

**Draft Speaking Notes: Hon Dr Aaron Motsoaledi, Minister
of Health, Republic of South Africa**

**Third High-Level Steering Meeting (HLSM) on the AU–EU
Health Partnership, 5 November 2025, School of Health
Sciences, University of Pretoria**

Professor Flavia Senkubuge, Dean, School of Health
Sciences, University of Pretoria

H.E. Ambassador of Angola to South Africa

Ms. Nardos Bekele-Thomas, CEO, AUDA-NEPAD

H.E. Dr. Delese A. A. Darko, Director-General, African
Medicines Agency (joining online)

H.E. Amma Twum-Amoah, AU Commissioner for Health,
Humanitarian Affairs, and Social Development (joining
online)

H.E. Dr. Jean Kaseya, Director-General, Africa CDC

Mr. Martin Seychell, Deputy Director-General, European
Commission (INTPA)

Distinguished delegates, colleagues, and partners, it is indeed a pleasure to welcome you all to South Africa for this Third High-Level Steering Meeting of the AU–EU Health Partnership. This meeting represents more than a continuation of dialogue — it is a reaffirmation of our shared vision: to build resilient, equitable, and self-reliant health systems that serve all our people.

Since the first and second High Level Meetings in Addis Ababa and Brussels, respectively, the AU–EU Health Partnership has evolved into a platform for real policy coordination and technical cooperation. It bridges Africa’s New Public Health Order and the EU’s Global Health Strategy, aligning two powerful agendas

toward one objective, namely, a healthier, more sovereign, and more secure Africa.

Ladies and gentlemen

Our partnership rests on a clear understanding that global health security and equity are interdependent. Neither Africa nor Europe can thrive in isolation. Through frameworks such as the Global Gateway and the Africa–Europe Investment Package, the EU has demonstrated a strong commitment to sustainable health development, from strengthening health systems to supporting local manufacturing and digital innovation.

From the African side, the New Public Health Order calls for bold actions in the following areas:

- Strengthening our continental and national public health institutions;
- Building and retaining a skilled health workforce;
- Expanding local manufacturing capacity;
- Increasing domestic investment; and
- Promoting equitable and action-oriented partnerships.

Today's meeting is therefore not just a forum for discussion but a platform for co-creation, to ensure that Team Africa and Team Europe move together, with shared accountability and measurable results.

The five thematic workstreams of this partnership that are going to be discussed today are central to our shared goals. South Africa is fully committed to operationalizing these workstreams. However, the critical question we must address today, the focus of this AU-EU partnership, is:

- How can the AU–EU Health Partnership most effectively translate political commitments into concrete, sustainable actions that strengthen Africa’s health sovereignty, accelerate local manufacturing and innovation, and ensure equitable access to essential health services for all our people by 2030?

In my view, for this partnership to achieve tangible impact and advance Africa’s Vision 2030 aspirations, it must translate political commitments into practical action that responds to our continent’s priorities. Therefore, I would like to propose the following strategic shifts, namely:

Manufacturing and Access to Vaccines, Medicines, and Health Technologies: Africa seeks to move from dependency to self-reliance. We should all recognize that strengthening local manufacturing hubs, supporting technology transfer, and facilitating equitable access to essential health products are central to regional resilience and health security. Partnership success will be measured by our ability to produce, distribute, and sustain essential health commodities within Africa.

Sexual and Reproductive Health and Rights: Progress in this area is fundamental to social development, gender equity, and the dignity of our citizens. Our partners should align with Africa’s agenda by supporting culturally and contextually appropriate interventions, ensuring access to comprehensive services, and reinforcing local capacity to implement sustainable programs.

Health Security and One Health: Africa’s priority is to prevent future pandemics while addressing the interconnections between human, animal, and environmental health. We should be aware that investments in surveillance, early warning

systems, and cross-sectoral collaboration are not optional but critical to realizing health security and achieving long-term resilience.

