HUMANUS DISCOURSE Vol. 6. NO 4. 2026
ISSN 2787-0308 (ONLINE)

Health Pan-Africanism: African Agency and the Evolution of Public Health Governance in Africa, 1982-2022.

Atam E. Adi[1]
Department of History
University of Education and Entrepreneurship, Akamkpa

Obar Ayami Irom[2]
Department of History and International Studies
University of Calabar, Calabar

Abstract

Pan-Africanism emerged in the late 19th and early 20th centuries as a global movement addressing systemic inequalities and fostering self-determination for Africans. Despite the well documented political and economic dimensions, the public health implications of Pan-Africanism remain relatively understudied. Health Pan-Africanism extends the principles of the movement to public health. This paper explores the evolution of health Pan-Africanism from 1982 to 2020, analysing how African institutions have shaped public health governance across three critical crises: HIV/AIDS, Ebola, and COVID-19. Using a qualitative historical policy analysis with a multicase study design, it applies dependency theory, network theory and historical institutionalism as distinct analytical lenses across each case. Key findings show that socio-cultural taboos delayed African governments' responses to HIV, making community-led initiatives the earliest effective interventions, particularly for information and psychosocial support; and that the Ebola crisis exposed institutional gaps while catalysing the establishment of the Africa Centres for Disease Control and Prevention. And the experience of the COVID-19 pandemic exposed the fragility and the growing ambition of the Pan-African health architecture in a new public health order. In conclusion, the paper argues that, health Pan-Africanism has evolved unevenly, marked by institutional learning rather than linear progress, but agency has emerged. It recommends sustained investment in regional health institutions and stronger alignment between Pan-African ideals and public health policy for sustainable health sovereignty across Africa.

Keywords: Health Pan-Africanism, African Agency, Public Health Governance, Global Health Equity, Institutional Resilience

Introduction

Pan-Africanism originated among communities deeply shaped by the Atlantic slave trade, emphasising education as a tool of liberation, according to Adi

[1] https://orcid.org/0009-0006-2325-083X
adi.atam@uee-akamkpa.edu.ng; atamadi26@gmail.com
Mobile: +2348026095896
[2] https://orcid.org/000-0002-8100-0605
obarirom@unical.edu.ng; iromobar@gmail.com

© humanusdiscourse@gmail.com , http://humanusdiscourse.website2.me

Hakim and Marika Sherwood in Kumssa.[3] Its intellectual architects celebrated African cultural heritage, resisted exploitation, and asserted a shared historical fate rooted in slavery and European imperialism. The movement promoted unity and solidarity among Africans and those of African descent, advocating for political empowerment and self-determination and the preservation of African traditions, with an emphasis on the contributions of Africans to the modern world,[4] and asserting that Pan-African unity" can be forged into an economic, social, and political destiny".[5] Key figures shaped its trajectory distinctly: Henry Sylvester Williams organised the foundational 1900 conference at Westminster Town Hall from July 23–25, 1900; W.E.B. Du Bois drove subsequent international gatherings; Marcus Garvey and Edward Wilmot Blyden foregrounded cultural pride; and Kwame Nkrumah translated ideology into an institutional framework, resulting in the formation of the Organisation of African Unity (OAU) in 1963, now the African Union (AU).

As African states gained independence, Pan-Africanism evolved from a liberation framework into a governance philosophy, one increasingly concerned with development, inequality, and regional integration exemplifying a contemporary African search for organization and community, with focus on the interests and experiences of Africans. Mazrui argued that Pan-Africanism remains relevant because it addresses the legacies of colonialism, social inequalities and economic inequality.[6] Thus, Pan-Africanism serves as a force for global partnerships and multilateralism representing an expression of African agency and providing African solutions to African problems. It created the basis for alternative strategies for a modern African political theory, a necessary requirement for people-centered development in post-colonial African states.[7] Health Pan-Africanism, therefore, refers to the collective efforts of African nations and diaspora communities to address shared health challenges through collaboration, solidarity, and self-determination.

This paper examines three crises, HIV/AIDS, Ebola, and COVID-19 not as variations on a single template, but as distinct institutional moments that demanded different kinds of responses and reveal different dimensions of Pan-African health governance. Each crisis is analyzed through a different theoretical emphasis even though each of the theories can apply to the other two cases. HIV/AIDS through dependency theory, which originated in the 1950s with Raul Prebisch and was enriched by thinkers like Hans Singer, Andre Gunder Frank, Emmanuel Wallerstein, Samir Amin, and Theotonio Dos Santos, to illuminate how structural inequalities shaped the earliest responses. It addresses the persistence of colonial structures, shedding light on African challenges in achieving health equity, such as dependence on foreign aid and

3 Kumssa, Asfaw. "The Genesis of Pan-Africanism: A Historical Perspective" *American Journal of Humanities and Social Sciences Research (AJHSSR)* 298
4 Ogba Adejoh Sylvester and Okpanachi Idoko Anthony, Decolonisation in Africa and Pan-Africanism, Yo etimBilimleri Dergisi Cilt: 12, Sayı: 23, ss. 2014, 7-31
5 Kumssa The Genesis 298
6 Mazrui, Ali. "The African Condition: A Political Diagnosis", Cambridge University Press, (1980:.113-139
7 Adi, Hakim "The African Diaspora, 'Development' & Modern African Political Theory" *Review of African Political Economy* (2002)237-239

© humanusdiscourse@gmail.com , http://humanusdiscourse.website2.me

the influence of Western pharmaceutical companies.[8] Ebola is seen through network theory, which started with Jacob Moreno in the 1930s, advanced by Mark Granovetter in the 1970s, and modernized by Duncan Watts, Steven Strogatz, and Albert-Laszio Barabási in the late 1990s to trace how transnational institutional relationships produced the Africa CDC. And how transnational networks, like the African Union and the World Health Organization, foster health cooperation and tackle health challenges across Africa.[9] And COVID-19 is analyzed through historical institutionalism, which emerged in the early 1990s through scholars like Peter Hall, Paul Pierson, Theda Skocpol, Douglass North, and Kathleen Thelen, to assess how prior crises conditioned the ambition and limits of pandemic-era initiatives.[10] They see these health crises as moments that catalysed structural change within Africa's public health architecture where Pan-African health governance is viewed as the product of both historical continuities and intentional institutional reforms.

