



# Africa-Japan Common Vision on Health

Co-creating Health Security and  
Sustainable Growth

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Africa-Japan Common Vision on Health Working Group

Africa-Japan Common Vision on Health: Co-creating Health Security and Sustainable Growth

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# **Africa-Japan Common Vision on Health:** Co-creating Health Security and Sustainable Growth

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## **EXECUTIVE SUMMARY**

The Africa–Japan Common Vision on Health outlines a strategic partnership to accelerate progress toward achieving Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs) by 2030 and beyond through resilient, equitable, and sustainable health systems. Rooted in co-creation and mutual trust, it builds on the long-standing collaboration nurtured under the Tokyo International Conference on African Development (TICAD) process.

### **Context**

Africa has improved key health indicators, yet faces persistent challenges—from infectious and noncommunicable diseases to climate threats and fragile systems. Declining donor aid and shifting global priorities underscore the need for domestic financing, innovative investment, and regional self-reliance. But long before these aid declines began, Africa had already launched a proactive movement to reclaim health financing sovereignty, led by H.E. President Paul Kagame and supported by the Africa Centres for Disease Control and Prevention (Africa CDC) in collaboration with the African Union Commission, African Union Development Agency–New Partnership for Africa’s Development (AUDA-NEPAD) and the Regional Economic Communities (RECs).

In February 2025, 12 heads of state, as well as prime ministers and cabinet ministers, met in Addis Ababa to chart a new course toward sustainable health financing that called for mobilizing domestic resources, leveraging innovative and blended finance, and strengthening governance.<sup>[1]</sup> The African Union endorsed these outcomes, mandating Africa CDC to craft a continental vision, delivered in April 2025 as “Rethinking Africa Health Financing in a New Era,” grounded in leadership, inclusivity, and accountability.<sup>[2]</sup>

This momentum converged with the August 2025 Africa Health Sovereignty Summit, which reinforced commitments to country-led, investment-driven, domestically financed systems, and called for Africa’s active role in reshaping global health governance. Africa CDC is now helping member states operationalize this vision—establishing sovereignty funds, strengthening primary care, and integrating community health workers.

Against this backdrop, a renewed Africa–Japan health partnership offers transformative potential. Africa brings youthful demographics, expanding markets, and self-reliance; Japan brings technology, research excellence, and UHC experience. For Japan, this partnership opens new markets, revitalizes its innovation ecosystem, and strengthens pandemic prevention, preparedness, and response (PPPR) through collaboration with Africa’s dynamic health systems. Now is

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the moment for both regions to commit—linking Africa’s investment-driven vision with Japan’s capabilities—to build resilient, inclusive systems and shape a healthier, more secure, and more prosperous future together, not only in our regions, but also globally.

## Strategic Principles

The Vision promotes:

- Respectful and equitable partnership
- Long-term commitment and mutual trust
- Co-creation and shared responsibility
- Mutual learning and growth
- Inclusive and accountable governance

## Priority Areas

This Vision lays out the following co-created, future-facing health agenda for mutual prosperity, which Africa and Japan should commit to and work together to achieve through institutionalized dialogue platforms based on the Africa Health and Wellbeing Initiative (AfHWIN) and regular TICAD monitoring.

1. **Sustainable Health Financing:** Strengthen domestic health financing through policy dialogue and effective implementation supported by various means including the UHC Knowledge Hub. Promote the use of innovative financing mechanisms, including blended finance, to mobilize additional resources and build a more resilient, efficient, equitable, and inclusive health financing systems.
2. **Data and Diagnostics Capacities:** Enhance surveillance, cross-border disease monitoring, and point-of-care diagnostics through artificial intelligence applications and human resource capacity building.
3. **Integrated and Digitalized Primary and Preventive Care:** Scale community-based comprehensive programs across the life course by strengthening the capacity of community health workers and civil society organizations, complemented by well-equipped and well-managed public hospitals. Promote an evidence-based “whole-of-society” approach to noncommunicable diseases while accelerating the digitalization of primary health care.
4. **Co-led Research and Technology Innovations:** Expand research partnerships by promoting joint efforts throughout the full R&D pipeline and expanded collaboration on biotech. Adopt a “One Health” approach in biomedical research, engaging multisectoral teams.
5. **Pandemic Preparedness and Response and Health System Resilience:** Strengthen Africa’s capacity for PPPR while building resilient health systems through strategic engagement with Japanese stakeholders in support of Africa-led initiatives and in ways that strengthen Japan’s PPPR capacity as well.

