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Operationalising Health Sovereignty in Africa: From Political Commitments to Regional Manufacturing of Medical Products

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Introduction

Africa's health agenda has entered a decisive new phase. The ambition to produce vaccines, diagnostics, therapeutics, and biologics at scale now demands decisions about sequencing, financing, governance, and execution (Kaseya, 2025). The COVID-19 pandemic exposed the vulnerabilities of dependence on external supply chains and decision-making, as vaccine nationalism and competition for limited supplies highlighted the continent's unequal access to essential medical products. In the years following the pandemic, the push toward greater health sovereignty has gained urgency amid significant shifts in the global health architecture and the contraction of international financing (Apeagyei et al., 2025), intensifying calls for greater African ownership over health priorities and resources.

The New Public Health Order (Nkengasong et al., 2017; Nkengasong & Tessema, 2020), Lusaka Agenda (Mwangangi & Røttingen, 2023), Accra Reset (Pate et al., 2026), and Africa's Health Security and Sovereignty (AHSS) agenda (Kaseya, 2025), among others, reflect the priorities and ambitions of African leaders and institutions for health reform. Together, they position health sovereignty as both a

Highlights

Africa's health agenda has entered a decisive phase shaped by the distribution of authority, capital, and productive capacity.

Contraction in international health assistance has exposed the fragility of health systems whose priorities, procurement, and preparedness have previously been impacted by external actors.

We identify five levers for operationalising health sovereignty through pandemic prevention, preparedness, and response. These include institutional governance and capacity, regional manufacturing and integrated markets, diagnostic and data capacity, workforce and research systems under African leadership, and redefined global partnerships.

Aligning pooled procurement through the Africa Centres for Disease Control and Prevention (Africa CDC), regulatory cooperation through the African Medicines Agency (AMA), and trade under the African Continental Free Trade Area (AfCFTA) can sustain African manufacturing and equitable access to medical products.

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public health and continental development project linked to industrialisation, economic resilience, regional integration, and Africa's geopolitical positioning. Yet the gap between pledge and delivery persists. More than two decades after the Abuja Declaration, African countries have still not fulfilled their commitment to allocate at least 15% of their budgets to health (Organisation of African Unity, 2001), while Agenda 2063 (African Union Commission, 2015) sets the continental framework for that ambition. The challenge remains how to translate these political commitments into action.

Health sovereignty concerns the decision-making authority and institutional capacity to set priorities, finance institutions, and sustain access to essential medical products (Mulumba et al., 2025). Countries can exercise this authority collectively through regional institutions that they govern and resource (Onyebuchi & Jin, 2026). Medical manufacturing has been part of Africa's pursuit of economic independence and political solidarity (Paremoer et al., 2026). Operationalising health sovereignty requires greater African ownership over financing, production, knowledge generation, and the terms of cooperation, supported by sustained investment in the institutions and capacities needed between emergencies.

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This policy brief identifies actions across five areas of African health sovereignty: stronger institutions, regional manufacturing and markets, diagnostics and data governance, workforce and research capacity, and global partnerships. Sustained domestic and regional financing underpins progress across all five and is addressed in its own section.

Achieving Sovereignty by Strengthening Institutions

To exercise greater control over their health priorities, governments need institutions with the capacity to oversee externally financed programmes, negotiate the terms of partnerships, and maintain expertise through political transitions (Okereke et al., 2026). These institutional capacities enable governments to shape the conditions under which capital, technology, and medical products enter their health systems. For example, the Accra Reset panel proposes that technology transfer agreements include negotiated rights to adapt, improve, and sublicense technologies (Accra Reset High-Level Panel on Reform of the Global Health Architecture and Governance, 2026). Transparent reporting on partnership commitments would help governments assess progress against agreed national priorities and identify where adjustments are needed (Okereke et al., 2026).

Africa CDC provides an example of how continental responsibilities can be organised within a defined political and administrative structure. Its revised 2022 statute established it as an autonomous African Union (AU) health institution, with political leadership through a Committee of Heads of State and Government and financial and administrative supervision by the AU Commission Chairperson (African Union, 2022). This structure provides a continental platform through which Member States can coordinate health priorities and collective action. However, the ability of regional institutions to fulfil their mandates depends on the continued participation and support of Member States (Rahman-Shepherd et al., 2025). This includes defining delegated functions, agreeing on sustainable financing, and determining how those institutions will be held accountable to them (Accra Reset High-Level Panel on Reform of the Global Health Architecture and Governance, 2026). Further, these efforts must be matched by the resources and political backing needed to act.

