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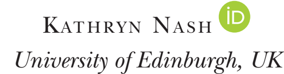
The African Union and Emerging Patterns of Global Health Governance

Kathryn Nash 
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During the global COVID-19 pandemic, the shortcomings and inequities in the global health system were amplified. International actors lost faith in the major global health institutions, and there was intense competition amongst states for critical supplies and vaccines. During these challenging circumstances, the African Union (AU) and its specialized technical institute (now autonomous agency) the Africa Centres for Disease Control and Prevention (Africa CDC), led a multi-faceted response to combat COVID-19 in Africa and advocate for the African region globally. Beyond responding to the immediate crisis, the AU and Africa CDC recognized that Africa would need to build its capacity to respond to future public health security threats. They embraced the idea of the New Public Health Order for Africa to build public health institutions and workforces, expand manufacturing of critical medical supplies, increase public health resources, and build balanced and respectful partnerships ("Call to Action: Africa's New Public Health Order" 2022). In the years since the emergence of COVID-19, the AU and Africa CDC seized on the momentum created by the pandemic to build public health institutions and to take concrete action to begin to implement their vision for a New Public Health Order for Africa. This article focuses on how the response of the AU and Africa CDC to COVID-19 is driving an evolution in public health within Africa and the emerging impacts on global health governance more generally. It demonstrates that Africa is creating a space between state-based public health and global health governance by regionalizing public health to enhance Africa's capacity and agency.

Durante la pandemia mundial de COVID-19, las deficiencias e inequidades del sistema mundial de salud se fueron intensificando. Los agentes internacionales perdieron la fe en las principales instituciones de salud mundiales, y existió una intensa competencia entre los Estados por conseguir suministros y vacunas importantes. Durante estas difíciles circunstancias, la Unión Africana (UA) y su instituto técnico especializado (que ahora es una agencia autónoma), los Centros de África para el Control y la Prevención de Enfermedades (CDC de África, por sus siglas en inglés), lideraron una respuesta multifacética con el fin de combatir la COVID-19 en África y abogar por los intereses de la región africana a nivel global. Además de responder a esta crisis inmediata, la UA y los CDC de África reconocieron que África necesitaría desarrollar sus capacidades para poder responder a futuras amenazas a la seguridad de la salud pública. Por ello, adoptaron la idea de un Nuevo Orden de Salud Pública para África con el fin de construir instituciones y fuerzas de trabajo de salud pública, así como de expandir la fabricación de suministros médicos fundamentales, aumentar los recursos de salud pública y construir alianzas equilibradas y respetuosas. En los años transcurridos desde la aparición de la COVID-19, tanto la UA como los CDC de África aprovecharon el impulso creado por la pandemia para construir instituciones de salud pública y para tomar medidas concretas que les permitieran comenzar a implementar su visión de un Nuevo Orden de Salud Pública para África. Este artículo se centra en cómo la respuesta de la UA y los CDC de África a la COVID-19 está impulsando una evolución en materia de salud pública dentro de África y en los impactos emergentes en la gobernanza de la salud mundial en general. El artículo demuestra que África está creando un espacio entre la salud pública basada en el Estado y la gobernanza de la salud mundial a través de la regionalización de la salud pública con el fin de mejorar la capacidad y la agencia de África.

Au cours de la pandémie mondiale de COVID-19, les défauts et inégalités du système de santé mondial se sont intensifiés. Les acteurs internationaux ont perdu foi dans les grandes institutions de santé mondiales et on a pu observer une compétition intense entre les États quand il s'agissait d'obtenir des équipements et des vaccins. Dans ces circonstances particulièrement difficiles, l'Union africaine (UA) et son institut technique spécialisé (aujourd'hui devenu une agence autonome), le Africa Centres for Disease Control and Prevention (Africa CDC), ont mené une intervention à plusieurs facettes pour lutter contre la pandémie en Afrique et défendre la région africaine dans le monde. Au-delà de la réponse à la crise immédiate, l'UA et l'Africa CDC ont reconnu que l'Afrique devait forger sa capacité de réponse aux futures menaces pour la sécurité sanitaire publique. Ils étaient favorables à l'idée d'un nouvel ordre de santé publique pour l'Afrique qui bâtirait des institutions de santé publique et formerait des travailleurs, élargirait la fabrication de fournitures médicales critiques, augmenterait les ressources de santé publique et forgerait des relations équilibrées et respectueuses. Dans les années qui ont suivi l'apparition de la COVID-19, l'UA et l'Africa CDC ont tiré parti de l'occasion créée par la pandémie pour bâtir des institutions de santé publique et pour prendre des mesures concrètes afin de commencer à mettre en application leur vision d'un nouvel ordre de santé publique pour l'Afrique. Cet article s'intéresse à la relation entre la réponse de l'UA et de l'Africa CDC à la COVID-19 et l'évolution de la santé publique en Afrique, avant d'analyser les conséquences qui se dessinent pour la gouvernance mondiale de la santé de façon générale. Il démontre que l'Afrique crée un espace entre la santé publique basée sur l'État et la gouvernance mondiale de la santé en régionalisant la santé publique afin de renforcer la capacité et le rôle de l'Afrique.