## PREAMBLE

Recognizing that health is the foundation of peace, social stability, and inclusive, sustainable development, African and Japanese partners reaffirm their shared commitment to advancing health as a strategic priority. This Common Vision builds on decades of productive partnership, the outcomes of the Tokyo International Conference on African Development (TICAD), and Africa's recent, proactive steps to reclaim its health financing sovereignty. Guided by African Union (AU) mandates and the technical leadership of the Africa Centres for Disease Control and Prevention (Africa CDC), the continent has developed and launched "Rethinking Africa Health Financing in a New Era," endorsed by the AU Assembly, and advanced through the Lusaka Agenda and Accra Compact, which established the SUSTAIN Initiative.[1, 2] These frameworks—developed through unprecedented political engagement of heads of state, ministers of health, and ministers of finance—place African leadership at the center of a bold shift toward domestically financed, country-led, and investment-driven health systems.

Anchored in solidarity, mutual benefit, and co-creation, this Vision outlines an Africa–Japan partnership that aligns Africa's youthful demographic, expanding markets, and commitment to self-reliance with Japan's technological innovation, research excellence, and experience in achieving Universal Health Coverage (UHC). By strengthening health security and resilience, we aim to protect African and Japanese communities from current and emerging health threats, while driving sustainable, locally led solutions in line with Africa's priorities, and in ways that benefit all partners. This Common Vision will serve as a guiding framework for public and private stakeholders in both Africa and Japan to accelerate progress toward achieving UHC and the Sustainable Development Goals (SDGs) by 2030 and beyond.

## 1. CONTEXT AND BACKGROUND

### (1) Africa

Over the past two decades, Africa has made progress on key health indicators, including decreasing under-five mortality rates and the burden of infectious diseases.[3] During this period, life expectancy also improved, increasing by up to 10 years between 2000 and 2019.[4] Yet, key challenges remain in terms of the health threats faced and the resources available to combat them, which inhibits the growth of strong and resilient health systems.[3, 5–8] It is also important to recognize the disparities across Africa and within each country in terms of progress toward achieving the SDGs, and especially the health-related targets. While some countries have made substantial gains, others continue to face deeper structural and systemic challenges. Nonetheless, there is a growing shift throughout Africa—particularly in the wake of dwindling external aid—toward local ownership and leadership of health agendas, investment in primary health care (PHC), and the building of resilient systems aligned with sustainable development.[9, 10]

## *Health Challenges and Threats in Africa*

Africa faces a wide range of health challenges, many of which are interconnected and rooted in socioeconomic and systemic issues.[5, 7] Infectious diseases such as malaria, HIV/AIDS, and tuberculosis remain prominent contributors to the disease burden on the continent,[8] while noncommunicable diseases (NCDs) are on the rise, and emerging and reemerging diseases including Ebola, Lassa, avian influenza, mpox,[11] and, more recently, COVID-19 pose ongoing threats. Antimicrobial resistance (AMR) is another critical and urgent health challenge, causing more deaths than HIV/AIDS and malaria combined in recent years.[12] Climate change also poses a significant and growing danger to health in Africa by exacerbating existing vulnerabilities and creating new health risks.[13, 14] African nations are among the most vulnerable in the world to the impacts of climate change, and urgent climate adaptation and disaster risk reduction measures are needed to protect populations from worsening climate change–related health threats.[13] In addition, growing conflicts, political instability, and insecurity across several regions of the continent are undermining health service delivery, disrupting disease surveillance and vaccination campaigns, and increasing the vulnerability of affected populations to both communicable and noncommunicable diseases.[15]

Simultaneously, Africa is undergoing rapid epidemiological and demographic transitions resulting in the rising predominance of NCDs, including cardiovascular disease, cancer, metabolic disease such as diabetes and obesity, and mental health conditions.[6, 16] The absence of strong vital statistics systems and reliable population-level health surveillance data limit a full understanding of NCDs in Africa, but given what is currently known, countries in Africa are projected to see some of the world's largest increases in mortality due to NCDs.[6] Additionally, Africa still has some of the world's highest rates of maternal,[17] neonatal and child deaths.[18] Furthermore, high levels of malnutrition remain a significant challenge, leading to long-term consequences and increasing vulnerability to diseases.[19]

Compounding the health situation is the weak healthcare system, characterized by inadequate human resources, underachieving management, and insufficient budgetary allocations to health,[7] all of which limit the health system's capacity to prevent, detect, and manage diseases effectively. Official development assistance (ODA) from donor countries has traditionally played a key role in health financing in the region, forming a vital pillar for many health programs focused on specific targets such as HIV/AIDS, malaria, tuberculosis, and maternal and child health (MCH).[20] Hence, given Africa's historical reliance on donor funding, the recent US global health policy changes on foreign assistance and downturn in ODA from other traditional donors directly impact Africa's ability to sustain critical health services, respond to epidemics, and build resilient health systems.[21–23]