Strengthening regional institutions also means establishing clear institutional mandates for coordinating collective responses to health emergencies. Africa CDC's authority to declare Public Health Emergencies of Continental Security provides a formal basis for coordinating such action (Evaborhene, 2026b). This authority was exercised during the 2024 mpox response (Dereje et al., 2026; The Lancet, 2025) and in the 18 May 2026 declaration concerning the Bundibugyo Ebola outbreak in the Democratic Republic of the Congo and Uganda (Africa Centres for Disease Control and Prevention, 2026). In both instances, the declarations helped align response activities across countries and facilitate the deployment of technical and financial resources. These developments demonstrate how stronger regional institutions

with clearly defined statutory powers can support health sovereignty by enabling Member States to coordinate emergency responses and protect their populations.

Institutions perform better when oversight and accountability mechanisms are in place. Civil society and communities need formal avenues to influence health priorities, scrutinise financing, and hold institutions to account (Khosla & Toure, 2026).

Regional Manufacturing and Integrated Markets

The AU has endorsed the target of producing 60% of vaccines used on the continent locally by 2040, signalling both industrial ambition and strategic intent (Kaseya, 2025; Ndembi, 2023; Ndembi & Kim, 2025). The Partnerships for African Vaccine Manufacturing, coordinated by Africa CDC and supported by the African Vaccine Manufacturing Initiative, connects this ambition to manufacturing hubs and the wider vaccine ecosystem (Disu et al., 2024). For these manufacturing goals to be realised, they must be supported by research funding, strong regulatory systems, and clinical trial capacity (Cynthia & Nchanji, 2025; Duga et al., 2025; Fleck-Vidal et al., 2025).

Advancing local manufacturing also depends on predictable demand, credible market signals, and procurement arrangements that manufacturers can plan around (Ndembi et al., 2024; Tsega, 2025). The African Continental Free Trade Area (AfCFTA) offers a framework for expanding trade in medical supplies within Africa and developing regional markets (Kamara et al., 2024). Its potential to support African industry will hinge on whether governments connect trade commitments to regulatory cooperation and opportunities for African firms to compete across markets. The African Pooled Procurement Mechanism, led by Africa CDC, is designed to aggregate demand across Member States (Africa Centres for Disease Control and Prevention, n.d.). These purchasing arrangements should translate collective demand into reliable orders and payment commitments that support local manufacturing (Kaseya, Fongwen, et al., 2026).

Regulatory coherence across countries is central to manufacturing at scale, as separate national procedures can duplicate assessments and fragment market access (Abdulwahab et al., 2024). Harmonisation and reliance mechanisms seek to address these constraints (Ismail et al., 2026). The African Medicines Agency (AMA) is the continent's regulatory platform for harmonising standards, facilitating joint assessments, and promoting mutual recognition across national authorities (African Union, 2019b). The agency should be understood as essential market infrastructure for continental manufacturing (Sidibé et al., 2023). Its development will depend on clear regulatory priorities and complementary responsibilities across national, regional, and continental levels (Wairagkar et al., 2025).

Health Financing and Shared Responsibility

Domestic and regional health financing reflects political priorities and collective commitment, and African investment in health systems supports economic resilience, productivity, and durable sovereignty. The Abuja Declaration committed governments to allocate at least 15% of annual national budgets to health (Organisation of African Unity, 2001), yet in 2020 South Africa was the only one of the 47 WHO African Region countries to meet that benchmark (World Health Organization Regional Office for Africa, 2024). African commitments have also emphasised shared responsibility for domestic resource mobilisation (African Union, 2019a), and the African Union Commission identified progressive domestic financing as central to supporting sustainable investment in health (African Union Commission, 2016). Successful transitions from aid require political leadership to mobilise domestic resources and strengthen domestic institutions (Dereje et al., 2025; Ogbuoji et al., 2025).

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Poorly aligned external financing can undermine health sovereignty. This was evidenced by the 2025 disruption of internationally financed HIV services, which exposed the fragility of systems anchored in external financing (Cavalcanti

et al., 2025; Joint United Nations Programme on HIV/AIDS, 2026). Funding that can be suspended without notice or negotiation makes it difficult for countries to advance their own preparedness efforts. This is a structural vulnerability that the AHSS agenda directly addresses (Kaseya, 2025). Strong public financial management, domestic investment, and regional purchasing commitments that endure funding cycles should sustain preparedness, manufacturing, and health systems across the continent.