Background to Health Pan-Africanism

Significant gaps existed in colonial health services for African populations. A case in point was the vaccine inequity in July 1952, what Ayodeji Adegbite refers to as "vaccine apartheid" during the late colonial period in Nigeria when yellow fever crown vaccine was hoarded by the colonialists at the peak of the yellow fever epidemic in Nigeria necessitating the first production of vaccines in Nigeria by indigenous Nigerian doctors at Yaba.[11] Providing medical care was anathema to imperialist goals and ideals. Even though humanitarian and religious factors were seen as advancers of imperialism, medical innovations however were the backbone of such ideals, as they enabled the colonisers to survive in these new territories.

After independence in the 1960s, African countries saw significant changes in governance and policies that reshaped healthcare. The transition from missionary healthcare and the adoption of a fee-for-service model under structural adjustments made Western biomedicine expensive and inaccessible for some low-income people. Since the 1970s, global health organizations like the World Health Organization and United Nations International Children's Emergency Fund have begun shaping healthcare policies. African governments, influenced by the Alma-Ata Declaration in 1978, expanded public health coverage to provide free basic services.[12] The Millennium Development Goals (MDGs) era targeted high-mortality diseases, improving health outcomes and

8 Maria Dyveke Styve Interview with Olukosi, Adebayo O. "Dependency Theory: Its Enduring Relevance" in Kufakurinani Ushehwedu et al. *Dialogues on Dependency* Young Scholars Initiative, (Instituteof Economic Thinking 2017),18-26 https://www.exploring-economics.org/en/study/books/dialogues-on-development/

9 Barabasi, Albert-Laszlo, Linked: How Everything Is Connected to Everything Else and What It Means (New York: Plume,2003), 79-92

10 Amenta, E. Historical Institutionalism, in: The Wiley-Blackwell Companion to political sociology. Chichester, United Kingdom: John Wiley and Sons Ltd, 2012 pp. 47-56

11.Adegbite, Ayodeji "Vaccine Apatheid": Nigerian Medical Practitioners and Yellow fever control in late colonial Nigeria, London School of Hygiene and Tropical Medicine, July 4, 2023 (11:00)

12 WHO Europe "Declaration of Alma-Ata"

© humanusdiscourse@gmail.com , http://humanusdiscourse.website2.me

management.[13] Today, the Sustainable Development Goals (SDGs) take a broader approach, revitalizing public health to address diverse challenges.[14] The African Union (AU), guided by its vision, collaborates with international partners to eradicate preventable diseases and promote health,[15] supported by specialised commissions of the Organization of African Unity. Now, the African Union's specialised technical committees focus on health, sanitation, and nutrition.[16]

The HIV/AIDS Epidemic

The Human Immunodeficiency Virus (HIV) attacks the body's immune system specifically targeting the immune system that fights infections called CD4 cells or T cells, a type of white blood cells. If left untreated, HIV can lead to acquired immunodeficiency syndrome (AIDS), the most advanced stage of the infection. Doctors monitor CD4 counts to assess progression and effectiveness of treatment called Antiretroviral Therapy (ART). Keeping CD4 levels stable with ART helps people with HIV stay healthy and prevent opportunistic infections. HIV/AIDS is a chronic disease with long-term socio-economic impacts.

Initial cases of epidemic HIV/AIDS were reported in Rakanyi district, Uganda in 1982, referred to as "slim disease,", where a third of pregnant women in Kampala tested positive for HIV;[17] and in South Africa later in 1982 evoking mixed perceptions as many believed that it only affected European and American homosexuals. As a result, many South Africans did not take enough precaution. Similarly, the South African government believed that it was easy to control the homosexuals as they were a handful and easy to contain. In the black townships and rural communities, lack of sufficient interest by the state was motivated by the racial policy of apartheid. Consequently, the authorities deliberately ignored preventive measures during the first 5 years following the disease's reported.[18]

According to Thomas Goliber, cultural and religious taboos inhibited open discussion about an epidemic that spreads mainly through sexual contact coupled with the almost invisible nature of the HIV/AIDS epidemic itself. Because of the long lag between HIV infection, development of AIDS and death, the consequences of the epidemic were not immediately felt. These factors long reinforced the difficulty for African governments, pressed by many immediate and daunting problems to come to terms with an epidemic whose consequences lay primarily in the future. It was when the brunt of HIV and death from earlier infections hit epidemic level in the 1990s that it became more visible. For

13 UN Documentation: Development SDG, Dag Hammarskjöld Library
14 UN Docu Dev.SDG
15 Humphrey Cyprian Karamji, Oduwole EO, Sy S, et al. Scoping review of African health histories: a protocol. BMJ Open2023;13: e075787. doi:10.1136/bmjopen-2023-075787
16 United Nations Treaties Series, Specialized Commissions 80-82
17 Shane Doyle. "Health in African History" in Ewout Frankema et al. (eds) *The History of African Development*. An Online Textbook for a New Generation of African Students and Teachers (African Economic History Network 2023):96 –116
18 William Maepa . Poverty and Disease Burden: Reflection on the Rural Community Health Services of the 'Natives' in the Former Northern Transvaal of South Africa, 1930s–1980s (IntechOpen: London 2023), 5-6 https://www.doi:10.5772/intechopen.110266