While they are working to mitigate the humanitarian impacts from reduced donor funding, African countries recognize the need to redesign the global health governance and financing architecture, highlighting domestic financing as a reliable pillar that promotes self-reliance and ownership based on healthcare needs and priorities of individual countries.[10, 21] This trend is in alignment with the Lusaka Agenda, which promotes a country-driven harmonization of global health initiatives (GHIs). The recent endorsement of the Accra Compact at the Africa Health Sovereignty Summit on August 5, 2025, further advances this movement, providing an

action-driven framework to align global health governance with African priorities and commit to health sovereignty.[2]

### *Strengths and Opportunities for Health in Africa*

Despite the aforementioned challenges, Africa possesses notable strengths and incredible opportunities that can be leveraged to drive growth and transformation in the health sector. By doing so, African-led initiatives can play a critical role in meeting these challenges and shaping future directions for the continent's health sector.[21, 22]

- **Growing population/young population:** Accounting for over 18% of the current world's population, Africa's population is growing three times faster than the global average, and that trend is projected to continue in the coming decade.[24, 25] Africa also has the youngest population in the world,[26] providing a unique demographic advantage. The lower overall health risks among the younger population present opportunities for long-term investment in preventive care, health education to drive behavior change, and health literacy, which can shift the projected trajectory of NCDs in Africa.[27]
- **Economic growth in Africa:** Economic growth in Africa is on the rise and showing resilience despite prevailing domestic and external challenges.[28, 29] Furthermore, Africa's health market is large and growing—projected to be the second largest market after the US in 2030.[30] This provides an opportunity for large-scale investments in healthcare to contribute to improved health outcomes. The implementation of the African Continental Free Trade Area (AfCFTA) further amplifies this potential by promoting intra-African trade, reducing barriers, and enabling the regional flow of health goods, services, and innovations. At the same time, rapid advancements in digital technologies and artificial intelligence (AI) are creating new opportunities to leapfrog traditional barriers, enhance access to care, and drive efficiency across the health sector. Matched with strong political will, strategic investments, and sound governance, Africa's economic growth offers a unique opportunity to transform healthcare by increasing public and private investment,[31] fostering innovation, and strengthening health systems.[30]
- **Opportunity for local production and innovation:** Africa bears 25% of the global burden of disease, but contributes just 3% of worldwide medicine manufacturing.[32] Aligned with the African Union (AU) Agenda 2063, Africa is working to advance local health product manufacturing.[10, 32] Organizations including the Africa Centres for Disease Control and Prevention (Africa CDC), African Union Development Agency–New Partnership for Africa's Development (AUDA-NEPAD), and Africa Medicines Agency (AMA) are boosting Africa's capacity to manufacture multiple life-saving health products.[9, 10, 32] Economic growth is also attracting investment in local vaccine and pharmaceutical production, reducing import dependency, and strengthening health crisis response. Private sector involvement is growing, fueled by demand for higher-quality healthcare services and innovation, especially in digital health and telemedicine.[33]

## (2) Japan

Japan's approach to health, both domestically and internationally, has undergone significant transformation in response to evolving demographic, economic, and global health dynamics. Renowned for its achievements in UHC and long-life expectancy, Japan now faces pressing internal challenges such as population aging, healthcare system sustainability, massive national government debt, and innovation stagnation. At the same time, the country has redefined its role in global health, moving from traditional aid models toward more collaborative and strategic partnerships—particularly with countries in the Global South, including those in Africa.

### *Domestic Health Challenges and Innovations*

Japan has achieved remarkable health outcomes—such as world-leading longevity—at a comparatively low cost with high equity.[34] This success is grounded in a robust public insurance scheme and a societal emphasis on health equality, which has ensured near-universal access to care.[35] Domestically, however, Japan faces a series of demographic and structural challenges, notably a rapidly aging population, shrinking rural communities, rising healthcare costs [36] and increasing national government debt. In remote areas, depopulation and the uneven distribution of health professionals have exacerbated disparities in access to care, prompting renewed policy focus on digital transformation and integrated community-based care.[37] Such systemic pressures coincide with broader challenges in sustaining Japan's health innovation ecosystem, where sectors such as pharmaceutical research and development (R&D) have experienced declining efficiency despite continued investment.[38, 39]

These converging domestic pressures have catalyzed a broader policy shift, recognizing that Japan's future health security depends not only on addressing immediate care delivery challenges but also on revitalizing its innovation capacity. This has encouraged a link between Japan's health innovation efforts—including robotics, AI, telemedicine, and collaborative research models—and its potential contributions abroad, especially where similar structural transitions are expected. Notably, several of these innovations—such as AI-assisted diagnostics, portable telemedicine platforms, and digital tools enabling task-shifting—are increasingly relevant to sub-Saharan African countries. As a result, Japan's healthcare transformation is not only aimed at addressing internal system sustainability but also at positioning the country as a source of scalable solutions and a partner in co-innovation for health systems facing similar challenges globally.[40]

### *Shifting Strategy in Global Health Cooperation*

In parallel with its domestic evolution, Japan has also reoriented its approach to international health cooperation. Historically a top ODA donor,[41] Japan has long emphasized the principles of “ownership and partnership” in its development assistance, particularly through the TICAD process. Rather than framing recent efforts as a radical departure from past approaches, the shift is better understood as a strategic deepening—moving beyond the conventional donor-recipient paradigm toward more co-creative, mutually accountable forms of engagement.