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Introduction

One of the central aspirations of the African Union's (AU) Agenda 2063 is that Africa is a "strong, united, resilient, and influential global player and partner" ("Agenda 2063: The Agenda We Want" 2015, 2). While the AU has been influential in global affairs since its creation, these contributions have not always been given the attention or critical study that they deserve (Abrahamsen, Chimhandamba, and Chipato 2023). As part of a special forum marking the 20th anniversary of the creation of the AU, this article analyses the AU's emerging contributions to regional and global health governance following on from its response to the COVID-19 crisis and drawing on past patterns of the AU establishing capacity and influence. As the pandemic began to emerge, there was grave concern about the capacity of African states and institutions and global intergovernmental organizations (IGOs) to respond to this crisis in the African context. The Africa Joint Continental Strategy for the COVID-19 Outbreak adopted in March 2020 highlighted Africa's significant vulnerability given its fragile healthcare and sanitation systems, prevalence of other health challenges, and ongoing political and economic crises ("Africa Joint Continental Strategy for COVID-19 Outbreak" 2020, 2). In addition, the regional public health institution—the Africa Centres for Disease Control and Prevention (Africa CDC) was in its nascent stages having only been created in 2016 and officially launched in January 2017 ("About Us" n.d.).[1] Despite these challenges as well as unequal access to vaccines and other critical resources, the African region fared better than expected, the AU led campaigns on global health inequities, and Africa CDC emerged as an autonomous health agency with work underway to transform public health in Africa. This article argues that the AU and Africa CDC seized on the momentum of their response to the pandemic and increasing skepticism of global health institutions to advance the concept of a New Public Health Order for Africa and to develop regional agency and capacity under this new framework. This will not only have an impact on public health in Africa but will impact global health governance taking it beyond a largely state/global binary and carving out space for regional actors.

This special forum situates its discussion of the AU within "recent debates in IR about non-Western agency" (Abrahamsen, Chimhandamba, and Chipato 2023). This is reflected in increasing calls in the literature to recognize the agency of global South actors to shape global governance instead of narratives that focus on how global South actors are shaped by it (Helleiner 2014; Stuenkel 2016; Coleman and Tieku 2018). For the purposes of this paper, global governance is conceptualized to include the ideas, institutions, and accepted practice that influence global affairs, and agency is defined as "the ability of states, intergovernmental organizations, civil society, and individual actors to exert influence in their interactions with foreign entities to maximize their utilities and achieve a set of goals" (Coffie and Tiky 2021, 245). There has been some work analyzing African contributions to regional and global governance covering contributions from individuals, states, civil society, and IGOs. Brown and Harman's edited volume, *African Agency in International Relations*, explores the ways in which Africa operates in and impacts on the international system with chapters ranging across issue areas and institutions. Brown and Harman start from the premise that "African actors established a sustained track record of assertive, high-level diplomacy" across issue areas and have made strategic choices about reshaping international relationships and dynamics (Brown and Harman 2013, 1). However, they also concede that African agency is at times constrained and conclude that the parameters of African agency are ultimately shaped by external and internal factors and the particular issue being considered (Brown and Harman 2013, 11). Similarly, Coffie and Tiky also acknowledge the constraints on African agency but ultimately argue that, "the agency of African actors in international politics is multifaceted and growing given the changes in the strategic environment on the continent" (Coffie and Tiky 2021, 250). With regard to global health, Patterson's volume recognizes that "an institutional focus in global health has often downplayed African agency or African actors' control over decisions made and actions taken" but argues that African states did have more influence on health than typically recognized through their ability to accept or challenge global health governance (Patterson 2018, 8–9).

Concentrating on African agency through continental institutions or collaboration, there are several areas where the AU has been able to assert agency as well as areas where regional efforts have been restrained. Looking at the common African positions on United Nations (UN) reform, climate change negotiations, and the implementation of International Criminal Court warrants, Welz explores how the motives and means of the AU and its member states impact regional negotiating success (Welz 2013, 431–33). While Welz acknowledges extra-regional dynamics, his focus is on cohesion within the continent concluding that strong cohesion on climate negotiations led to successfully negotiating financial compensation for climate impacts. Conversely disunity on other issues, notably UN reform, meant a much weaker negotiating position that allowed other states to exploit the AU's position and undermine reform efforts (Welz 2013, 430–31). In the instance of UN Security Council reform, the African regional effort was unable to impact global governance; whereas on climate negotiations, the African region did have an impact on global governance through shifting ideas on compensation that will result in changes to global practices. Tieku argues that the AU Commission has been influential both regionally and globally. The Commission uses its agenda-setting, rule-enforcement, and other powers to shape policy and practice within Africa, and it uses its representational duties to shape global forums. In particular, Tieku highlights how the Commission typically puts forward one candidate for elected positions in international organizations, and this has often led to those candidates being elected. This approach helps to shape institutions and was instrumental in the election of Tedros Adhanom Ghebreyesus as director general of the World Health Organization (WHO) (Tieku 2021, 264).

The AU has had significant impact in specific issue areas, and the area where it has arguably had the most impact on regional and global governance is peace and security. The impact can be seen through the evolution of ideas that underpin the regional and global approach to peace and security, the creation and transformation of institutions, and changes to practice. The AU's significant role in African peace and security is reflected in its Constitutive Act and the creation of the African Peace and Security Architecture that created African institutions and enhanced capacity to deal with peace and security issues. The AU also worked to establish its own practices and models of peace operations with a division of labor where the AU and Regional Economic Communities (RECs) can respond to crises more

[1]For all webpages, dates that they were last accessed by the author are included in the bibliography. Attempting to list the date of the last update of the webpage led to inconsistencies and inaccuracies.