Support to Public Health Institutes: Strong, autonomous public health institutions are the backbone of Africa's health system. This partnership can contribute effectively by supporting governance, capacity building, and research partnerships, while respecting African leadership and priorities in setting agendas, ensuring that knowledge generation is locally relevant and translated into policy.

Digital Health: Innovation must be inclusive, bridging urban–rural divides and ensuring no one is left behind. This partnership should prioritize collaborations that strengthen digital infrastructure, interoperable systems, and skills transfer, while supporting Africa-led initiatives that enable citizens to benefit directly from technological advances in health service delivery.

In summary, the success of this partnership should ensure that all interventions strengthen Africa capacity to deliver universal health coverage, build resilience, and advance self-reliance. South Africa stands ready to contribute experience and leadership in these areas, particularly in vaccine manufacturing, digital health transformation, including accelerating universal health coverage through a primary health care approach, and achieving universal health coverage through health financing and financial protection.

Let me share a few key areas where South Africa's ongoing health reforms are directly aligned with the objectives of the AU–EU Health Partnership:

Pillar 1: Self-Reliance and Domestic Financing

South Africa remains steadfast in its pursuit of self-reliance and domestic financing to ensure sustainable, sovereign health systems. By prioritizing domestic resource mobilisation, we have been able to reduce dependency on external donors, strengthen policy autonomy, and secure the continuity of essential health services across all levels of care. We believe that the National Health Insurance (the NHI) should be the primary solution to achieve UHC and combat healthcare commercialisation. The NHI in South Africa is a mechanism for equitable risk-pooling to protect people from financial hardship, a core aspect of health system resilience.

Pillar 2: "Financialisation" of healthcare

We should actively resist the financialisation of healthcare, which prioritizes public health over profit-driven models and this risks inequitable access and inflated costs. This trend sees healthcare needs increasingly commodified through financial products, with payment models incorporating financial incentives and the healthcare financing entities themselves engaging in investment decisions and activities. Another form of financialization is the one that occurs at the PHC level and in hospitals. This trend is evident in the increasing trend of mergers and acquisitions forming large systems, the growing involvement of private equity firms focused on cost-cutting and profit maximization, and the expansion of for-profit hospital chains prioritizing shareholder value.

While proponents argue that the influx of private capital can fill financing gaps and improve efficiency, it poses significant risks to the fundamental principles of UHC. The primary dangers include the prioritization of profit over patient care and public health goals, leading to higher costs, reduced access to

essential services, and increased inequity. This can undermine the solidarity-based, equitable, and comprehensive nature of UHC, creating a fragmented system where those with the financial means receive easily accessible and superior care while the poor and vulnerable are left behind.

Health is a public good, and South Africa's approach ensures that healthcare delivery is guided by equity, solidarity, and social justice rather than commercial interests. Several countries in Europe, including Germany, France, as well as countries in Asia such as Japan, South Korea, Taiwan, Thailand, Singapore, China, and Indonesia, have made significant progress in implementing forms of progressive health insurance, while each country continues to design reforms tailored to its own context.

Pillar 3: Primary Health Care approach to achieve Universal Health Coverage

We must return to the basics of primary healthcare to reduce the burden of disease and address the expensive, unsustainable, and overly curative nature of the existing system. We need to prioritise the importance of prevention even before diseases occur and promote health in communities. A Primary Health Care-based approach remains the cornerstone of South Africa's strategy to achieve health sovereignty and Universal Health Coverage. Implemented through the National Health Insurance, PHC emphasizes prevention, community engagement, and equitable access, ensuring that all citizens receive quality healthcare based on need rather than ability to pay.