© humanusdiscourse@gmail.com , http://humanusdiscourse.website2.me

example, President Thabo Mbeki was accused of spending a considerable amount of time on fringe debates over whether HIV is really the cause of AIDS. For a long time, he also blocked the use of antiretroviral to prevent mother-to-child transmission on the grounds that their efficacy had not been established in contrast to scientific evidence.[19]

Early HIV/AIDS responses in Africa were primarily community-based, with organizations in eastern and southern Africa crafting locally relevant approaches in the 1990s. However, external agendas continued to shape HIV responses, emphasizing bureaucratic, biomedical, and health service-based models rather than approaches tailored to local needs and cultures. Since HIV is experienced within communities, particularly in Africa, responses should be grounded in community-led efforts rather than imposed frameworks.[20] The Amathole Basin in South Africa exemplified an effective community-driven response, where a study involving young people laid the groundwork for HIV prevention.[21] The resulting Amathole Declaration, written in isiXhosa, advocated for a holistic community approach, recognizing various local actors including traditional leaders, churches, healers, health workers, government and people living with HIV as integral to addressing HIV collectively in a multistakeholder partnership.[22]

On 19 April 2001, the South African government finally successfully passed a law to allow the domestic production of cheaper, generic brand medicines including Antiretrovirals (ARVs) against a lawsuit filed by transnational pharmaceutical companies. However, government provision of ARVs through public health structures after this victory remained remarkably low. President Mbeki and his cabinet still held the official position that HIV did not cause AIDS[23]. The AIDS Watch Africa (AWA) strategic framework was created during the 2001 Abuja Summit on HIV/AIDS, TB and other related infectious diseases, and revitalized by the AU Assembly in January 2011 as the AWA framework to bolster joint action and accountability towards ending AIDS, TB, and Malaria by 2030. AWA is a specialized entity within the African Union (AU) that spearheads advocacy, accountability, and resource mobilization to combat AIDS, tuberculosis, and malaria in Africa by 2030. AWA's strategy focuses on multi-stakeholder engagement for partnerships aimed at ending AIDS, TB, and Malaria by 2030, which aligns with the Abuja declarations (2001, 2006 and 2013), and the AU's Agenda 2063. The framework also seeks to strengthen member state accountability. AWA aims to boost domestic and international resource mobilization to implement commitments, enhance funding efficiency,

19 Thomas Goliber. Africa's Political Response to HIV/AIDS. Population Reference Bureau resource library, Washington DC. July, 2002 https://www.prb.org/resources/africas-political-response-to-hiv-aids/
20 Parker, Warren. Beyond the discourses of policy and power: HIV, AIDS, and community perspectives on the lived pandemic. African Journal of AIDS Research. 22. (2023) 261-268.
21 K. Kelly et al Making HIV/AIDS Our Problem: Young People and the Development Challenge in South Africa, Center for AIDS Development, Research and Evaluation (Cadre) 2002 p. 4-61 https://cadre.org.za
22 Kelly et al Making HIV/AIDS 59-61
23 D. G. Mcneil. With Folk Medicine on the Rise, Health Group is Monitoring. *The New York Times,* May 17, Section A

and promote ownership among governments, the private sector, and civil society.[24]

Its key milestones include the 2006 Abuja Call for Accelerated Action on HIV/AIDS, TB, and Malaria, which took place on May 2-4 May and reviewed the 2001 Declaration with satisfaction;[25] the 2011 AU strategic framework to eliminate new HIV infections, especially in children by 2015; the 2019-2023 AU Plan of Action on Drug Control and Crime Prevention, which focuses on HIV prevention for marginalized groups like prisoners;[26] and the Catalytic Framework to end AIDS, TB, and malaria in line with Abuja +12 targets a fully costed Roadmap to 2030 to sustain AIDS response, strengthen health systems, and ensure health security. These initiatives demonstrate the AU's commitment to ending AIDS, TB, and malaria through coordinated policies, advocacy, and funding strategies.[27]

The AU endorsed initiatives such as the community health workers initiative to recruit and train 2 million community health workers across Africa by 2020.[28,29] They also supported the western and central Africa catch-up plan to accelerate access to HIV treatment in the region.[30] Member states committed to concerted efforts and investments to address the unmet needs of young people and adolescents.[31] The AU accelerated advocacy efforts to mobilize domestic and international resources and increase funding efficiency.[32] The AU encourages member states to implement the Abuja 15% target on domestic financing for health, to transition away from dependence on partners' funding.[33] The AU also aims to provide access to HIV combination prevention options for 95% of people at risk of acquiring HIV within all epidemiologically relevant groups[34] in partnership with WHO and Presidential Emergency Fund for AIDS Relief (PEPFAR).[35,36] HIV interventions have also been integrated into Peace Keeping operations,[37] and the AU 2021 "Year of Arts Culture and Heritage" was leveraged to remove stigma and discrimination that hinder access to HIV prevention and treatment services was a cardinal AU project.[38]

24 Africa Center for Disease Control, African Heads of Sate and Government Adopt a New Strategic Framework to End AIDS, TB and malaria by 2030
25 Assembly/AU//Dec. 115 (vii)
26 AU, African Union Implores Member States to Scale Up Efforts to address HIV among people who use drugs and in prisons (press release).
27 UNAIDS, African Leaders Pledge New Commitments to end AIDS, Press Release
28 Africa CDC, African Heads of States and Govt Adopt a New Strategic Framework
29 UNAIDS, African Union Leaders Endorse Major New Initiatives to End AIDS, Press Statement
30 UNAIDS, AU Leaders Endorses Major New Initiatives
31 Africa CDC, African Heads of States and Govt Adopt a New Strategic Framework
32 Africa CDC, African Heads of States and Govt Adopt a New Strategic Framework
33 UNAIDS, African Leaders Pledge New Commitments to end AIDS
34 AU, AU Implores Member States
35 African Union, 36th Ordinary Session of the AU Assembly Side-Event on Health Financing and HIV/AIDS, February 17, 2023
36 UNAIDS, African Leaders Pledge
37 African Union, Developing Protocol for Supporting Health
38 AU, AU Implores Member States