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rapidly and forcefully, and the UN supports the AU and can assist with long-term peacebuilding (De Coning, Gelot, and Karlsrud 2016). The AU and RECs have also used their engagement in peace processes to establish their authority in particular conflict situations and take ownership of tasks from monitoring implementation of a peace agreement to ceasefire enforcement (Coe and Nash 2020). Through this work and ongoing negotiations, these African IGOs have advanced an understanding of how subsidiarity plays out in practice in peace and security (Møller 2005; Nathan 2016; Ndiaye 2016; Reinold 2019), and Africa has established a regional strength in tackling peace and security within its own regional sphere compared to other regions by enhancing its ownership, which reinforces its authority (Coe and Nash 2023).

At the global level, African states are major actors in international security, as Africa is the "largest regional contributor of troops to United Nations Peace Operations" (Stewart and Andersen 2018, 169). Taking on this level of ownership of peace and security augments Africa's collective voice, and African states through the AU have led a long diplomatic push on reconceptualization of Chapter VIII of the UN Charter, which speaks to the role of regional organizations in peace and security. Currently the UN Charter places the UN Security Council at the top of a global hierarchy that manages peace and security; whereas the AU is pushing for a reconceptualization of how this norm is understood to move away from an understanding based on hierarchy to one of partnership and mutual responsibility (Lotze 2018, 219–20). In doing this, the AU has advocated for more authority on peace and security issues in Africa while still developing the UN-AU partnership (Coleman and Job 2021, 1458/63). There are, of course, limits to Africa's capacity and agency in peace and security governance, notably around financing. However, it is valuable to highlight this issue area because it is an example of the AU embracing a more robust role for itself in the wake of global failures, building its institutional capacity, and using its enhanced capacity to assert agency in global governance. The same pattern of embracing new ideas, establishing regional capacity through institution-building to create new practices and ownership, and then using this to assert agency in global forums and push for more regionalized governance can be seen in the public health sphere.

This paper will proceed by briefly outlining global health governance and the response to COVID-19. Section three will contextualize the COVID-19 pandemic in Africa and then analyze the response of the AU and Africa CDC to the crisis. I will outline the concept of the New Public Health Order for Africa and how the pandemic kickstarted work to build and begin to implement this idea ("Africa Centres for Disease Control and Prevention Support Program to Combat COVID-19 and Future Public Health Risks (P178633)" 2022). The AU and Africa CDC undertook a vast response to the COVID-19 pandemic, and this article will not cover all facets of the response. Rather it will focus on the aspects that are impacting regional and global health institutions, practices, and processes. The analysis of the AU and African CDC's response to COVID-19 is based on publicly available documents collected from the organizations, news media, and think tanks over the course of the pandemic.

Global Health Governance and COVID-19

Global health governance encompasses, "the formal and informal institutions, rules, and processes by which states, IGOs, nongovernmental organizations (NGOs), foundations, the private sector, and other nonstate actors collectively act on health issues that cross borders" (Patterson 2018, 2). The WHO is, of course, a major player in global health. The WHO constitution came into effect in 1948 with its objective of "attainment by all peoples of the highest possible level of health" ("Constitution of the World Health Organisation" 1948, 1). Its long list of basic functions include "directing and co-ordinating authority on international health work" and generally providing expertise, capacity, and assistance to member-state governments along with facilitating research, information-sharing, and other best practices ("Constitution of the World Health Organisation" 1948, 1–2). Beyond the WHO, there are many other organizations that play a significant role in global health, such as the Global Fund to Fight AIDS, Tuberculosis, and Malaria. In addition, there are massive bilateral investments in global health, for example through the United States Agency for International Development, and there are many public-private partnerships, including the Global Alliance for Vaccines and Immunizations, which helped to spearhead the COVAX initiative during COVID-19. Finally, there are large philanthropic organizations, notably the Bill and Melinda Gates Foundation, that have made massive investments in health across the globe (Packard 2016, 12–13). In addition, there are, of course, regional actors, such as the Africa CDC and Pan-American Health Organization. Within states, there are national health agencies and local organisations that work on public health within geographic boundaries and of course interact with global health actors, but a disconnect between global health and national public health institutions can often be a challenge.

There is typically a distinction between public health as it relates to health within a particular geographic space and global health as it relates to health issues that transcend borders. However, there is much debate over how to define these terms and the implications of doing so (Turcotte-Tremblay et al. 2020), and there are many health crises, notably for this article the COVID-19 pandemic, that demonstrate how difficult it can be to distinguish between public and global health. For definitional clarity, I refer to public health within Africa in line with the terminology of the New Public Health Order for Africa, and I use global health governance to refer to global institutions, rules, processes, and practices. This is imperfect in many ways, but it allows me to analyze how the AU and Africa CDC are seeking to remake public health within the African region while also analyzing how these changes may impact global health governance.

Global health governance as envisioned by the WHO constitution has faced challenges for decades leading up to its failure during the COVID-19 pandemic with "the virtual collapse of global cooperation . . . as governments pursued ad hoc, uncoordinated, and even competitive measures"(Jones and Hameiri 2022, 2057). In particular, while "the WHO facilitated some data-sharing and technical cooperation, its scientific guidance was often highly controversial and its major initiatives, on access to diagnostics, therapeutics and vaccines, were crippled by vaccine nationalism and wealthy states' inadequate commitments" (Jones and Hameiri 2022, 2057). This is part of a wider trend where international organizations, in the case of global health governance—the WHO, are largely not empowered to impose mandates on states and are unable to act without the cooperation of domestic governments. In this way, global health governance relies on a global governance as state transformation model where international organizations are "meta-governors, specifying priorities, targets, "best

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practice" processes and policies, while promoting states' transformation to enact these domestically" (Jones and Hameiri 2022, 2058). Beyond the issue of a lack of enforcement and coordination, global health governance also tends to lack integration with national health systems. There have been massive investments made to treat specific diseases, such as AIDS and malaria, but comparatively little funding has been directed to building up national health systems, both in terms of infrastructure and health care workers (Packard 2016, 12–13).

