Europeans] bring the concentrated one [tomato] and then can it [at a canning factory]. A lot of it is not tomato. About 28% maximum is tomato... the question we may ask is “what constitutes the 70%?” It’s actually starch, it has actually been added, and colour. The tomato paste has stained the cooking bowls, that means they have the colour to make it look red. You ask “is that healthy?”.... we had an opportunity to create jobs by creating tomato product locally... but we are not able to make it (Interview B 28.3.17).

Another explained that imported vegetable produce, including tomato product, produced by European agribusinesses has a higher chemical content than equivalent produce grown in Ghana under rain-fed farming conditions. He explained that:

With trade there is constraint as well as opportunity. The constraint is that we are flooded with goods from other countries, from Europe and other areas.... They [foreign producers] use a lot of chemicals and pesticides which has health [consequences]... (Interview C 23.3.17).

In relation to frozen poultry, Ghanaian civil society activists and farmers similarly raised health concerns about the implications of Europe’s free trade policies. One poultry farmer raised concerns that frozen chicken from Europe had been injected with chemicals to inflate birds’ body mass:

It’s not healthy. The poultry is so big. You ask “is this a broiler?”. A broiler cannot be as big as a turkey. And so you ask yourself, “do they inject it?”. These are questions in their mind [the consumer] and there’s no answer yet (Interview D 29.3.17).

Other farmers explained that frozen chicken had been in refrigeration for many years, losing important nutrients compared to locally produced meat. They also raised concerns that technical problems encountered during cold storage could adversely affect the frozen products’ safety and damage consumer health. However, they recognised that this safety message had not yet filtered through to all consumers in Ghana. Nevertheless, local industry and civil society were doing their best to educate the public about the dangers of imported chicken from Europe, and other origins such as Brazil. One civil society stakeholder explained that consumers who were already aware of these dangers were unfortunately still attracted by the low prices of frozen imported meat, despite consequences for local jobs and health. Poverty drove unhealthy consumption patterns based on foreign imports:

Some may be aware [of health consequences of frozen] ... but the population income level is low so they have no option but to consume the dangerous product. Some of them are not aware. ... Government should support the farmers... but it’s not like that, we are left alone, and we have to struggle. We need some investment or the whole thing will collapse. All the money is gone (Interview E 29.3.17).

Ghanaian civil society stakeholders therefore contextualised EU free trade deals and the EPA not only in terms of job losses but of the health consequences for Ghana:

our restaurants are filled with this chicken coming from Europe -the parts you don't like – and it is really killing our poultry industry... and we have this tomato thing [import flooding] from Italy and also coming in from China as well. It's all over the place, in the supermarkets, the tomato paste, and it doesn't really help us, our health (Interview F 24.3.17).

This view was corroborated by a poultry farmer who described the consequences of donor-sponsored free trade policies in Ghana:

Unemployment rates are very high, crime rates are going up and the economy is not getting taxes... and imported goods always puts pressure on foreign exchange. You see the strength of the cedi [currency] will always go down... it's having a negative impact on the country and the people, the economy, and our health (Interview G 3.4.17).

Europe's PD focus on the positive health outcomes of an Africa-Europe partnership therefore raise wider questions about the health implications of EU trade policies. In the case of Ghana, the health implications of EU free trade deals are a key issue that will continue to be raised as the EPA comes into full effect. And significantly, such health concerns have already galvanised successful consumer awareness campaigns that have raised public awareness of the health impacts of EU trade policies. For instance, the 'Chicken of Deaths' campaign in Cameroon (ACDIC et al 2007).

European commercial investments also raise serious questions regarding the health implications of EU interventions in Africa. The investment decisions of leading EU and Team Europe partner, France, in relation to AREVA (which was majority owned by the French government) in West Africa are particularly pertinent to consider here. In the case of Niger, French AREVA investments in uranium extraction appear to have had long lasting health implications. Greenpeace here has condemned AREVA in relation to alleged environmental contamination at its subsidiaries' mining operations:

the people of Arlit and Akokan [mining towns in Niger] continue to be surrounded by poisoned air, contaminated soil and polluted water... With each day that passes, Nigeriens are exposed to radiation, illness and poverty... while Areva makes billions from their natural resources (Greenpeace 2010: 6).

Greenpeace (ibid: 6) further claims that for four of five water samples 'collected in the Arlit region, the uranium concentration was above the WHO [World Health Organisation] recommend limit for drinking water'. Radiation levels on the streets of Akokan were also said by the organisation to be 500 times above normal backgrounds levels. The NGO also reported that it had found 'several pieces of radioactive scrap metal on the local market in Arlit' despite 'AREVA claims that no contaminated material gets out of the mines anymore' (ibid). Testimonies of workers and workers' families also highlight serious health concerns in terms of the apparent legacy of AREVA subsidiaries' mining activities (SOMAIR and COMINAK). The wife of one miner lamented an apparent lack of medical studies on the mining impact:

My husband was one of the first employees of Somair. All his colleagues are dead of cancer, or of kidney and liver problems... Among those who are still here, many are sick or paralyzed, but we can't say these problems are directly linked to radiation without any studies!" (cited in Haddad 2014).

A local civil society stakeholder outlined additional health conditions faced by workers:

The case of severe diseases among the mining workers has increased...Most common diseases are disruption of the hormonal system, cancer, infertility, birth malformations, abortion and psychological disorder (cited in DownToEarth 2019).