© humanusdiscourse@gmail.com , http://humanusdiscourse.website2.me

Health Pan-Africanism has seen AU initiatives contribute to significant advancements in the fight against HIV/AIDS in Africa. HIV infections have reduced by 37%, and HIV related deaths fell by 45%, resulting in 13.6 million lives saved due to antiretroviral therapy.[39] There have been policy reforms and increased domestic financing particularly in South Africa and Nigeria, Mother-to-child transmission of HIV within the system has almost been eliminated, health systems have been strengthened with community health workers and infrastructure even in underserved areas. Regional collaborations have equally resulted from the need to find vaccines and improve treatment options. Although funding challenges and disparities in treatment access remain, the AU still pushes for stronger commitments against AIDS.

The Ebola Epidemic

Ebola Virus Disease (EVD) which is a severe and often fatal illness in humans characterized by severe fever, vomiting, diarrhea and hemorrhaging, is caused by the Ebola virus. It was first identified in 1976 during simultaneous outbreaks in the Democratic Republic of Congo and Sudan but named after River Ebola, a tributary of the Congo River where most of the EVD epidemics have occurred. There was also a smaller outbreak in Sudan in 1979. Transmission occurs through direct contact with bodily fluids of infected individuals, contaminated surfaces, or infected animals, particularly fruit bats and non-human primates.[40] In 1989 it was the Reston Ebola virus in the Philippines and the United States of America. The same variant occurred in Italy in 1994. In 1994, a new strain, Tai Forest Ebola was identified in Côte d'Ivoire. From 1994 to 1996 there were outbreaks in Gabon and in the year 2000 in Uganda with 425 reported cases and 53% fatality rate. The Bundibugyo variant, a type of ortho-Ebola virus, was discovered in 2007 and resulted in 30% of mortality in the DRC and along the DRC-Uganda border.[41]

The most severe outbreak of the Ebola disease was first reported in December 2013 in Guinea, and in its acute nature and epidemic potential became an epidemic in West Africa. The African Union stressed that it was the worst since the first outbreak in Congo in 1976 so much so that they adopted **Assembly Decision AU/Dec.499 (XXII)** at the 22nd Ordinary Session in Addis Ababa in January 2014 after stressing the urgency of establishing the Africa Center for Disease Control and Prevention (Africa CDC).[42] The AU's peace and Security Council took two decisions: the immediate deployment of AU-led Military-Civilian Humanitarian mission to affected countries and the development of a Concept of Operations on August 19, 2014 which led to the formation of the AU Support to the Ebola Outbreak in West Africa (ASEOWA) mission.[43,44] ASEOWA

39 WHO Africa, HIV/AIDS
40 Center for Disease Control Outbreak History, Ebola Disease Outbreaks by Species and Size, Since 1976
41 CDC Outbreak History
42 African Union, Statute of the Africa Centres for Disease Control and Prevention (Africa CDC), 2
43 African Union, Support to Ebola Outbreak in West Africa (ASEOWA) FACT SHEET: African Union Response to the Ebola Epidemic in West Africa
44 African Union, AU Rallies Private Sector to Fight Ebola on 8 November in Addis Ababa, Press Release

mobilized the necessary resources-financial, human and material support to affected member states. The Commission soon sent 87 individual volunteers into hotspots like Guinea, Liberia and Sierra Leone and later ramped up to 855 within two months because of the needs on the ground.[45]

AU also supported with funds as $1,000,000 was released from the Union's Special Emergency Assistance Fund for Drought and Famine in Africa in August 2014. $100,000 was released from the Special Fund Contributions for IDPs and Refugees in September 2014. The staff members of the African Union donated $100,000 to the Ebola effort. The use of these funds was determined by the funding agreement with the Member States.[46] In Addis Ababa, on the 31st of October 2014, the African Union joined forces with Africa's private sector, for the first time, to fight the Ebola epidemic in West Africa, and planned a forum for November 8, 2014 in Addis Ababa. The aim of the meeting was to mobilize resources from within Africa to join national and international efforts on the ground, as well as discuss reversing the economic decline in the countries and a post-Ebola recovery. Following the AU Business Roundtable on November 8, the Africa Against Ebola Solidarity Trust (AAEST) was established as a charity organization to mobilize funds in support to the ASEOWA programme to cover direct costs associated with deployment of volunteer African Health Workers, African Medical Teams (AMTs) to the countries affected by Ebola Virus Disease (EVD) with total pledge of USD 34,150,000 from AAEST, African Development Bank, and Afrexim Bank. Based on ASEOWA demands, USD 15million was immediately disbursed.[47]

In January 2015, during the 24th ordinary session of the AU, **Assembly Decision /AU/Dec. 554** was adopted, supporting the creation of the African Centers for Disease Prevention and Control and Prevention (Africa CDC)[48] to address the challenges faced in combating Ebola and to plan for the future in the form of a multi-agency, multi-disciplinary and inter-departmental workshop titled ASEOWA Evaluation Workshop Mahe, Seychelles 26-28 October 2015.[49] The workshop capitalised on lessons learned from the Ebola epidemic and contributed to AU Humanitarian Policy Framework by expanding disaster management and improving future humanitarian missions, and validated the concept note for the Africa public health volunteer roster.[50]