In the past decade, there have been notable public health crises, such as the Ebola epidemic and the COVID-19 pandemic. This is not to discount other public health concerns, but the Ebola and particularly the COVID-19 crises are notable because of the need for transnational coordination and the stark lessons on the degree to which African states have limited public health capacity and cannot count on international support. In the wake of these failures, the next section will analyze the AU's response to the COVID-19 pandemic and its impact on regional public health and global health governance. The pandemic laid bare the challenges Africa faces in addressing public health crises, and COVID-19 became a springboard for a rapid expansion of regional public health institutions and capacity in Africa. The AU and Africa CDC have transformed regional public health through this expansion, and they are in the midst of a coordinated effort to influence global health governance. Even while they seek to influence global institutions and practices, the AU and Africa CDC are pushing to reform global health governance through a model that would regionalize health governance. This would move health governance beyond a state-based or global approach and instead endow regions with the capacity and authority to manage public health crises.

The evidence is drawn from primary and secondary source documents collected throughout the pandemic period. At the start of the pandemic, I began a project to collect data on and analyze the regional responses to COVID-19, including the economic, political, and public health responses in addition to the diplomatic initiatives to advocate for resources and coherent international support (den Boer and Nash 2021). This article draws on the primary source documents related to the AU and Africa CDC response to COVID-19 and analyses them against ongoing developments in regional public health and global health governance. Impact in governance is evidenced by evolving ideas referenced in international discourse or institutional frameworks, institutional change, and changing practice. The world has been slowly and unevenly emerging from the COVID-19 pandemic, and its impact will not yet be fully evident. However, there are pieces of evidence of impact and strong indications of evolving impact or areas for potential impact.

AU and Africa CDC's Response to the COVID-19 Pandemic

At the start of the COVID-19 pandemic, there was concern about the disproportionate impact the disease might have on African citizens and governments. Africa fared much better than was expected in the first wave of the pandemic with theories abounding as to why (Senthilingam 2021). These included the relative youth of Africa's population, a lack of detection of cases and deaths due to insufficient testing, and/or the preparedness of Africa to mitigate infectious diseases after its experiences with Ebola and other epidemics. The disparity between Africa and the rest of the globe was less pronounced during later waves, and as of summer 2022, Africa was still lagging behind the global North in gaining control of the pandemic given unequal access to vaccines and other factors (Happi and Nkengasong 2022). However, throughout the pandemic, African IGOs consistently responded with public health, economic, and political measures. There are several health IGOs working in Africa, from the West African Health Organization to the WHO Regional Office for Africa that contributed significantly to the response to COVID-19. However, this article will focus on the efforts spearheaded the AU and its previously technical health institute and now autonomous agency (Ashimwe 2022), the Africa CDC because of their unique efforts to transform regional public health and global health governance that go beyond simply responding to the public health emergency posed by COVID-19. It will focus on major initiatives to build institutions and shift practices rather than the totality of the AU and Africa CDC response to the pandemic that is too vast to cover in one article.

The public health data on the pandemic and responses to the COVID-19 pandemic have been well studied. There are well-known dashboards, such as the Johns Hopkins Coronavirus Resource Centre, that track global data ("Johns Hopkins Coronavirus Resource Centre" 2022). Africa CDC maintains a regional dashboard that tracks tests, cases, deaths, vaccination rates, and recoveries across Africa ("Coronavirus Disease 2019 (COVID-19)" n.d.). Additionally, there are dashboards that track governance responses by states globally ("COVID-19 Government Response Tracker" n.d.) and with a focus on Africa ("COVID-19 Response Governance Mapping Initiative" n.d.). The Trade Law Centre (tralac) think tank also maintained a database early on in the pandemic tracking the responses by African IGOs ("Regional Responses to COVID-19 in Africa" n.d.). My own work done in collaboration with other scholars during the pandemic focused on analyzing primary source documents from IGOs across different regions to compare their responses (den Boer and Nash 2021) along with a small pilot study on the impact of regional assistance on member states (Nash et al. 2022). There is limited literature on the impact of ***pandemic responses*** beyond public health outcomes, but this is not surprising given that COVID-19 is an ongoing risk. One exception analyses how the AU's response will impact its supranational powers (Fagbayibo and Owie 2021). This is distinct from the impact of the pandemic itself, which we know has impacted almost all areas of life and policy.

From a political and governance perspective, the world (with some exceptions) has emerged from the acute stage of the COVID-19 pandemic that was characterized by significant policy interventions and emergency measures. However, the impact of public health, political, and economic interventions on governance is still forming. The AU and Africa CDC began responding to the COVID-19 pandemic even before the first case in Africa was confirmed in Egypt in February 2020 ("Outbreak Brief #5: Novel Coronavirus (COVID-19) Global Epidemic" 2020). The African regional response was guided by the AU and Africa CDC's Joint Continental Strategy for the COVID-19 Outbreak released in early 2020 that stressed coordination with other regional and global bodies and evidence-based public health responses in several key areas ("Africa Joint Continental Strategy for COVID-19 Outbreak" 2020, 3–4). An adapted strategy was released in June 2021. The objectives were still the same, but the Africa CDC and AU acknowledged the wider impact of the pandemic and sought to focus regional efforts on enhanced prevention, monitoring, and

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treatment to contain COVID-19 while minimizing other harms ("Adapted Africa Joint Continental Strategy for COVID-19 Pandemic" 2021). Most recently, the Africa CDC has highlighted how it is going to move beyond the acute phase of the pandemic ("The Transition Beyond the Acute Phase of the COVID-19 Pandemic in Africa" 2023). The regional response has evolved significantly over the course of the pandemic, and it has moved beyond public health measures and coordination to using its pandemic response as a springboard to develop a New Public Health Order for Africa, to create new public health institutions and augment existing ones, and to push forward regional and global practices.