Japan has been promoting a vision of sustainable development through technical cooperation, health system strengthening, and capacity building.[42–44] Recent policy reforms, including the Basic Policy on Economic and Fiscal Management and Reform 2025<sup>i</sup> and Japan’s third Healthcare Policy, explicitly underscore the necessity of deepening health partnerships with Africa.[45] The rationale is dual: to respond to global health threats (including future pandemics) through joint preparedness, and to diversify Japan’s economic and diplomatic engagement while addressing domestic innovation challenges through expanded international networks. This orientation reflects Japan’s long-standing commitment to human security and its recognition that genuine partnership requires respecting the leadership and priorities of partner countries.

### *Contributions to African Health and Future Prospects*

Japan’s contributions to Africa’s health development have been both long-standing and multifaceted. Its bilateral ODA portfolio has historically supported infectious disease control, core research institutes development, health infrastructure and human resource development, MCH, and community health development.[46, 47] More recently, Japan has expanded its focus to include NCDs, digital health, pandemic preparedness, and health financing—all areas where it holds significant comparative advantage.[48] Beyond bilateral aid, Japan has also made meaningful contributions through multilateral agencies and platforms, including strategic engagements with Gavi, the Vaccine Initiative (Gavi); the Global Fund to Fight AIDS, Tuberculosis and Malaria; the Global Health Innovative Technology Fund (GHIT Fund); the International Development Association; the United Nations Children’s Fund (UNICEF), and the World Health Organization (WHO). These multilateral partnerships have allowed Japan to support immunization, infectious disease control, health systems strengthening, and UHC in Africa in alignment with global goals. Through platforms and programs such as TICAD, the Science and Technology Research Partnership for Sustainable Development (SATREPS), and the Japan Initiative for Global Research Network on Infectious Diseases (J-GRID), Japan has cultivated durable relationships and implemented several programs with African partners, enabling mutual learning and sustained technical collaboration.

Amid a global trend of declining donor engagement and shrinking health-related foreign aid from several traditional partners,[49] Japan’s continued involvement suggests a potential readiness to play a stabilizing and constructive role in global health and provides a foundation for more equal, co-created partnerships.

In this context, momentum is building for a renewed Africa-Japan agenda in health—one that draws on shared challenges and strengths and seeks to address current issues that represent strategic opportunities for innovation and agenda reset.

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<sup>i</sup> This policy emphasizes co-creation with the Global South through tools such as “offer-type cooperation,” which proactively presents Japan’s strengths (e.g., digital, green, and health solutions) in response to partner needs. It calls for the promotion of private-sector finance mobilization, which was introduced under the amended Japan International Cooperation Agency (JICA) Act. For TICAD9, the Japan Association of Corporate Executives (Keizai Doyukai) recommended that the importance of equal and continuous dialogue be highlighted as a way to build trust and ensure mutual benefit in offer-type cooperation. (See <https://www.doyukai.or.jp/policyproposals/2024/250305.html> [Japanese only].)

## 2. COMMON VISION METHODOLOGY

The policy analysis underlying the Common Vision is informed by a multi-method stakeholder consultation process conducted in preparation for TICAD9 by the Africa-Japan Common Vision on Health Working Group (see member list in Appendix), as well as by literature reviews to identify challenges, opportunities, and priorities in the context of the Africa-Japan health partnership.

Leading figures and organizations from both sides joined this initiative as advisors and partners to provide comments on the overall direction of Africa-Japan partnership in the health sector from a long-term perspective. Semi-structured interviews were conducted involving senior health officials and experts from four African countries—the Democratic Republic of Congo (DRC), Egypt, Kenya, and Senegal. These countries were purposively selected to represent a diversity of geographic regions, linguistic contexts, and health system profiles. Interviews were conducted between April and June 2025 via video conference, or in the form of written answers to a questionnaire. Separate online discussion sessions were also held with various key specialists from Africa to gain deeper understanding of specific themes and explore the potential for future partnerships.

Working Group members were organized into the following thematic subgroups: health security, including pandemic prevention, preparedness, and response (PPPR); NCDs; private sector engagement; and health financing. Each subgroup analyzed relevant information obtained from the literature reviews, additional hearings, and discussion sessions.