Sovereign manufacturing requires financing structures that support long-term production capacity. Resilience demands predictable financing beyond emergency mobilisation (Ndembi et al., 2024). The Lusaka Agenda's emphasis on domestic resource mobilisation provides a foundation for combining national budgets, development finance, and private capital (Mwangangi & Røttingen, 2023). Afreximbank's payment guarantee for the Africa Vaccine Acquisition Trust provided assurance to its vaccine supplier (Ndembi et al., 2024). Applying this approach to manufacturing finance requires clear allocation of credit, demand, and operating risks. Public authorities should specify the liabilities they assume and the production, pricing, and supply obligations their support will secure. Public financial support should also build local knowledge and industrial capability through investment partnerships connecting firms with African hospitals, universities, and research centres. Financing should therefore be aligned with regulatory requirements and credible purchasing commitments so that manufacturers can bring products to market and sustain production (Ataguba et al., 2026).

Diagnostics, Laboratories, and Data Sovereignty

Africa's dependence on external diagnostic tools has constrained countries' ability to detect, monitor, and respond to outbreaks. Effective testing requires diagnostic tools, trained personnel, and functioning laboratory infrastructure that enable health systems to confirm pathogens and act on results at the point of care (Kebede et al., 2026). Strengthening diagnostic production, laboratory systems, and African ownership of surveillance data is therefore central to advancing health sovereignty and addressing interdependent vulnerabilities.

Data sovereignty is another important dimension of this agenda. Surveillance systems and diagnostic platforms generate intelligence that requires analytical capacity and effective data governance (Kebede et al., 2026). African agencies should hold enforceable rights to access, analyse, and use the data needed for public decisions. Diagnostic production should be connected to interoperable laboratory systems, repositories governed by African institutions, and analytical teams able to characterise outbreaks and direct response. These are the operational conditions for exercising authority over surveillance intelligence.

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Regional production strategies must also encompass the production of reagents, consumables, and quality assurance systems linked to interoperable surveillance networks and continental digital intelligence platforms (Inzaule et al., 2021). Sovereignty in diagnostics requires institutional control over data flows, interoperable laboratory networks, and authority to act within continental governance structures.

Intellectual Property, Research, and a Stronger Workforce

Sovereign manufacturing cannot be sustained without R&D systems embedded in and governed by African institutions. Licensing and technology transfer are essential for building the knowledge, inputs, and expertise that sustain production (Saied et al., 2022). Equally important is African control over knowledge and regulatory capacity, which shapes pharmaceutical sovereignty (Mulumba et al., 2025). In 2023, expenditure on R&D across all sectors represented 0.38% of GDP in sub-Saharan Africa and 0.80% in Northern Africa, compared with 1.92% worldwide (United Nations Secretary-General, 2026). This financing gap constrains the research base needed to strengthen innovation, develop products, and establish the scientific and regulatory capacity underpinning industrial sovereignty. Moreover, shared research priorities need national budgets that can sustain programmes and careers (Jones et al., 2022). Investment in strengthening the

health workforce connects the AHSS agenda to scientific and industrial capability (Kaseya, Dereje, et al., 2026).

Not only is it important to develop capacity in research, but it is also crucially important to retain existing expertise within African institutions. This requires ongoing training, enabling stable career pathways, and opportunities to lead research. Partnerships that connect technology transfer with workforce development can help develop this expertise (Saied et al., 2022). For example, the International Vaccine Institute's ACHIEVE 2.0 initiative aims to establish a comprehensive vaccine and biologics research, development, and manufacturing ecosystem across the continent, with training and intellectual property ownership among its core components (Ejekam et al., 2025). Governments should pursue these efforts through national career pathways and institutions that provide opportunities for African researchers to develop and sustain their expertise.

Global Partnerships and Regional Cooperation

True sovereignty requires a rethinking of current partnership patterns and ways of working. Africa CDC has been clear in its stance that African countries should lead efforts, regional institutions can coordinate these efforts, and global actors should support them (Ngongo et al., 2025). Regional cooperation translates national priorities into concrete actions by harnessing the collective capacity to address health emergencies (Amaya & De Lombaerde, 2021). In Africa, this division of responsibilities has an institutional basis in Africa CDC's public health coordination (African Union, 2022) and AMA's regulatory mandate (African Union, 2019b). This collaboration should go beyond governments, regional organizations, and global institutions to include other actors, such as universities, the private sector, and civil society that can contribute further capabilities that national and regional institutions can mobilise for health emergency preparedness (Sun et al., 2025).

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Health does not exist in a void, and it necessarily depends on other sectors. Ministries of finance and trade should also be involved in these discussions and work closely with ministries of health as trade and fiscal rules also have an effect on health policies and health systems more generally (Greer et al., 2022). Sustained operating budgets, clear mandates, and professional networks must support this work through changes in government.