Ideas

New Public Health Order for Africa

The goal of creating a New Public Health Order for Africa is explicit in many Africa CDC documents that outline the response to the COVID-19 pandemic. However, this concept was championed by Dr John Nkengasong, who was until recently director of the Africa CDC, well before the start of the COVID-19 pandemic (Nkengasong, Djoudalbaye, and Maiyegun 2017). The initial idea of a New Public Health Order for Africa followed the AU's adoption of the Declaration on Accelerating Implementation of International Health Regulations (IHR) in Africa in 2017. The 2005 IHR is a binding agreement committing countries to "detect, assess, report, and respond to public health events" ("International Health Regulations (IHR)" 2022), and the AU Declaration not only commits the AU to accelerating implementation of the IHR but also recognizes that a basic duty of member state governments is to protect against health insecurity and risks ("Declaration on Accelerating Implementation of International Health Regulations in Africa" 2017). Following many epidemics, the AU sought to address "the increasing public health events and recurrent epidemics and their huge socio-economic impact" ("Press Release: African Union Heads of State and Government Commit to Accelerate the Implementation of International Health Regulations" 2017). Nkengasong et al. argue that the Declaration "should also serve as a new African public order in addressing health security and inequities on the continent" and that this new order should specifically address "health systems and systems for health" (Nkengasong, Djoudalbaye, and Maiyegun 2017).

The onset of the pandemic and challenges faced by Africa both in dealing with the fallout from the disease and inequity in the global health system led the AU and Africa CDC to coalesce around this idea of a New Public Health Order and put in place plans to achieve it. It has also led to a push for more regionalized public health governance. The AU response was not simply reactive to the immediate crisis but rather an effort to address health insecurity through long-term action. The Africa CDC Support Programme to Combat COVID-19 and Future Public Health Risks states, "Africa CDC has also seized the momentum to put forth a vision through the New Public Health Order for Africa and guide transformative investments for the continent's medium- to longer-term health security" ("Africa Centres for Disease Control and Prevention Support Program to Combat COVID-19 and Future Public Health Risks (P178633)" 2022, 1). The five core areas of this goal are as follows: (1) strong regional bodies; (2) producing vaccines locally; (3) investing in public health workers; (4) partnerships; and (5) a more significant role in pandemic governance for regional organizations ("Africa Centres for Disease Control and Prevention Support Program to Combat COVID-19 and Future Public Health Risks (P178633)" 2022, 2).

The New Public Health Order for Africa was further codified in a statement by the African Union Heads of State and Government following an event on the margins of the UN General Assembly in September 2022. In addition to the core areas outlined above, the Heads of State and Government included "increasing domestic investment in health." The statement also highlights several initiatives that fed into the development of concrete components of the New Public Health Order for Africa, including the establishment of the African Medicine Agency (AMA), the greater autonomy of the Africa CDC, and several mechanisms to fund public health work. Notably, the AU transformed the AU COVID-19 Response Fund into the more permanent Africa Epidemics Fund ("Call to Action: Africa's New Public Health Order" 2022). These initiatives show that the AU is simultaneously adopting the underpinning idea to enhance public health—the New Public Health Order for Africa—while creating the institutional and financial capacity to implement the vision. The COVID-19 pandemic clearly represented a moment of a widespread crisis and failure of the international community to live up to its own standards—in this case due to vaccine nationalism, global health inequities, and selective travel bands among other things—that in hindsight acted as a catalyst to push forward regionalized public health governance.

Institution Building and Changing Practices

Africa Medical Supplies Platform

Throughout the pandemic, the AU and Africa CDC have built on and created new institutions that would enable Africa to have a collective regional voice and to shift practices of public health in the region. Part of this institution-building is explicitly part of Africa's New Public Health Order, such as institutions that facilitate the testing and production of vaccines, but other components arose organically out of need during the COVID-19 pandemic. The Africa Medical Supplies Platform (AMSP) was one such institution that was created to meet a specific need but has continued to operate past the pandemic creating new practices. From the start of the pandemic, it was clear that global inequities would impact the ability of African states to respond effectively, and the AU and Africa CDC sought to make explicit these inequities and their impact. In the early months, one of the most pressing issues was access to medical supplies, notably personal protective equipment. The communique from the May 2020 meeting of the AU PSC highlighted this issue by, "expressing concern over the increase of unilateral approaches promoting isolationist and protectionist policies, which undermine the values of Living Together in Peace by restricting access of developing countries to medical supplies" ("Communique of the Peace and Security Council, 928th Meeting" 2020). As the AU has consistently done in many issue areas, it does not just highlight the immediate challenge but rather links the challenge of access to medical supplies with broader global hierarchies. The AU and Africa CDC also took steps to secure medical supplies for member states through the establishment of the AMSP. AMSP is a non-profit initiative that allows member states to access medical equipment and supplies from vetted manufacturers. It was developed by AU Special Envoy and businessman Strive Masiyiwa on behalf of the AU and Africa

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CDC with support from the UN Economic Commission for Africa, the African Export-Import Bank, and other institutions ("About Africa Medical Supplies Platform" n.d.).