The IPPNW (n.d.) anti-nuclear campaign organisation further underscores apparent health concerns associated with mining in Niger, explaining that:

Until the 1980s, miners were not provided with even the most basic protective gear. They mined in t-shirts and shorts, without masks, gloves or dosimeters. According to local NGOs, doctors noticed rising rates of lung cancer, but did not raise an alarm. Countless miners have contracted lung cancer, but so far not a single case has been officially accepted as an occupational disease. Through the continued exposure to radioactive dust from tailings and the radioactive contamination of ground water, the inhabitants of the nearby towns are also affected.

Former workers for AREVA and its subsidiaries have also provided testimonies. A former driller for AREVA claimed: 'we worked with our bare hands. The mining company never informed us about the risks. We relied on what God decided'. In similar terms, a former worker at SOMAIR alleged 'we were not given anything to protect our nose or mouth. We were treated liked animals'. A former driver for COMINAK, meanwhile, commented on the consequences of the apparent environmental contamination for future generations: 'our children are already in contact with uranium. They have it in their bones, in their blood and their children will also have it' (cited in Geopolitical Monitor 2018).

Health concerns regarding European trade and investment in Africa are clearly not confined to Ghana or Niger. In relation to mining, for example, the historical role of the EIB – a key actor within Team Europe –and its historical disbursement of funding to mining activities throughout Africa during the lifetime of the Cotonou Agreement deserves closer scrutiny. Although under European Parliament and civil society pressure the EIB has since committed to cease investments in the mining sector, the potential long-term health implications of its support to extractive industries ought to be borne in mind in the context of health focused EU PD pronouncements. Interestingly, the EIB website continues to list key investments made during the first eight years of the Cotonou Agreement:

INSERT TABLE 1 HERE

The EIB's backing for mining in Zambia may be particularly pertinent for further research in light of the serious health concerns raised about mining activities in that country - amid legal campaigns against foreign mining conglomerates (BBC 2021). And again, such concerns about the health implications of EU EPA trade deals are not confined to Ghana. In the case of frozen poultry imports alone, Cameroonian, Ivorian and South African farmers are all raising

awareness about the implication of cheap European meat for consumer health (ACDIC et al 2007; SOS Faim 2007; Fairplay 2021). The health consequences of EPAs as they are rolled out across Africa deserves close inspection as Africa-EU relations enters a post-Cotonou phase.

Furthermore, Europe is now beginning to witness this growing African official, media and civil society backlash to its health focused PD stories. African officials and commentators surrounding the 6th AU-EU summit in February 2022 pointed to the ‘hypocrisy’ of Europe in the face of continued EU commercial intransigence on the issue of waivers for intellectual property rights (IPRs). This is despite the necessity of such waivers for the efficient rollout of vaccines in Africa. Oxfam International’s Pan African Programme Director, Peter Kamalengin, explicitly drew attention to the disparity between Europe’s public ‘song and dance’ about its partnership with Africa, and the reality of its policies on health:

EU leaders continue to make a song and dance about the importance of their relationship with the African continent. Yet they once again put the interests of their profit-hungry pharmaceutical corporations first. The point-blank refusal to even consider the waiver at this summit is shameful and an insult to the millions of people in poorer countries who have needlessly lost loved ones because of vaccine inequity. While Europeans are getting boosters, nearly 90 percent of Africans are yet to have their initial two doses (Oxfam International 2022).

In a similar vein, South African President, Cyril Ramaphosa, in the lead up to the summit condemned Europe’s role in perpetrating a ‘vaccine apartheid’:

They hoarded vaccines, they ordered more vaccines than their populations require. The greed they demonstrated was disappointing, particularly when they say they are our partners... Because our lives in Africa are just as important as lives in Europe, North America and all over (cited in Furlong 2022).

While it is beyond the scope of this article to further explore African counternarratives against EU commercial intractability on IPRs, nevertheless, they are emerging evidence of the reputational risks that Europe faces on the very health terrain that its PD strategy has emphasised. As EPAs are rolled out, and campaigners investigate the legacy of EU investments in sectors such as mining (see for example, Ngounou 2021) – the reputational risks for Europe will escalate into the post-Cotonou era. Stories of the health impacts of EU trade and investment decisions (in addition to European intransigence on IPRs) will compound African civil society and official contestations of Team Europe’s commercial prerogatives and humanitarian pretensions.

Conclusion: African agency within an unhealthy relationship with Europe

The EU’s thematic focus on health in its PD communications in Africa may have been a rational decision in the context of the COVID-19 pandemic. However, EU PD stories’ focus on health poses severe reputational risks for the bloc. Namely, it will give impetus to African civil society, media and official campaigns which draw public attention to the plight of those whose health has been negatively affected by European trade and investment decisions. African civil society groups in Ghana, for example, have already drawn attention to the implications of EU free trade deals for the health of consumers. Meanwhile, activists in Niger in coalition with international NGOs such as Greenpeace have drawn attention to the apparent

long-lasting health consequences of European-backed uranium mining. In the context of the pandemic and the ^{new} OACPS-EU treaty it would seem an opportune moment for African officials to leverage Europe's reputational risks and challenge EU health narratives. Just as with African official challenges to IPRs at the 6th AU-EU summit, contesting EU PD health discourse may empower African governments to (re)raise serious questions, for example, about unhealthy free trade deals. Focusing on health themes, likewise, may empower African politicians to demand stricter EU corporate oversight in sectors such as mining and, where appropriate, to demand monetary reparations for those whose health may have been negatively impacted by European commercial activities. The health consequences of Europe's neo-colonial commercial policies are clearly an issue that deserve closer civil society, media and scholarly scrutiny. Moreover, by leveraging Europe's reputational risks in fora such as AU-EU summits and the UN, African officials possess strategic opportunities to contest Europe's neo-colonial commercial and political ambitions in their continent.

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