The impact of the AU ASEOWA mission was highlighted by Dr Dlamini Zuma when she reported to the African Union Assembly on 31 January 2016, that the ASEOWA team managed Ebola treatment units while supporting mobilization in the community as the epidemiologists traced 49,493 people. They equally trained 6,505 local health workers, partners, community workers, traditional leaders and others, and helped to restore health services in 88 public health

45 Wynne Musabayana. The African Union's Intervention in the Ebola Crises was a game changer, African Union
46 AU, Support to Ebola Outbreak in West Africa ASEOWA FACT SHEET
47 Africa Against Ebola Solidarity Trust (AAEST), Africa Against Ebola Solidarity Trust Contribution to African Union Support to the Ebola Outbreak in West Africa, (2016):5
48 African Union, Statute of the Africa Centres for Disease Control and Prevention
49 African Union, ASEOWA Evaluation Workshop Mahe, Seychelles 26-28 October 2015, Draft Concept Note, 1-5
50 African Union ASEOWA Evaluation Workshop Mahe,

© humanusdiscourse@gmail.com , http://humanusdiscourse.website2.me

facilities.[51] Some of the Senegalese doctors after their heroics with ASEOWA went to Brazil to help put a stop to the Zika virus spread by mosquitoes and mostly affecting babies while in the womb.[52]

The AU Assembly approved the statute of the Africa CDC and framework of operations on 31 January 2016.[53,54] It can be concluded that as a result of the Ebola epidemic, the Africa CDC was born. On March 29, 2016, the WHO lifted the Public Health Emergency of International Concern (PHEIC) status on West Africa's Ebola situation. The impact this epidemic had on the world, and particularly West Africa, is significant. A total of 28,610 cases of EVD and 11,308 deaths were reported in Guinea, Liberia, and Sierra Leone. There were an additional 36 cases and 15 deaths that occurred when the outbreak spread outside of these three countries.[55] On the 31st of January 2017, the Africa CDC officially launched five regional collaborating centers (RCCs). The Africa CDC had carried out operations responding to disease outbreaks.[56] Hence, health Pan-Africanism has in addition remarkably birthed the Africa CDC.

Corona Virus 2019 Pandemic

Corona virus disease 2019 is a respiratory illness caused by SARS-CoV-2 virus. It is contagious and spreads mainly through respiratory droplets and can range from mild symptoms like fever and cough to severe conditions like pneumonia. The World Health Organization named it on February 11, 2020, and it has had a global impact leading to widespread health measures like vaccinations and lockdown.[57] Cases were first detected in China in December 2019 and with the virus's spread, the WHO declared it a PHEIC on January 30, 2020 and characterized it a pandemic on 11 March 2020.[58] The global pandemic had unique challenges, including dependency, vaccine inequality and economic disruption. The first case of COVID-19 in Africa was reported in Egypt on 14 February 2020 and 3 months later, by May 16th 2020, cases in Africa reached over 81,613, leading to a global health crisis and competition for supplies and vaccines. The African Union (AU) and Africa CDC established new institutions for a collective regional voice to address the COVID-19 pandemic and shift practices of public health.

The Africa CDC began responding to the COVID-19 pandemic even before the first case in Africa was confirmed in Egypt in February 2020.[59] It led a multifaceted response to the crisis by embracing the New Public Health Order for Africa proposed in 2017 after the Ebola pandemic, focusing on building

51 Musabayana, African Union's Intervention in Ebola
52 Musabayana, , African Union's Intervention in Ebola
53 Musabayana, , African Union's Intervention in Ebola
54 African Union, Statute of the Africa Centres for Disease Control and Prevention 1
55 Center for Disease Control, Outbreak History: Ebola Disease Outbreaks by Species and Size, Since 1976
56 African Union, Statute of the Africa Centres for Disease Control and Prevention 1
57 World Health Organization, Coronavirus Disease (COVID-19)
58 World Health Organization Europe, Coronavirus Disease (COVID-19) Pandemic
59 African Union and Africa CDC, "Outbreak Brief #5 Novel Coronavirus COVID-19 Global Pandemic" 2020 https://au.int/sites/default/files/document/38135-doc-africacdcbrief_novelcoronavirus_china2020_5_18feb20_en.pdf

© humanusdiscourse@gmail.com , http://humanusdiscourse.website2.me

public health institutions, workforces, manufacturing, resources, and partnerships.[60] Public health in Africa evolved, demonstrating a shift between state-based and global health governance- regionalizing public health to enhance Africa's capacity and agency.[61]

The African regional response was guided by the AU and Africa CDC's Joint Continental Strategy for the COVID-19 Outbreak released in February 22, 2020 that stressed coordination with other regional and global bodies and evidence-based public health responses in several key areas.[62] To manage the outbreak, the AU established Africa Task Force on Corona Virus (AFTCOR) on February 3, 2020 to oversee preparedness and response across Africa,[63,64] and the Africa Joint Continental Strategy for COVID-19 Outbreak released by AU health ministers in February 2020 to prevent severe illness and death, minimize social disruption, and promote evidence-based public health practices. The AU and Africa CDC aimed to ensure synergy and minimize duplication, promoting evidence-based public health practices for surveillance, prevention, diagnosis, treatment, and control.[65]

The Africa Medical Supplies Platform (AMSP) was established on 18 June 2020 to address the issue of access to medical supplies, particularly personal protective equipment for member states, using Africa's bulk purchasing power to secure supplies and stabilize prices. AMSP addressed bidding wars for critical supplies and created an agency to negotiate more effectively with global corporations and institutions,[66,67] in the face of unilateral isolationist and protectionist policies that restricted the access to medical supplies in developing countries. Vaccine nationalism became a buzz word.[68] The Africa Pathogen Genomic Initiative (APGI), launched in October 2020 as a USD100m four-year initiative to strengthen public health surveillance and laboratory networks across Africa which integrated genomics (study of organisms complete set of genes and how they interact with each other and the