AMSP uses, "Africa's bulk purchasing power to secure supplies and stabilize prices. It does this by pooling orders and ensuring transparency so that African countries can compete for goods with the world's most dynamic economies" (Donnenfeld 2021). It addresses several challenges that African and smaller states faced at the start of the pandemic when countries engaged in bidding wars for critical supplies, and large, wealthy countries placing big orders were often prioritized. As articulated by an AMSP official, "We weren't preferred customers for many global manufacturers and suppliers . . . and we didn't have visibility on what was available through Africa's own manufacturers" (Exemplars News 2022). AMSP allows countries to keep costs low by coordinating with other countries to bulk buy, and it also combats the rampant problem of counterfeit and substandard medicines by sourcing directly from safe manufacturers. AMSP has expanded to offer medicines and supplies not related to COVID-19 and actively seeks African medical supply manufacturers to support African-based manufacturing (Exemplars News 2022).

Through AMSP, the AU and Africa CDC challenged the failure of global health governance that occurred during COVID-19 when countries competed for critical supplies and medicines with wealthy countries often winning out. AMSP is a new institution that emerged during the pandemic but has staying power, and it created a practice for states that were previously disadvantaged by global supply practices to pool their purchasing power. Instead of states needing to compete with one another with little or no international oversight to ensure fair distribution, the AU and Africa CDC are regionalizing medical procurement. It will also have impacts beyond simply facilitating access to supplies, as it will also help to increase demand for supplies from African manufacturers. All of this creates agency to negotiate more effectively with global corporations and institutions. Critically for this discussion of the AU's impact on global governance, AMSP was made available to the 15 member states of the Caribbean Community (CARICOM), and other countries in Latin America and the Pacific have requested information about the platform and its potential viability as a model for other regions (Donnenfeld 2021). This is reflective of regional governance trends that have spanned decades. Even during the early years of the AU's predecessor organization—the Organization of African Unity, the African regional bloc aligned with other regional blocs, often in the global South, to provide and seek support for mutually beneficial initiatives and policies (for example, Acharya 2016).

Partnerships for African Vaccine Manufacturing

The work to ensure Africa had access to crucial supplies continued with COVID-19 vaccines. In August 2020, AU Chairperson President Cyril Ramaphosa established the African Vaccine Acquisition Task Team (AVATT) as one component of the Africa Vaccine Strategy. AVATT, which later became the African Vaccine Acquisition Trust (AVAT), is in addition to the COVAX facility, which operates at the global level delivering vaccines to many regions, and bilateral donations. As of July 2023, Africa CDC reports vaccination coverage of 51.8 percent with Africa receiving 1137.4 million doses and utilizing 1084.5 million doses. COVAX provided 62.7 percent of the vaccines, AVAT provided 12.7 percent, and bilateral donors provided 24.6 percent of the vaccine doses ("COVID-19 Vaccination" n.d.). Clearly global initiatives and donor support are still very important. However, the work of AVAT throughout the pandemic was hugely important in bolstering supply. More importantly, the AU and Africa CDC are taking steps now to bolster regional vaccine production to be ready to meet future needs.

While the COVAX initiative was positive in many ways, there are several issues that again highlight the failure of global health governance during the pandemic. First, it is heavily reliant on vaccines manufactured in India, and when a COVID-19 wave hit India, the Indian government halted exporting vaccines (Aljazeera 2021; "Boma of Africa Festival 2022: Interview with Professor Peter Piot" 2022). In June 2021, COVAX set out to deliver vaccines for 30 percent of the population, whereas Africa CDC had a goal to vaccinate 60 percent of African citizens ("The World Bank and the African Union's COVID-19 Africa Vaccine Acquistion Task Team (AVATT) Agree to Work Together to Deploy Vaccines for 400 Million Africans" 2021). As of July 2023, Africa CDC had adjusted the targets with AVAT slated to provide doses for 30 percent of the population and COVAX to provide doses to cover 40 percent for overall coverage of 70 percent, and COVAX has exceeded its target while AVAT is well below its target ("COVID-19 Vaccination" n.d.). However, in the period immediately after the release of the vaccine, COVAX was forced to drastically cut its planned delivery of vaccines due to export bans and vaccine hoarding ("Africa Faces 470 Million COVID-19 Vaccine Shortfall in 2021" 2021). There is clearly a gap between what the international community is willing to provide, especially when there are limited supplies, and what Africa needs, and this gap was particularly acute at the start of the vaccine rollout where African states received a very small percentage of the overall vaccine supply.

These factors led the AU and Africa CDC to not only create regional mechanisms to procure vaccines but to make local vaccine manufacturing a major pillar of their New Public Health Order for Africa. The Partnerships for African Vaccine Manufacturing (PAVM) Framework for Action was released in 2022 after the AU Commission and Africa CDC mandated its development at a summit in April 2021. Its goal is ambitious—to enable the "African vaccine manufacturing industry to develop, produce, and supply over 60 percent of the total vaccine doses required on the continent by 2040, up from less than 1 percent today" ("Partnerships for African Vaccine Manufacturing (PAVM) Framework for Action" 2022, 8). The Saving Lives and Livelihoods Initiative is a $1.5 billion program established in 2021 by the AU and Africa CDC in partnership with the MasterCard Foundation. Its goals have not only been to support purchasing and distribution of the COVID-19 vaccine but to help lay the foundation for vaccine manufacturing in Africa through support for human capital development ("Saving Lives and Livelihoods" n.d.). The COVID-19 pandemic made clear that African states could not rely on global coordination, cooperation, or resource-sharing. As with AMSP, PAVM, and the wider effort to build vaccine manufacturing capacity are building institutions to facilitate new practices and African ownership of crucial resources. Ramping up vaccine production to 60 percent of the total share of vaccine doses required would transform regional negotiating power around the distribution of supplies within Africa and globally.