Based on identified challenges and opportunities for partnerships, the Working Group developed a set of actionable policy recommendations, formulated as an “agenda for action” to be considered at the upcoming TICAD9. Each recommendation was evaluated for feasibility, potential impact, and alignment with both the needs and comparative strengths of both regions. The Working Group sought to ensure that recommendations embody the principle of “co-creation”: that is, joint Africa-Japan design, ownership, and implementation, rather than one-sided aid.

## 3. PRINCIPLES AND PRIORITIES OF THE COMMON VISION

The Africa-Japan Common Vision on Health recognizes health as a fundamental pillar for shared prosperity, human security, and sustainable development. It seeks to co-create resilient, equitable, and sustainable health systems across Africa and Japan, driven by African priorities and mutual respect. Building on decades of trust, solidarity, and cooperation under the TICAD framework, this forward-looking partnership aligns with the aspirations of UHC, Agenda 2063, and the SDGs, fostering inclusive development and collective wellbeing.

### Key Principles of the Africa-Japan Health Partnership

- **Respectful and Equitable Partnership:** The Africa–Japan health partnership is grounded in mutual respect, equity, and dignity—recognizing the value of African leadership,



context-specific knowledge, and lived experiences. It rejects paternalistic approaches and promotes dialogue, transparency, and power-sharing in decision-making at all levels.

- **Long-Term Commitment and Mutual Trust:** Building on enduring collaboration, the partnership is rooted in shared values, historical ties, and mutual trust.
- **Co-creation and Shared Responsibility:** Emphasizing equal ownership, both sides commit to designing and implementing joint solutions rather than one-way aid models that promote transfer of Japan's model and technology to Africa.
- **Mutual Learning and Growth:** The partnership embraces the principle of "learning and growing together," emphasizing not only reciprocal human resource development but also the co-evolution of systems, values, and visions through equal and empathetic engagement between African and Japanese actors.
- **Inclusive and Accountable Governance:** Broad stakeholder engagement—including youth, civil society, academia, and the private sector, with attention to gender equity—is central to ensuring responsiveness and sustainability.

## Strategic Priorities

1. **Sustainable Health Financing:** Mobilizing domestic resources, providing financial protection, and encouraging innovative funding models.
2. **Diagnostics and Data Capacities:** Enhancing real-time surveillance, NCD monitoring, and promoting point-of-care diagnostics.
3. **Integrated and Digitalized Primary and Preventive Care:** Promoting integrated, people-centered care and health promotion across the life course, leveraging community health workers.
4. **Co-led Research and Technology Innovation:** Supporting joint R&D, academic exchanges, and Africa-Japan biotech start-ups.
5. **Pandemic Preparedness and Response and Health Systems Resilience:** Joint action on local product development and manufacturing, regulatory capacity, and equitable access.

Essentially, this Vision positions Africa and Japan as equal partners committed to advancing health and wellbeing, with a co-created agenda to build more equitable systems, empower communities and people, and foster innovation together.

## 4. PROPOSED ACTIONS TO ACHIEVE THE COMMON VISION

To advance the Africa-Japan health partnership, it is essential to create regular opportunities for stakeholders from both regions to share their vision and assess joint progress. The Africa Health and Well-being Initiative (AfHWIN),<sup>ii</sup> launched at TICAD7 in 2019, should be strengthened by institutionalizing an African advisory group composed of leaders from business, academia, medical professionals, and civil society. Periodic meetings with the Council for Healthcare Globalization under the Headquarters of Healthcare Policy would ensure ongoing dialogue and accountability. Building on the dynamic framework provided by the recent Accra Compact, TICAD10 should adopt an “Africa-Japan Common Framework for Co-creation on Health” with shared goals, measurable outcomes, and mechanisms to sustain political commitment and resources.

The following recommendations represent possible actions to realize the Common Vision that can be included in the Africa-Japan Common Framework for Co-creation on Health:

### (1) Strengthen Sustainable Health Financing and Resource Mobilization

Bolster sustainable and equitable health financing mechanisms and mobilize domestic resources to support robust and resilient health systems.

- **Health-Finance Policy Dialogues:** Africa and Japan should maintain regular policy dialogues bringing together health and finance stakeholders. Building on Japan’s G20 health-finance ministerial dialogue experience, Japan should support similar dialogues through TICAD and other fora with the participation of other countries’ health agencies, while also exploring collaboration with the AU and regional economic communities (RECs). These discussions would feed into existing ministerial discussions under the Africa Leadership Meeting on domestic financing for health, convened by the AU Commission in collaboration with AUDA-NEPAD and RECs.
- **Capacity Building through the UHC Knowledge Hub:** The UHC Knowledge Hub, co-implemented by the WHO and World Bank with backing from the Japanese government, helps countries develop sustainable health financing, provides a global platform for peer learning, and accelerates policy solutions. It should facilitate Africa-led exchanges on issues such as expanding health revenue, promoting efficient health spending, strengthening sustainability planning of externally funded programs, empowering parliamentarians in budget decisions, and helping civil society organizations (CSOs) monitor budget execution. The UHC Knowledge Hub should complement related initiatives and will be linked with the Regional Health Financing Hubs within the RECs, and with the Africa Development Bank.