60 African Union and African CDC, "Call to Action: Africa's New PublicHealth Order" https://africacdc.org/wp-content/uploads/2022/09/Call-to-Action-NPHO-Final-CTA-20-Sep-Edited.pdf
61 Kathryn Nash. "The African Union and Emerging Patterns of Global Health Governance", *Global Studies Quarterly*, Volume 3, Issue 3, (2023):1 https://doi.org/10.1093/isagsq/ksad048
62 Africa Joint Continental Strategy for COVID-19 Outbreak 2020" 3-4
63 Elijah Paintsil et al. " A Continent Wide Task Force and solidarity at Curbing COVID-19 Pandemic: the Africa Task Force for Novel Coronavirus (AFTCOR) Infection Prevention and control Technical Working Groups' Experience Accessed BMC Public Health 23, 893 (2023): 2 Accessed 1June 2026
64 Massinga Loembe et al. " COVID-19 in Africa: the spread and response" *Nature Medicine* 26, (2020): 999-1003 https://doi:10.1038/s41591-020-0961-x
65 African Union & Africa Center for Disease Control, Adapted Africa Joint Continental Strategy for COVID-19 Pandemic, Revision. June (2021):3
66 Nash. "The African Union and Emerging Patterns of Global Health (2023):5
67 Africa Medical supplies Platform, "About Africa Medical Supplies Platform" https://amsp.africa/about-us/
68 African Union, "Communique of the 928th Peace and Security Council Meeting held on May 27,2020, On the Impact of COVID-19 on Living Together in Peace" 10 June, 2020 https://www.peaceau.org/en/article/communique-of-the-928th-psc-meeting-held-on-27-may-2020-on–impact-of-covid-19-on-living-together-in-peace

© humanusdiscourse@gmail.com , http://humanusdiscourse.website2.me

environment) testing into routine public health surveillance systems and rapid response to infectious disease threats.[69]

Other regional pandemic era initiatives included the Trusted Travel and Trusted Vaccine programmes, launched in October 2020, which highlight the breadth of the AU's and Africa CDC's response to the pandemic. These programs provide a "mutual recognition protocol" for COVID-19 vaccines and testing.[70, 71] By May 2022 there were twenty-one destinations in Africa that were part of the Trusted Travel and Trusted Vaccine systems. The AU has begun negotiations with other countries for mutual recognition, and Singapore has accepted Africa's CDC Trusted Travel and Trusted Vaccine certificates to verify a traveler's status.[72]

In November 2020, the African Vaccine Acquisition Task Team (AVATT) was established by AU Chairperson President Cyril Ramaphosa to help Africa achieve its goal of vaccinating 60% of the population. AVATT created the African Vaccine Acquisition Trust (AVAT), which replaced it, to implement its objectives and acted as a centralised purchasing agency to purchase 220 million doses of the single-shot Johnson & Johnson vaccine partly manufactured in Africa by Aspen Pharma, in a historical agreement in March 2021. This model demonstrated how African countries can gain more leverage and bargaining power in global markets, securing necessary supplies for health systems. AVAT bolstered the COVID-19 Vaccines Global Access program (COVAX), which supplies low and middle-income countries with vaccine doses to be able to meet future needs with important steps taken by AU and Africa CDC. However, COVAX faced challenges in meeting Africa's vaccination targets in June 2021 due to export bans and vaccine hoarding as a COVID-19 wave hit India where it was manufactured.[73]

The African Continental Free Trade Area AfCFTA, established in Rwanda in 2018, and implemented on January 1, 2021 aims to improve supply chain networks, import vaccines, and expand local medical supply production within the African continent and the expansion of COVID-19-driven solutions to alleviate supply chain disruptions. It also strengthens health systems and encourages a Pan-African response to health emergencies, with more

69 Paris Peace Forum, Africa Pathogen Genomics Initiative https://parispeaceforum.org/projects/africa-pathogen-genomics-initiative/
70 African Union, "Kenya Adopts Trusted Travel Digital Tool for COVID-19 Test Result Verification" January 09, 2021 https://au.int/en/pressreleases/20210109/kenya-adopt-trusted-travel-digital-tool–covid-19-test-result-verification
71 News Pidgin, 10 tins to sabi about AUCovid Vaccine Passport Wey Go Allow You Travel Abroad and Inside Di Continent https://www.bbc.com/pidgin/articles/c80w27r8xkno
72 Ministry Of Transport Singapore and African Union, "Singapore and the African Union Can Digitally Verify Each Other's Covid-19Vaccination Certificates From 23 May 2022" 17 May, 2022 https://africacdc.org/wp-content/uploads/2022/05/Press-Release-on-Singapore_AU_Africa_CDC_Mutual_Certificates_verification_final.pdf
73 WHO Africa Region, "Africa Faces 470 Million COVID-19 Vaccine Shortfall in 2021" 16 September, 2021 https://www.afro.who.int/news/africa-faces-470-million-covid-19-vaccine-shortfall-2021

© humanusdiscourse@gmail.com , http://humanusdiscourse.website2.me

bargaining power in global markets.[74] The Partnerships for African Vaccine Manufacturing (PAVM) was established under the Africa CDC on April 13 2021 to address the vaccines gap of 1% production in Africa, aiming to produce and supply over 60% of the total vaccine doses required by 2040, to grow the market to between US$2.8 and US$5.6 billion, with trade policy for vaccines within the region to prevent export restrictions and promote regional trade cohesion.[75] AfCFTA is important here, to prevent vaccine apartheid from member states with vaccine manufacturing facilities.