As with most components of the regional response, there has also been an advocacy push. Both the AU and Africa CDC have undertaken sustained advocacy to push for greater vaccine equity. In May 2021, the AU held a virtual meeting of health ministers on the COVID-19

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situation in Africa. The final communique, "encourages all countries, including those manufacturing vaccines and relevant COVID-19 tools, to fulfill the promise of vaccine equity" ("Communique of the High-Level Emergency Virtual Meeting of African Ministers of Health on the COVID-19 Situation in Africa" 2021). In November 2021, COVAX and AVAT jointly called for manufacturers to accelerate access to vaccines by providing doses with the strongest efficacy rates, ensuring any vaccines delivered are not close to their expiry dates, and giving countries enough notice of deliveries to plan for a rollout ("COVID-19 Vaccines: AU, Africa CDC and COVAX Call on Donors and Manufacturers to Accelerate Access" 2021). Under the PAVM initiative, there is a component to advocate on trade policy for vaccines. This trade policy will be within the region and aim to prevent restrictions on exporting vaccines during outbreaks and provide incentives for further regional trade cohesion ("Partnerships for African Vaccine Manufacturing (PAVM) Framework for Action" 2022, 16). As only some member states will have vaccine manufacturing facilities, the regional bodies are seeking to prevent the same sort of protectionism they have seen internationally within the region. This moves public health governance beyond the state or global binaries and tries to ensure that there is equitable distribution within regionalized public health governance.

In addition, the AU has supported efforts to negotiate vaccine patent waivers, an effort that was largely led by South Africa and India. In May 2021, Africa CDC convened a summit with health ministers that called for wider support for a World Trade Organization (WTO) intellectual property waiver for COVID-19 vaccines and for that waiver to be accompanied by sufficient technology and support to allow for manufacturing in Africa ("Communique of the High-Level Emergency Virtual Meeting of African Ministers of Health on the COVID-19 Situation in Africa" 2021). In February 2022, at the AU–European Union (EU) Summit, the temporary waiver of intellectual property rights on vaccines was a major issue of contention. No agreement was reached, but the final summit declaration noted that the AU and EU would work "constructively toward an agreement on a comprehensive WTO response to the pandemic, which includes trade-related, as well as intellectual property related aspects" (Mersh 2022). Shortly after this summit, a provisional patent waiver plan was agreed by the United States, EU, India, and South Africa (Aljazeera 2022), and the plan was finalized in June 2022 (VOA 2022). The Ministerial Decision on the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) temporarily relaxes intellectual property restrictions on COVID-19 vaccines allowing "the production and supply of COVID-19 vaccines without the consent of the right holder to the extent necessary to address the COVID-19 pandemic" ("Ministerial Decision on the TRIPS Agreement" 2022). The TRIPS Agreement was signed in 1994, and the last time the WTO altered its rules on patented medicines was in 2003 (Siripurapu 2021) with an agreement making it easier for poorer countries to import cheaper generic medicines ("WTO News: Decision Removes Final Patent Obstacle to Cheap Drug Imports" 2003).

The waiver did not go as far as South Africa and India would have liked and notably excluded diagnostics and therapeutics to treat COVID-19, and global South countries have recently renewed their calls for expanding the scope of the waiver (The Pharmaletter 2023). There are also issues with scaling up vaccine production even after the waiver was granted as countries need access to technology and manufacturing capacity. However, the AU and Africa CDC have also called for technology transfer and have worked with the WHO on this, including through the mRNA vaccine technology transfer fund ("The MRNA Vaccine Technology Transfer Hub" n.d.), and as described above, Africa is in the midst of a major regional effort to expand manufacturing capacity. It is difficult to disentangle influence in international negotiations, but the above section has discussed sustained and consistent engagement by the AU and a powerful African state on vaccine distribution and patent waivers. It is easy to assume that wealthy nations and pharmaceutical giants would have always invested to some degree in providing vaccines for nations with less purchasing power based on moral obligations or simply self-interest during a pandemic in a globalized world. However, it is an equally plausible scenario that advocacy by African states and regional actors played an important and under-studied role in shifting public narratives and positions, and this is seen through the eventual granting of a patent waiver on vaccines after two years of effort.

African Medicines Agency and Other Regional Institutions

The AU is capitalizing on the momentum coming out of the pandemic to develop key regional public health institutions, for example, through the creation of institutions within the Africa CDC. Africa CDC has Regional Collaborating Centres (also referred to as Regional Coordination Centres) in five sub-regions with several being launched during the pandemic ("Official Launch of the Eastern Africa Regional Collaborating Centre" 2021; "Regional Collaborating Centres" n.d.). Other regional pandemic era initiatives include the Trusted Travel and Trusted Vaccine programs, which highlight the breadth of the AU and Africa CDC response to the pandemic. These programs provide a "mutual recognition protocol" for COVID-19 vaccines and testing ("Trusted Travel" n.d.). As of May 2022, there are twenty-one destinations in Africa that are part of the Trusted Travel and Trusted Vaccine systems. The AU has begun negotiations with other countries for mutual recognition, and Singapore accepts Africa CDC Trusted Travel and Trusted Vaccine certificates to verify a traveler's status ("Singapore and the African Union Can Digitally Verify Each Other's COVID-19 Vaccination Certificates from 23 May 2022" 2022).