Global partners should reinforce these arrangements by financing priorities defined within the continent and aligning their work with African institutions (Kaseya, Dereje, et al., 2026; Ndembi et al., 2024; Ngongo et al., 2025). For WHO, this means working with African countries and regional institutions to clarify institutional responsibilities and ensure that the resources needed to fulfil them are available across levels of governance (Nordström et al., 2026). Choices about financing, trade rules, and manufacturing capacity allocate authority, investment risk, and economic returns (Torres Valencia et al., 2026). Sustained political leadership and health diplomacy are therefore necessary to carry these reforms through overlapping crises (Wong et al., 2024). Africa's influence in global health governance reform discussions will depend on its capacity to negotiate and sustain those choices.

The WHO Pandemic Agreement provides a concrete test of Africa's ability to shape global health governance through regional cooperation. Following the Agreement's adoption in May 2025, Member States continued work towards completing its Pathogen Access and Benefit Sharing (PABS) annex for consideration in May 2027 (World Health Organization, 2026a). Adoption of the annex is required before the Agreement can open for signature (World Health Organization, 2026b). African countries should use their regional bargaining power to connect pathogen access to enforceable benefit sharing and auditable data use (Evaborhene, 2026a). African institutions would then need legal authority and operating procedures to monitor those obligations and connect them to regulatory review, production, and distribution (Evaborhene, 2026a). Ultimately, African governments and regional institutions must be able to enforce these commitments and secure timely, equitable access to vaccines, diagnostics, therapeutics, and biologics for their populations.

Policy Recommendations

1. **Support African health institutions**. Provide clear mandates, sustained funding, and public accountability mechanisms so national and regional bodies can set priorities, negotiate partnerships, and coordinate effective responses.
2. **Sustain African production through regional markets**. Link pooled procurement, reliable payments, regulatory cooperation, and regional trade to affordable, equitable access to African-made medical products.
3. **Finance African-defined health priorities**. Commit predictable domestic and regional funding to services, preparedness, and manufacturing. Tie public investment to clear production, pricing, and supply obligations.
4. **Strengthen diagnostics and data sovereignty**. Invest in local and regional diagnostic production and laboratory networks, while safeguarding African institutions' authority to govern, analyse, and use surveillance data.
5. **Retain African scientific capability**. Fund African-led research, build sustainable scientific career pathways, and negotiate rights to manufacture health technologies locally.
6. **Negotiate partnerships collectively**. Align external support with African priorities and employ regional bargaining power to secure enforceable benefit sharing and equitable access to medical products.

From Architecture to Performance

The shift described in this policy brief from building institutions to shaping how they perform is underway, but it is not yet irreversible. The five levers of sovereignty—institutions, regional manufacturing and markets, diagnostics and data, workforce and research, and global partnerships—reinforce one another, with domestic financing anchoring the authority to set priorities across all of them. Credible demand supports investment, and regulatory coherence connects markets. The decisions made in the next decade on procurement commitments, R&D investment, data governance, and the terms of global partnership will determine whether this trajectory consolidates or stalls. They will shape Africa's authority to produce, regulate, innovate, and influence the global health agenda.

Contributors

JNB contributed to conceptualisation, investigation, methodology, project administration, supervision, validation, writing–original draft, and writing–review and editing; AMP contributed to conceptualisation, funding acquisition, investigation, methodology, project administration, supervision, validation, and writing–review and editing; MS contributed to conceptualisation and writing–review and editing; OG contributed to conceptualisation, methodology, project administration, and writing–review and editing; NN contributed to conceptualisation, investigation, and writing–review and editing; DT contributed to investigation, methodology, project administration, and writing–review and editing; ASD, MC, and BD contributed to investigation and writing–review and editing; AA contributed to conceptualisation, writing–original draft, and writing–review and editing; RW contributed to conceptualisation, investigation, methodology, and writing–review and editing; PDL contributed to conceptualisation and writing–review and editing; and ABA contributed to conceptualisation, investigation, methodology, project administration, supervision, validation, and writing–review and editing. All authors critically reviewed the manuscript, approved the final version, and accept responsibility for the integrity of the work.

Declaration of interests

We declare no conflicts of interests.