Pillar 4: Global Leadership in Disease Control

South Africa has demonstrated leadership in global efforts against diseases such as HIV and Tuberculosis, including the strategic rollout of innovative treatments like Lenacapavir. We

are committed to making lenacapavir a "public good – accessible, affordable and locally produced". A major development in technology transfer was announced during a UN General Assembly (UNGA) event, where Gilead, the original manufacturer, offered voluntary licensing to six pharmaceutical companies, including Dr. Reddy's Laboratories, which is expected to drastically reduce the price. South Africa intends to roll out the drug as early as March or April 2026.

The country's approach raises the international profile of the TB campaign and reflects a commitment to evidence-based interventions that save lives and strengthen health systems. As part of South Africa's G20 Presidency, we will host a side event on 6 November titled "High-Level Meeting on Together for a TB-Free World: Financing and Access Solutions for Novel TB Vaccines." While Member States have committed to ending TB by 2030, achieving this goal requires increased investments, intensified research, and accelerated development of safe, effective, affordable, and accessible vaccines, particularly for adolescents and adults.

Despite TB's devastating global impact, no new vaccines have been licensed in over a century, and the 2023 UN High-Level Meeting on TB reaffirmed the global commitment to introducing a new vaccine within five years. With at least 18 candidates currently in clinical development, including six in Phase III trials, timely deployment will demand coordinated efforts on regulatory harmonization, production capacity, market coordination, sustainable financing, and equitable distribution, supported by mechanisms such as the WHO TB Vaccine Accelerator Council.

Pillar 5: Local Manufacturing and Pandemic Preparedness

The COVID-19 pandemic highlighted the urgent need for local production and has accelerated South Africa's efforts to become a manufacturing hub for the continent. Key initiatives include the Biovac Institute, engaged in vaccine "fill and finish" and progressing toward full local manufacturing via technology transfers; the WHO co-sponsored mRNA Hub, led by Afrigen Biologics, which provides technical expertise to other African manufacturers; and Aspen Pharmacare, which has undertaken the "fill and finish" of COVID-19 vaccines, demonstrating national capacity to support global health security.

South Africa will therefore strive to actively champion the Africa CDC's New Public Health Order. Critically, we commit to leveraging our position within the AU and regional bodies to advocate for:

- **Pooled Procurement Mechanisms:** Utilizing our collective market size to drive down costs and ensure fairer terms from global suppliers.
- **Shared Technical Expertise:** Establishing regional platforms for **vaccine, pharmaceutical, and diagnostics production** that serve the entire continent, not just individual nations. This is the ultimate expression of health security.
- **African Ownership:** Ensuring the principle of African ownership and leadership is non-negotiable in all global negotiations.

Therefore, as we convene this Third HLSM, let us ensure our deliberations are guided by three principles:

- **Alignment** – with continental and national health priorities.

- **Actionability** – with measurable results and defined accountability.
- **Sustainability** – ensuring that our joint gains are system-based and long-term.

I am pleased that today's meeting is being held at the University of Pretoria — a space of academic excellence and policy innovation. The university hosts several institutes and research units, including the Institute for Cellular and Molecular Medicine, the UP Institute for Sustainable Malaria Control, and the Sports, Exercise Medicine and Lifestyle Institute. Institutions like this are essential partners in the translation of knowledge into policy and action.

South Africa remains committed to policy learning, joint innovation, and regulatory harmonisation, including through the African Medicines Agency and other regional mechanisms.

We are also aligning these efforts with our National Health Insurance reforms and G20 Presidency health priorities, which similarly emphasise primary health care, health financing, digital transformation, and equitable access to essential services.

Let us strengthen the institutional backbone of our partnership — ensuring the AU, EU, and Member States speak with one voice on global health diplomacy, pandemic preparedness, and investment for health.

In closing, I wish to thank the organisers — the Africa CDC, European Commission, and University of Pretoria for hosting this important dialogue. The work before us is not easy, but it is necessary. Together, we can transform this partnership from a

framework of cooperation into a model of shared global health governance.

Let this meeting reaffirm our collective resolve to ensure that Africa's health systems are not only supported but strengthened — that they are not only resilient but sovereign.

I thank you.