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<sup>ii</sup> For the details of AfHWIN, please refer to [https://www.kantei.go.jp/jp/singi/kenkouiryoku/en/pdf/afhwin\\_overview.pdf](https://www.kantei.go.jp/jp/singi/kenkouiryoku/en/pdf/afhwin_overview.pdf).

- Domestic Health Investment Scaling and Efficiency:** It is critical that governments make adequate allocations to health in national budgets in keeping with the Abuja Declaration of 2001. Considering the fiscal constraints in Africa, countries must operationalize country-specific health financing policies and strengthen their implementation. This includes through tracking healthcare resources, strengthening tax administration, enlarging the tax base, and exploring innovative measures such as debt-for-health. Joint financing in collaboration with GHIs and international financial institutions is also an effective strategy, as it enables on-budget financing and facilitates alignment.<sup>[50]</sup> African countries can take advantage of JICA's concessional loans for larger health investments. The role of the AUDA-NEPAD-led Programme for Investment and Financing of Africa's Health (PIFAH) is critical as a strategic enabler, convener, and technical catalyst across policy, financing, and implementation levels. Closer collaboration between PIFAH and IMF Regional Technical Assistance Centers can create strong synergies between health investment goals on the one hand and fiscal policy realities and reform processes on the other. In addition, countries should expand fiscal space by improving the efficiency of health spending, for example through strategic purchasing, performance-based financing, and reorientation of service delivery toward PHC.
- Support Innovative Financing:** Japan can play a catalytic role in helping African countries design and implement innovative financing models to sustainably fund health systems and pandemic preparedness. This includes supporting the introduction of mechanisms such as targeted taxes, health impact bonds, and outcome-based financing to mobilize additional domestic and international resources. By partnering with African institutions, multilateral development banks,<sup>iii</sup> and the private sector, Japan can help de-risk investments in health and unlock new funding streams. Technical assistance and knowledge exchange through Japan's global health platforms can further accelerate the adoption and scaling of these models across the continent. This will enhance sustainability, local ownership, and resilience in the continent's health infrastructure.
- Mobilize Private Sector Investment:** Leveraging Japan's expertise in health technologies and its trusted development cooperation can help attract investors to scalable solutions in PHC, diagnostics, digital health, and local pharmaceutical manufacturing. Africa can expand blended finance to attract private investment in health systems and pandemic preparedness. Japanese agencies such as JICA and JBIC have tools to reduce investment risks. The Impact Investment Initiative for Global Health (Triple I for GH)<sup>iv</sup> proposed by Japan at the 2023 G7 Summit and launched later that year is expected to foster a vibrant private sector investment ecosystem in Africa by mobilizing private capital toward health-related innovations that deliver both financial returns and social impact. Also, existing public-

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<sup>iii</sup> Multilateral and African institutions include the African Development Bank, African Export-Import Bank, and the Eastern and Southern African Trade and Development Bank.

<sup>iv</sup> Triple I is a global network to promote new forms of private sector capital in global health through impact investing. Triple I brings together corporations and startups in the global health sector with private-sector capital providers such as asset management companies, financial institutions, and foundations, as well as development financial institutions and international organizations.

private platforms and funding mechanisms such as the Japan-Africa Public-Private Economic Forum, the newly formed Japan Africa Co-Creation for Industry (JACCI), and JICA's startup support schemes including Project NINJA and Home-Grown Solutions can reduce entry barriers and de-risk early-stage investments in underserved markets.

- **Governance-Anchored Payment System with Financial Protection:** Many countries still rely heavily on out-of-pocket payments, which push millions of people into poverty and hinder their access to essential health services. Countries need to analyze the underlying causes using relevant data and implement necessary policy measures. While encouraging the private sector to expand essential service delivery, it is crucial to strengthen governance and regulatory safeguards to avoid exacerbating inequities or undermining financial protection.

## (2) Advance Diagnostic Human Resource Capacities and Health Data Systems

Increase investments in testing and diagnostics, and deepen collaboration to strengthen systems and capacities for collecting, analyzing, and sharing health data as the basic infrastructure for UHC, health security, and R&D.