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Bibliography

Abdulwahab, A. A., Okafor, U. G., Adesuyi, D. S., Miranda, A. V., Yusuf, R. O., & Lucero-Prisno, D. E., III. (2024). The African Medicines Agency and medicines regulation: Progress, challenges, and recommendations. Health Care Science, 3(5), 350–359. https://doi.org/10.1002/hcs2.117

Accra Reset High-Level Panel on Reform of the Global Health Architecture and Governance. (2026). A sovereign future for health: High-level panel report. Accra Reset. https://accrareset.org/assets/unga81/Accra_Reset_HLP_Report_Final_v6.pdf

Africa Centres for Disease Control and Prevention. (n.d.). African Pooled Procurement Mechanism (APPM). Retrieved November 11, 2026, from https://africacdc.org/appm/

Africa Centres for Disease Control and Prevention. (2026, May 18). Africa CDC declares the ongoing Bundibugyo Ebola outbreak a Public Health Emergency of Continental Security. https://africacdc.org/news-item/africa-cdc-declares-the-ongoing-bundibugyo-ebola-outbreak-a-public-health-emergency-of-continental-security/

African Union. (2019a). Declaration of the Africa Leadership Meeting—Investing in health: Addis Ababa commitments towards shared responsibility and global solidarity for increased health financing (Assembly/AU/Decl.4[XXXII]). https://au.int/sites/default/files/decisions/36461-assembly_au_dec_713_-_748_xxxii_e.pdf#page=79

African Union. (2019b). Treaty for the establishment of the African Medicines Agency (AMA). https://au.int/en/treaties/treaty-establishment-african-medicines-agency

African Union. (2022). Statute of the Africa Centers for Disease Control and Prevention (Africa CDC). https://au.int/sites/default/files/treaties/42517-treaty-EN_Revised_Statute_Africa_CDC.pdf

African Union Commission. (2015). Agenda 2063: The Africa we want (Popular version). https://au.int/sites/default/files/documents/36204-doc-agenda2063_popular_version_en.pdf

African Union Commission. (2016). Expanding the fiscal space for health in Africa: Innovative and domestic financing for health. https://au.int/sites/default/files/pages/32895-file-expanding_the_fiscal_space_for_health_in_africa.pdf

Amaya, A. B., & De Lombaerde, P. (2021). Regional cooperation is essential to combatting health emergencies in the Global South. Globalization and Health, 17, Article 9. https://doi.org/10.1186/s12992-021-00659-7

Apeagyei, A. E., Bisignano, C., Elliott, H., Hay, S. I., Lidral-Porter, B., Nam, S., Shyong, C., Tsakalos, G., Zlavog, B. S., Barış, E., Murray, C. J. L., & Dieleman, J. L. (2025). Tracking development assistance for health, 1990–2030: Historical trends, recent cuts, and outlook. The Lancet, 406(10501), 337–348. https://doi.org/10.1016/S0140-6736(25)01240-1

Ataguba, J. E.-O., Muriithi, G. N., Achala, D. M., Adote, E. N. A., Nwosu, C. O., Beshah, S. A., Zegeye, E. A., Yaya Bocoum, F. I. K., Sumboh, J., Setshegetso, N., Yakhelef, N., & Muhwava, W. (2026). Vaccine equity in Africa: A rapid review of policy, legal and governance frameworks to improve research and development. Frontiers in Health Services, 6, Article 1678143. https://doi.org/10.3389/frhs.2026.1678143

Cavalcanti, D. M., de Oliveira Ferreira de Sales, L., da Silva, A. F., Basterra, E. L., Pena, D., Monti, C., Barreix, G., Silva, N. J., Vaz, P., Saute, F., Fanjul, G., Bassat, Q., Naniche, D., Macinko, J., & Rasella, D. (2025). Evaluating the impact of two decades of USAID interventions and projecting the effects of defunding on mortality up to 2030: A retrospective impact evaluation and forecasting analysis. The Lancet, 406(10500), 283–294. https://doi.org/10.1016/S0140-6736(25)01186-9

Cynthia, A. N., & Nchanji, G. T. (2025). MPOX outbreak in Africa: The urgent need for local manufacturing of the vaccine and decolonized health systems. BMC Public Health, 25, Article 3838. https://doi.org/10.1186/s12889-025-25120-x

Dereje, N., Boum, Y., Aragaw, M., Mercy, K., Fallah, M. P., Tajudeen, R., Ngongo, N., & Kaseya, J. (2026). Institutionalising public health emergency preparedness and responses in Africa: Lessons learned during the 2022–2025 outbreaks with crossborder spread potential. The Lancet Global Health, 14(8), Article 103998. https://doi.org/10.1016/j.langlo.2026.103998

Dereje, N., Fallah, M. P., Tajudeen, R., Terefe, M. M., Ngongo, N., Ndembi, N., & Kaseya, J. (2025). More than two decades since Abuja declaration: A way forward for ending AIDS as a public health threat by 2030. Journal of Public Health in Africa, 16(1), Article a1272. https://doi.org/10.4102/jphia.v16i1.1272