The Africa CDC and AU adapted their Joint Continental Strategy for COVID-19 on May 8, 2021 and released it in June 2021, focused on enhanced prevention, monitoring, and treatment (PMT) to contain the virus while minimizing the wider harm of the pandemic.[76] The strategy also aimed to move beyond the acute phase of the pandemic,[77] developing a New Public Health Order, creating new public health institutions, and pushing forward regional and global practices.[78]

The AU has supported vaccine patent waiver negotiations, largely led by South Africa and India with the Africa CDC calling for a WTO intellectual property waiver for COVID-19 vaccines in May 2021, accompanied by sufficient technology and support for manufacturing in Africa.[79] And in June 2021, the Saving Lives and Livelihoods Initiative, a $1.5 billion program to support vaccine purchasing and distribution in Africa through human capital development was established by the Africa CDC in partnership with MasterCard Foundation.[80]

The African Medicines Agency (AMA) only entered into force in November 2021 with the required ratification after its establishment by the AU in February 2019 to improve access to safe, efficacious, and quality medicines and facilitate harmonization of regulatory requirements among national medicines regularity

74 Jonta kamara et al."A New Era for African Health Systems: Market shaping and the Africa Continental Free Trade Area" *Public Health Chall. 3: e172,* (2024):5-7 https://doi.org/10.1002/puh2.172
75 African Union and Africa Centers from Disease Control and Prevention "Partnership for Africa Vaccine Manufacturing PAVM Framework for Action" (2022):16 https://africacdc.org/download/partnerships-for-african-vaccine-manufacturing-pavm-framework-for-action/
76 African Union and African Centres for Disease Control and Prevention, Adapted Africa Joint Continental Strategy for COVID-19 Pandemic, (Addis Ababa: African Union, June 2021 Revision), sec. "Background," https://africacdc.org/download/adapted-africa-joint-continental-strategy-for-covid-19-pandemic/
77 Africa CDC, "The Transition Beyond the Acute Phase" News/Statement May 9, 2023: Para 6 https://africacdc.org/news-item/transition-beyond-the-acute-phase-of-covid-19-pandemic-in-africa
78 Nash "The African Union and Emerging Patterns of Global Health (2023):4-5
79 AU and Africa CDC, "Communique of the High-Level Emergency Virtual Meeting of African Ministers of Health on the COVID-19 Situation in Africa: African Ministers of Health endorsed an adapted strategy to fight COVID-19 underpinned by enhanced approaches to Prevent, Monitor, and Treat 8, May 2021
80 Africa Center for Disease Control, "Saving Lives and Livelihoods" African Union, Par. 1 https://africacdc.org/saving-lives-and-livelihoods/ Accessed 4 June, 2026

authorities,[81] and was set to be the second health-focused specialized technical institute after the Africa CDC.[82]

The AU-EU Summit in February 2022 aimed to reach a comprehensive WTO response to the pandemic, including trade-related and intellectual property aspects.[83] A provisional patent waiver plan was agreed by the US, EU, India, and South Africa, and finalized in June 2022.[84] Trade-Related Aspects of Intellectual Property Rights temporarily relaxed restrictions on COVID-19 vaccines,[85] but the waiver was less than South Africa and India would have liked and notably excluded COVID-19 diagnostics and therapeutics.[86]

The Africa CDC was granted operational autonomy in February 2022, 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.[87] Notably, the AU transformed the AU COVID-19 Response Fund into the more permanent Africa Epidemics Fund.[88] The New Public Health Order for Africa emerged in September 2022 as a response to global health inequities and the COVID-19 pandemic. It builds on the African Union's 2017 Declaration to accelerate the implementation of the 2005 International Health Regulations (IHR),[89] which committed African nations to detect, assess, report, and respond to public health threats[90]. It committed African heads of state and

81 African Union, Treaty for the Establishment of the Africa Medicines Agency (AMA) Enters into Force" Nov. 9, 2021 , sec. "About the Africa Medicines Agency" https://au.int/en/pressreleases/20211109/treaty-establishment-african-medicines-agency-ama-enters-force
82 Sarah Jerving, The Africa Medicines Agency: What's Next, 9 September, 2021 (Devex News, Global Health), Par. 2 https://www.devex.com/news/the-african-medicines-agency-was-ratified-what-s-next-101520
83 Bryan Mercurio and Pratyush Nash Upreti " From Necessity to Flexibility: A Reflection on Negotiations for a TRIPS Waiver for Covid-19 Vaccines and Treatments" *World Trade Review,* Vol. 21, Issue 5 (2022): 633-649 Cambridge University Press https://doi:10.1017/S147474562000349
84 Agence France-Presse South africa Hails COVID-19 Vaccine Patent Waiver, (Voice of America, June 18, 2022), Par. 4 https://www.voanews.com/a/south-africa-hails-covid-19-vaccine-patent-waiver/6623167.html
85 World Trade Organization, "Ministerial Decision on the TRIPS Agreement", Ministerial Conference Twelfth Session Geneva, 12-15 June (2022):1-2, Adopted on 17 June, 2022 https://docs.wto.org/do12fe/Pages/SS/direct doc.aspx?filename=q:/WT/MIN22/30.pdf&Open=True
86 thepharmaletter, "India And South Africa Renew Push for Extending TRIPs Waiver Beyond Covid Vaccines" 22 March, 2023 https://www.thepharmaletter.com/generics/india-and-south-africa-renew–push-for-extending-trips-waiver-beyond-covid-vaccines
87 Nash "The African Union and Emerging Patterns of Global Health (2023):4
88 African Union and African CDC, "Call to Action: Africa's New PublicHealth Order" https://africacdc.org/wp-content/uploads/2022/09/Call-to-Action-NPHO-Final-CTA-20-Sep-Edited.pdf
89 African CDC, "Declaration on Accelerating Implementation of International Health Regulations in Africa" 29th Ordinary Session of the African Union Assembly, (Addis Ababa, Ethiopia, 4 July, 2017): 1-2 https://africacdc.org/download/declaration-on-accelerating-implementation-of-international-health-regulations-in-africa/
90 World Health Organization, International Health Regulations (IHR) 4

government to accelerate the implementation of the IHR and recognized their basic duty to protect against health insecurity and risks.[91, 92]