The AU is also moving forward with implementation of the Treaty for the Establishment of the AMA, which was adopted by the Heads of State and Government in February 2019 but only entered into force in November 2021 after it received the required number of Member State ratifications. In creating the AMA, the AU noted the desire to "use continental institutional, scientific and regulatory resources to improve access to safe, efficacious and quality medicines . . . (and) to facilitate harmonization of regulatory requirements and practice among the national medicines regularity authorities" ("Treaty for the Establishment of the African Medicines Agency (AMA) Enters into Force" 2021). The AMA will build on progress made by the AU Development Agency's African Medicines Regulatory Harmonization initiative and will not replace other national or regional efforts. However, it will "aim to improve medicines regulation, provide expertise in countries without regulation capacity, improve efficiency and transparency, strengthen governance in carrying out pharmocovigilance, and provide oversight of clinical trials" (Makoni 2021). Functionally, this will mean a tremendous degree of regional harmonization and oversight on everything from evaluating medical products, coordinating clinical trials, and creating common

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regional standards. When fully operational the AMA will be the second health-focused specialized technical institute of the AU after the Africa CDC (although the Africa CDC recently became an autonomous agency). The AU appears to be moving quickly to make the AMA operational. In July 2022, the AU Executive Council selected Rwanda to host the new AMA. Rwanda will also host the African Pharmaceutical Technology Foundation and recently broke ground on a new BioNTech vaccine manufacturing facility (Jerving 2022).

On global health governance, Africa CDC is seeking to decentralize institutions, to place representatives from regions in key agencies, and to ensure the needs of regions are met in surveillance systems ("Africa Centres for Disease Control and Prevention Support Program to Combat COVID-19 and Future Public Health Risks (P178633)" 2022, 2). This can be seen in advocacy in global institutions and in pushing for more equitable partnerships that shift power away from hierarchies. And the AU is investing in shaping global health governance over the long term. At a 2021 summit, the Chair of the Africa Group of Ambassadors noted the two areas of important discussion (1) the AU's "stronger demand for a level playing field in the equitable distribution of vaccines" and (2) "ensur(ing) we have appropriate language and our interest from an AU perspective is fully represented in the proposed Pandemic Treaty" ("Press Release: Africa CDC Holds Virtual Meeting with African Group Permanent Representative and Heads of African Union Missions in New York Geneva, Brussels and Washington DC" 2021). Negotiations for a global agreement to protect the world from future pandemics are currently at the beginning stages with countries negotiating from a zero draft. The negotiations are happening through the Intergovernmental Negotiating Body with South Africa as one of the co-chairs, and the AU is clearly coordinating more broadly amongst member states and through its groupings in international bodies ("New Release: Countries Begin Negotiations on Global Agreement to Protect World from Future Pandemic Emergencies" 2023). The outcome of this high-level diplomacy work is yet to be seen, but it is important to note that the AU and Africa CDC's efforts to influence global health governance while simultaneously building regional capacity and pushing for more regionalized public health governance is only beginning.

Conclusion

There have long been inequities in global health, and the global response to the COVID-19 pandemic highlighted the challenges faced by much of the world. In the words of Africa CDC, "it remains a glaring fact that the world's response to the COVID-19 pandemic has exposed the weaknesses and inequities in the global health ecosystem. This was clearly demonstrated in the unequal access to diagnostics and other medical commodities, including vaccines for African countries when they became available" ("The New Public Health Order: Africa's Health Security Agenda" n.d.). In response to the challenges presented by the pandemic and global failures, the AU and Africa CDC led a response to the crisis at the regional level that included not only support to member states but advocacy and plans to empower the African region to have more autonomy and power to respond to future health crises. The AU and Africa CDC used the momentum of the pandemic to advance the idea of the New Public Health Order for Africa, and this led to institution-building at the regional level, including AMSP, PAVM, and AMA among others. These institutions have facilitated new practices and are laying the groundwork for Africa to claim more ownership over key public health resources that the region knows it cannot count on global institutions to provide. This is moving Africa beyond a model that relies on global health institutions for support. It is moving Africa toward more regionalized health governance.

Under a global governance as state transformation model, states are the primary bodies responsible for public health and regional and international organizations support states with best practices and policies but lack compliance capacity (Jones and Hameiri 2022, 2058). Under a regionalized public health governance model, regional organizations would play a vital role in public health and have more capacity and authority to act. As Dr. Nkengasong put it, "the task of ensuring that the next pandemic is managed more effectively requires a fundamental rethink of our approach to global public health. We need people-centred health systems that are inclusive. Equity starts by regionalising health systems so that when a crisis hits, regions have the capacity and ability to respond" (Nkengasong 2021).

Africa CDC describes the New Public Health Order for Africa framework as a mechanism to "strengthen the self-sufficiency of African public health systems and to address the current global imbalances by augmenting Africa's collective voice on global health matters and further enhancing the continent's efficiency in preparedness and response to disease threats" ("The New Public Health Order: Africa's Health Security Agenda" n.d.). Embracing this idea of a New Public Health Order for Africa in the wake of the crisis created by the COVID-19 pandemic led to a rapid expansion of African public health institutions and practices. The AU facilitated a transformation of regional governance conceptualized as the ideas, institutions, and practices that define the practice of global affairs. The transformation of regional governance also led to an enhanced capacity to impact global governance and a push for more regionalized approaches to governance—both of which impact how the global system operates. The AU and Africa CDC have influenced the application of global rules and procurement mechanisms while pushing for a shift away from state-based or globalist approaches to public health and carving out a new space for regional organizations. We see impact in regional and global governance based on sustained, strategic, and high-level efforts to build capacity and practices and use these to enhance Africa's agency and influence in the international system.

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