Disu, T., Kamau, C., Bonadonna, L., Losper, F., & Ampofo, W. (2024). African vaccine manufacturing—The ecosystem and the Initiative. Journal of Public Health in Africa, 15(1), Article a642. https://doi.org/10.4102/jphia.v15i1.642

Duga, A., Dereje, N., Fallah, M. P., Angasa, T., Bayih, A. G., Agbenu, E., Ngongo, N., Tajudeen, R., & Kaseya, J. (2025). Strengthening national regulatory authorities in Africa: A critical step towards enhancing local manufacturing of vaccines and health products. Vaccines, 13(6), Article 646. https://doi.org/10.3390/vaccines13060646

Ejekam, C. S., Nyarko, K., Ndembi, N., Osigbesan, A. B., Mangwanya, F. K., Han, Y., Ismail, M., Nathanson, E. M., Matiru, R. H., Kalu, A. A., & Impouma, B. (2025). Towards health sovereignty: Partnerships to strengthen local production of medical products in Africa. The Lancet Regional Health – Africa. Advance online publication. https://doi.org/10.1016/j.lanafr.2025.100003

Evaborhene, N. A. (2026a). Africa's critical role in shaping and implementing the Pandemic Agreement's PABS annex in an era of fragmentation. Globalization and Health, 22, Article 30. https://doi.org/10.1186/s12992-026-01190-3

Evaborhene, N. A. (2026b). From PHEIC to PHECs: Reclaiming Africa's agency in global health security governance. Globalization and Health, 22, Article 18. https://doi.org/10.1186/s12992-025-01177-6

Fleck-Vidal, C., Le Moal, A., Mogeni, O. D., Shaffer, D., Canouet, V., Ndembi, N., Wartel, T. A., Plant, L., & Kim, J. H. (2025). A landscape analysis of the vaccine ecosystem in Africa: Research and development funding, clinical trials, regulation, and manufacturing readiness. The Lancet Global Health, 13(11), e1983–e1990. https://doi.org/10.1016/S2214-109X(25)00314-6

Greer, S. L., Amaya, A. B., Jarman, H., Legido-Quigley, H., & McKee, M. (2022). Regional international organizations and health: A framework for analysis. Journal of Health Politics, Policy and Law, 47(1), 63–92. https://doi.org/10.1215/03616878-9417456

Inzaule, S. C., Tessema, S. K., Kebede, Y., Ogwell Ouma, A. E., & Nkengasong, J. N. (2021). Genomic-informed pathogen surveillance in Africa: Opportunities

and challenges. The Lancet Infectious Diseases, 21(9), e281–e289. https://doi.org/10.1016/S1473-3099(20)30939-7

Ismail, A. J., Darko, D. M., Walker, S., & Salek, S. (2026). The African Medicines Agency: Historical perspective of its origins, evolution, institutional structure and future prospects. Frontiers in Medicine, 13, Article 1763261. https://doi.org/10.3389/fmed.2026.1763261

Joint United Nations Programme on HIV/AIDS. (2026, July 27). UNAIDS special report for the 26th International AIDS Conference: United to end AIDS. https://www.unaids.org/en/resources/documents/2026/20260727_special_report_AIDS2026

Jones, C. M., Sobngwi-Tambekou, J., Mijumbi, R. M., Hedquist, A., Wenham, C., & Parkhurst, J. (2022). The roles of regional organisations in strengthening health research systems in Africa: Activities, gaps, and future perspectives. International Journal of Health Policy and Management, 11(11), 2672–2685. https://doi.org/10.34172/ijhpm.2022.6426

Kamara, J., Essien, U., & Labrique, A. (2024). A new era for African health systems: Market shaping and the African Continental Free Trade Area (AfCFTA). Public Health Challenges, 3(2), Article e172. https://doi.org/10.1002/puh2.172
Kaseya, J. (2025). Africa's health security and sovereignty agenda: A new way forward. The Lancet, 406(10518), 2394–2396. https://doi.org/10.1016/S0140-6736(25)02315-3

Kaseya, J., Dereje, N., Benjamin, D., Terefe, M. M., Arega, B., Tajudeen, R., Fallah, M. P., Boum, Y., II, Kamenga, C., Hall, S., & Ngongo, N. (2026). Reshaping global health architecture: African health sovereignty as the foundation of global health equity and security. Journal of Public Health in Africa, 17(1), Article a1976. https://doi.org/10.4102/jphia.v17i1.1976