The fallout of the COVID-19 pandemic was a Pan-Africanism that birthed the New Public Health Order which included key elements like increased domestic investment in health and Integration of the African Medicines Agency (AMA) established in 2019 on August 11[93] with five core areas of strengthening regional health bodies like Africa CDC, boosting local vaccine production, investing in public health workforce, partnerships and enhancing Africa's role in pandemic governance especially regionally that saw Africa CDC coalesce to Combat COVID-19 and Future Public Health Risks to institutionalize long-term health security efforts,[94] reinforcing the need for a Pan-African approach to public health governance.

In a pan-African move, the African Union (AU) and Africa's CDC have developed regional public health institutions to address global health governance issues in five sub-regions aiming to decentralize institutions, place regional representatives in key agencies, and ensure regional needs are met in surveillance systems.[95] The AU coordinated broadly among member states in negotiations for a global agreement against future pandemics.[96]

The Africa CDC described the New Public Health Order framework as a mechanism for Africa to strengthen African public health systems and address global health imbalances and further enhance "the continent's efficiency in preparedness and response to disease threats".[97] It led to a rapid expansion of African public health institutions, with the AU and Africa CDC influencing global rules and procurement mechanisms in the face of the pandemic. This has increased Africa's agency and influence in the international system.[98] Initial concerns about a possible disproportionate impact of COVID-19 on Africa were dissipated as Africa outperformed expectations in the first wave, possibly due to Ebola lessons,[99] even though the disparity decreased in later waves as Africa

91 African CDC, "Declaration on Accelerating Implementation of International Health Regulations
92 Nash "The African Union and Emerging Patterns of Global Health (2023):5
93 African Union and African CDC, "Call to Action: Africa's New PublicHealth Order"
94 AU and Africa CDC, Africa Centers for Disease Control and Prevention Support Program to Combat COVID-19 and FuturePublic Health Risks (P178633), Stakeholder Engagement Plan (SEP) Final Report(Revised) (2022):2 https://africacdc.org/download/africa-cdc-support-program-to-combat-covid-19-and-future-public-health-risks/?ind=1655359691164&filename=STAKEHOLDER-ENGAGEMENT-PLAN137103.PDF&wpdm1=11628
95 John Nkengasong, A New Public Health Order for Africa: Regional Solutions Are What We Need to Get Us Through The Next Pandemic. (International Monetary fund, *Finance and Development,* December, 2021):53 https//www.imf.org/-/media/files/publication/fandd/article/2021/december/nkngason.pdf
96 Nash "The African Union and Emerging Patterns of Global Health (2023):8
97 Africa CDC, "The New Public Health Order: Africa's Health Security Agenda" 4 April, 2023, Par. 5 https://africacdc.org/news-item/the-new-public-health-order-africas-health-security-agenda/
98 Nash "The African Union and Emerging Patterns of Global Health (2023):8
99 Meera Senthilingam. Covid-19: Why Africa's pandemic is different *BMJ* (2021):1-2;375:n2512 http://dx.doi.org/10.1136/bmj.n2512

lagged behind in vaccine availability and other factors.[100] The African Medical Supplies Platform (AMSP) was made available to the Caribbean Community (CARICOM) and other Latin American and Pacific countries who have requested it as a model for their regions, reflective of Pan-African trends that have spanned decades.[101]

Conclusion

Health Pan-Africanism does not tell a straightforward story of progress. Across the three crises examined, African institutions demonstrated genuine collective action and growing regional leadership, but also recurring constraints shaped by structural dependency and the uneven pace of institutional reform. The HIV/AIDS response illustrated how reliance on Western pharmaceutical supply chains and foreign aid frameworks delayed sovereign action, with the most consequential early responses emerging from communities rather than governments. Ebola exposed acute institutional gaps while generating the political will to establish Africa CDC, converting a reactive crisis moment into durable structural reform. COVID-19 tested that architecture that emerged during the Ebola crisis under pressure, yielding mixed results but also catalyzing the most ambitious Pan-African health initiatives to date, including AMSP, PAVM, and AMA, which together represent a substantive shift toward African ownership over key public health resources.

What these cases collectively suggest is that Pan-African health governance advances through disruption rather than design, with critical junctures doing the work where incremental planning was lacking. This matters for how African governments and the AU approach the period between crises. Sustained investment in regional health institutions, stronger alignment between Pan-African political ideals and the operational mandates of bodies like Africa CDC, and reduced dependence on external actors are not aspirational goals but structural prerequisites for the health sovereignty this paper has traced in formation. Ultimately, health Pan-Africanism offers more than a policy framework; it offers a mode of decolonized institutional thinking, one in which African agency, historical experience, and regional solidarity become the foundation of public health governance rather than its afterthought.

100 Hapi and Nkengasong "Two Years of COVID-19 in Africa: Lessons for the World" *Nature* Vol.:601, Iss. 7891 (2022):22-25 https://www.doi:10.1038/d41586-021-03821-8
101 Amitav Acharya. "Studying the Bandung Conference from a Global IR Perspective". *Australian Journal of International Affairs* Vol. 70, Iss. 4 (2016):342 https://www.doi:10.1080/10357718.2016.1168359

© humanusdiscourse@gmail.com , http://humanusdiscourse.website2.me