- **Human Resource Development for Diagnostics:** Diagnostics is the cornerstone of effective health service delivery and disease prevention. Strengthening this capacity should focus more on training health and laboratory staff to use essential digital tools—such as the DHIS2-based Integrated Disease Surveillance and Response (IDSR) and Health Management and Information System (HMIS)—for reliable data collection and analysis. Equally important is ensuring the ability to conduct timely, high-quality tests, report infectious diseases in real time, and quickly send specimens to higher-level laboratories. Robust microbiological diagnostic skills, including antimicrobial susceptibility testing, are critical for controlling drug-resistant infections. A diagnostic stewardship approach, targeting healthcare and laboratory staff in under-resourced settings, will ensure appropriate specimen collection and testing based on clinical indications.
- **Cross-Border Infectious Disease Surveillance:** Africa CDC and the Japan Institute for Health Security (JIHS) should explore the possibility of a partnership to develop a real-time, cross-border disease surveillance system using genomic sequencing and AI-driven analytics. This system would integrate Japan's satellite technology and genomic tools to forecast disease outbreaks, track AMR patterns, and model climate change impacts on vector-borne diseases, enabling proactive public health responses across both regions through trust-based partnerships. By integrating this information system with sewage surveillance data, it may be possible to monitor the spatiotemporal dynamics of pathogen geographical spread and variant distribution. This partnership would enable Africa and Japan to contribute globally to controlling outbreaks faster through the timely sharing and utilization of data.
- **NCD Surveillance Expansion:** A comprehensive foundation for evidence-based NCD

prevention and control strategies should be established. This includes expanding the WHO STEPwise approach for population-based monitoring of NCD risk factors and biological measurements at regular intervals (every 3–5 years), which is essential to understanding national trends and informing prevention policies. In parallel, efforts should be made to strengthen vital statistics systems to capture NCD mortality and integrate primary care–level indicators into national platforms. JICA could provide technical and financial support—in partnership with the WHO and relevant academic institutions—to strengthen NCD surveillance systems.

- **Health Data Governance Leadership:** AU, South Africa, and Japan should jointly lead global initiatives on health data governance at G20 and TICAD forums. Priority areas include establishing frameworks for data sovereignty, ethical AI deployment in healthcare, interoperability standards for health information systems, and promotion of open-source solutions that enable locally governed innovation while protecting patient privacy.

### (3) Promote Integrated and Digitalized Primary and Preventive Healthcare

Prioritize preventive measures and promote a healthy life course through people-centered “whole-of-government” and “whole-of-society” approaches, while integrating services in PHC and embedding NCD services by strengthening community systems.

- **Scaling Up Community Health Workers:** African countries are promoting the expansion and professionalization of community health workers (CHWs) as a cornerstone of PHC and PPPR. By investing in the training and digital enablement of CHWs, Japan can help bridge critical service delivery gaps, especially in remote and underserved areas. Support can also include strengthening data systems, supply chains, and integration with national health programs. Aligning with Africa CDC’s continental strategy on CHWs, Japan’s technical and financial assistance can accelerate efforts to build a resilient, community-rooted health system.
- **Continuum of Care Across the Life Course:** Building on Japan’s long-standing experience in integrated community care and a life course approach, and on Africa’s strong traditions of community engagement, the collaboration will scale up comprehensive, context-specific CHW programs that address health needs across all life stages—MCH, adolescent health, reproductive health, NCDs, mental health, and elderly care. Mutual learning among African and Japanese CSOs and local municipalities on community system strengthening can be promoted, for example, through site visits conducted by both sides’ CSOs on the occasion of TICAD. Japan could further demonstrate its commitment to advancing MCH by supporting the modernization of fetal monitoring and expanding antenatal, delivery, and postpartum care utilizing co-developed innovative tools. Completing the continuum, access to curative services in well-equipped and well-managed public hospitals at all levels is also essential to build public trust, improve disease surveillance, and reduce the need for costly treatment abroad.

- **Africa-Japan NCD Policy Forum:** A standing high-level forum dedicated to NCD prevention and control should be created under the auspices of TICAD. This forum would meet regularly and bring together African ministers of health, Japanese government representatives, international agencies, academics and researchers, civil society, and private sector partners to review progress on NCD commitments and share policy updates. This multisectoral forum can help African countries form the inclusive coordinating bodies essential for comprehensive NCD prevention and control strategies. Through this forum, Japan could also share its own experience with the Health Japan 21 initiative, which offers valuable insights into designing frameworks with evidence-based targets, municipal and community engagement, and standardized monitoring tools adapted to local contexts.
- **Integrated NCD Service Pilots:** African countries should accelerate integrating NCD services into existing primary care delivery points, drawing lessons from successful chronic disease management within HIV programs. Demonstration sites would feature continuity of care protocols, task-shifting enabling nurses and community health workers to manage NCDs, and strengthened referral systems. Programs should leverage existing HIV infrastructure including supply chains, patient tracking systems, and community support groups. Japanese medical societies, such as the Japan Diabetes Society, could partner with African institutions and medical societies to develop training curricula through twinning programs, e-learning platforms, and clinical exchanges.
- **Primary Health Care Digitalization:** The Japanese public and private sectors should work together with their African partners to accelerate the digital transformation of PHC systems in Africa to improve service delivery, data use, and health outcomes. This includes investing in interoperable digital health infrastructure, electronic medical records, mobile health (mHealth) tools, and telemedicine platforms that enhance access to care in underserved communities. By leveraging its expertise in health technology and innovation, Japan can provide technical assistance, support capacity building, and foster public-private partnerships to scale digital solutions. Aligning with Africa's Digital Health Strategy, this support would strengthen disease surveillance, continuity of care, and accountability at the frontline.
- **Civil Society Support Fund:** Recognizing the important roles played by CSOs not only in implementing projects, but in transforming systems by shaping priorities, delivering solutions, and holding systems accountable through community engagement, a dedicated fund should be created to support African CSOs advocating for comprehensive health issues—including NCDs, WASH (water, sanitation, and hygiene), gender equity, sexual and reproductive health and rights, elderly care, and infectious diseases—through partnerships with JICA and multilateral agencies including UNICEF, the Global Financing Facility (GFF), the Global Fund, Gavi, and private foundations. In close collaboration with UHC2030, this fund should support CSOs to track government financing to ensure health systems are responsive to local needs. The funds can be disbursed through regional CSO platforms and encourage mutual community-level learning among CSOs. Through such