Kaseya, J., Fongwen, N. T., Tebeje, Y. K., Dereje, N., Ngongo, N., & Hall, S. (2026). The need for locally manufactured health commodities in Africa. The Lancet, 407(10534), 1140–1141. https://doi.org/10.1016/S0140-6736(26)00321-1

Kebede, Y., Ndlovu, N., Nabadda, S., Sawadogo, C., Fuller, D., Pai, M., Ashenafi, A., Vojnov, L., Kadam, R., Kallarakal, A., Jani, I., Mushavi, A., Jallow, F., Coulibaly, S. O., Baptiste, S., Ehrenkrantz, P., Mertz, C., Kang, G., De Lussigny, S., . . . Peter, T. (2026). The future of diagnostics in Africa. Nature Medicine, 32(5), 1623–1633. https://doi.org/10.1038/s41591-026-04308-7

Khosla, R., & Toure, K. (2026). Resetting global health: Sovereignty must strengthen rights, not replace them. BMJ, 395, Article e101155. https://doi.org/10.1136/bmj-2026-101155

The Lancet. (2025). The mpox response: African leadership, global responsibility. The Lancet, 405(10496), 2179. https://doi.org/10.1016/S0140-6736(25)01284-X

Mulumba, M., Oga, J., Koomson, N., Kara, T.-A., Cynthia, A. N., & Forman, L. (2025). Decolonizing global health: Africa's pursuit of pharmaceutical sovereignty. BMC Health Services Research, 25, Article 1015. https://doi.org/10.1186/s12913-025-13211-9

Mwangangi, M., & Røttingen, J.-A. (2023). The Lusaka Agenda: Conclusions of the Future of Global Health Initiatives process. Future of Global Health Initiatives. https://futureofghis.org/final-outputs/lusaka-agenda/

Ndembi, N. (2023). Africa: A new dawn for local vaccine manufacture. Nature, 619, 698. https://doi.org/10.1038/d41586-023-02316-y

Ndembi, N., Dereje, N., Nonvignon, J., Aragaw, M., Raji, T., Fallah, M. P., Abdulaziz, M., Djoudalbaye, B., Aluso, A., Boum, Y., II, Mwaba, G., Shisana, O., Ngongo, N., & Kaseya, J. (2024). Financing pandemic prevention, preparedness and response: Lessons learned and perspectives for future. Globalization and Health, 20, Article 65. https://doi.org/10.1186/s12992-024-01066-4

Ndembi, N., & Kim, J. H. (2025). Strengthening vaccine capacity building on the African continent. Nature Communications, 16, Article 7525. https://doi.org/10.1038/s41467-025-62839-y

Ngongo, N., Raji, T., Hall, S., & Boum, Y. (2025). Africa leads, multilateral health organisations support. The Lancet, 406(10516), 2215–2216. https://doi.org/10.1016/S0140-6736(25)01974-9

Nkengasong, J., Djoudalbaye, B., & Maiyegun, O. (2017). A new public health order for Africa's health security. The Lancet Global Health, 5(11), e1064–e1065. https://doi.org/10.1016/S2214-109X(17)30363-7

Nkengasong, J. N., & Tessema, S. K. (2020). Africa needs a new public health order to tackle infectious disease threats. Cell, 183(2), 296–300. https://doi.org/10.1016/j.cell.2020.09.041

Nordström, A., Nkengasong, J., Piot, P., Robalo Correia e Silva, M., Alwan, A., Maciel, E. L., Minghui, R., & Kazatchkine, M. (2026). A WHO worth fighting for: The case for focused, ambitious reform. The Lancet, 407(10542), 1899–1902. https://doi.org/10.1016/S0140-6736(26)00805-6

Ogbuoji, O., Bharali, I., Nonvignon, J., & Yamey, G. (2025). How can middle-income countries successfully transition away from international health aid? PLOS Medicine, 22(11), Article e1004794. https://doi.org/10.1371/journal.pmed.1004794

Okereke, E., Gombe, S., Kyobutungi, C., & Robalo, M. (2026). The Accra Reset must turn sovereignty into country power. The Lancet, 408(10561), 1156–1157. https://doi.org/10.1016/S0140-6736(26)01864-7

Onyebuchi, C. H., & Jin, J. (2026). Beyond dependency: Ethical health sovereignty and global justice after the pandemic treaty. Global Public Health, 21(1), Article 2725429. https://doi.org/10.1080/17441692.2026.2725429

Organisation of African Unity. (2001). Abuja declaration on HIV/AIDS, tuberculosis and other related infectious diseases (OAU/SPS/ABUJA/3). https://au.int/sites/default/files/pages/32894-file-2001-abuja-declaration.pdf

Paremoer, L., Evans, H. W. A., & Pollock, A. (2026). 'Wisdom, solidarity and investment from within': Medical manufacturing as an expression of sovereignty and solidarity in post-independence Africa. Review of African Political Economy, Article e20260021. https://doi.org/10.62191/ROAPE-2026-0021

Pate, M. A., Kaberuka, D., & Piot, P. (2026, January 7). Transforming the global health ecosystem: Lessons learned and a vision for the future. Accra Reset. https://accrareset.org/publications/Transforming-the-Global-Health-Ecosystem/

Rahman-Shepherd, A., Aghogho Evaborhene, N., Berman, A., Amaya, A. B., Boro, E., Dar, O., Ho, Z. J. M., Jung, A.-S., Khan, M., Mohamed-Ahmed, O., Oyebanji, O., Pangestu, T. E., Rashid, S. F., Razavi, A., Riggirozzi, P., Legido-Quigley, H., & Hsu, L. Y. (2025). Establishing the value of regional cooperation and a critical role for regional organisations in managing future health emergencies. The Lancet Global Health, 13(3), e585–e592. https://doi.org/10.1016/S2214-109X(24)00500-X

Saied, A. A., Metwally, A. A., Dhawan, M., Choudhary, O. P., & Aiash, H. (2022). Strengthening vaccines and medicines manufacturing capabilities in Africa: Challenges and perspectives. EMBO Molecular Medicine, 14(8), Article e16287. https://doi.org/10.15252/emmm.202216287

Sidibé, M., Dieng, A., & Buse, K. (2023). Advance the African Medicines Agency to benefit health and economic development. BMJ, 380, Article p386. https://doi.org/10.1136/bmj.p386

Sun, L., Selbie, D., Khan, A. S., Abdool Karim, S. S., Legido-Quigley, H., Ogunsola, F. T., Eamer, G., Matsoso, M. P., Bausch, D. G., & Fisher, D. (2025). Mobilising national and regional assets and non-state actors for pandemic preparedness. The Lancet, 405(10487), 1320–1324. https://doi.org/10.1016/S0140-6736(25)00630-0

Torres Valencia, O. G., Rahmayanti, N. M., & Bernal-Serrano, D. (2026). Reforming global health architecture requires confronting its political economy. BMJ, 394, Article e100315. https://doi.org/10.1136/bmj-2026-100315
Tsega, C. (2025). Ensuring vaccine access through local production: The need for a harmonized and sustainable approach. Journal of Law and the Biosciences, 12(2), Article lsaf020. https://doi.org/10.1093/jlb/lsaf020

United Nations Secretary-General. (2026). Progress towards the Sustainable Development Goals: Report of the Secretary-General—Supplementary information [Statistical annex, E/2026/73]. https://unstats.un.org/sdgs/files/report/2026/E_2026_73_Statistical_Annex_I_and_II.pdf

Wairagkar, N., Djoudalbaye, B., Moubarak, I., Zakari, M., Shaffer, D. N., Ismail, A. J., Abouhussein, D. M. N., Adeyeye, M. C., Darko, D. M., Fimbo, A. M., Rukwata, R. T., Semete-Makokotlela, B., Bienvenu, E., Rakotonirina, J., Sidibe, M., Kim, J. H., Samate, M. C., & Ndembi, N. (2025). The African Medicines Agency—A potential gamechanger that requires strategic focus. PLOS Global Public Health, 5(2), Article e0004276. https://doi.org/10.1371/journal.pgph.0004276

Wong, B. L. H., Nordström, A., Piot, P., Clark, H., & Global Health Diplomacy Partners. (2024). From polycrisis to metacrisis: Harnessing windows of opportunity for renewed political leadership in global health diplomacy. BMJ Global Health, 9(4), Article e015340. https://doi.org/10.1136/bmjgh-2024-015340

World Health Organization. (2026a, November 13). Member States reiterate commitment to finalize Pandemic Agreement PABS Annex by May 2027. https://www.who.int/news/item/13-11-2026-member-states-reiterate-commitment-to-finalize-pandemic-agreement-pabs-annex-by-may-2027

World Health Organization. (2026b, October 6). WHO Director-General's opening remarks at the 153rd Inter-Parliamentary Union Assembly—General Debate—6 October 2026. https://www.who.int/news-room/speeches/item/who-director-general-s-opening-remarks-at-the-153rd-inter-parliamentary-union-assembly---general-debate---6-october-2026

World Health Organization Regional Office for Africa. (2024). WHO African Region health expenditure atlas 2023. https://www.afro.who.int/publications/who-african-region-health-expenditure-atlas-2023-0

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