efforts, CSOs should be more meaningfully embedded in accountability mechanisms and in policy planning and review cycles.

#### (4) Accelerate Co-led Research and Technology Innovation

Promote joint R&D, encourage shared ownership and technology transfer, and create a seamless ecosystem to support collaboration and overcome barriers in the R&D value chain, noting the policy shift toward local manufacturing across the entire spectrum of health products.

- **Integrated Research Collaboration and Network Expansion:** To co-create solutions for health, Japan should strengthen research collaboration through expanded frameworks like SATREPS and AMED programs. An Africa-Japan joint forum can be organized to assess current programs and expand the funding schemes to support the full R&D pipeline—from proof-of-concept to implementation—while enabling sustained capacity building via mechanisms like Africa-Japan Collaborative Research (AJ-CORE). Engaging African researchers from the outset and leveraging local networks is vital for equitable partnerships, including multilateral efforts like the 100 Days Mission. These collaborations should link with global partners, including CARB-X (Combating Antibiotic-Resistant Bacteria Biopharmaceutical Accelerator), CEPI (Coalition for Epidemic Preparedness Innovations), DNDi (Drugs for Neglected Diseases initiative), FIND, the GARDP (Global Antibiotic Research and Development Partnership), GHIT (Global Health Innovation Technology) Fund, and IAVI (International AIDS Vaccine Initiative), and should align Africa-led funding platforms and regional institutions with Japan's funding institutions to unlock new financing and foster long-term, mutually accountable partnerships. Biomedical research collaboration should also adopt a “One Health” approach that requires multisectoral research teams, ensuring the meaningful inclusion of social science expertise to address the behavioral, cultural, and societal factors influencing health outcomes.
- **Academic Exchange Institutionalization:** The Africa exchange programs and Japan-Africa Academic Network implemented by Japan's Ministry of Education, Culture, Sports, Science and Technology (MEXT) should institutionalize researcher collaboration through conferences, information sharing, and support for young researchers. New grant schemes should enable numerous small-scale joint projects and startup support, nurturing research partnerships that address African health priorities while generating globally relevant innovations through sustained academic engagement. To ensure sustainability of co-operation, a permanent Africa-Japan Young Professionals Network in Health should be established. This network would foster ongoing collaboration among young medical professionals, researchers, and policymakers through joint programs, annual symposia, mentorship exchanges, and digital collaboration platforms. Such ties will lay the human foundation for the next generation of bilateral leadership.
- **Technology Implementation Pathway:** The Japanese government should ensure that its support for private sector engagement in low- and middle-income country markets through JETRO, the Ministry of Economy, Trade and Industry (METI), JICA, the Ministry

of Health, Labour and Welfare (MHLW), and AMED aligns with the seven steps<sup>v</sup> of the health product value chain,[51] from situation analysis and R&D through health service delivery. Each step should incorporate a co-creation approach with African partners in alignment with African regional initiatives on local production and manufacturing, regulatory approval, and procurement, accelerating implementation and adoption of the new technology in African society. The co-creation approach should adopt gender- and youth-responsive frameworks from the early stage of planning to ensure more equitable access to the fruits of these efforts.

- **Public-Private Biotech Platform:** Africa and Japan should establish a public-private funding platform where venture capitalists co-invest in Africa-Japan joint biotech startups with public funding. This mechanism, modeled on AMED's Japanese biotech co-investment program, would connect African entrepreneurs developing demand-driven health innovations with Japanese investors and technical partners, fostering local innovation ecosystems. METI can encourage Japanese venture capitalists and startups to engage with African partners by utilizing existing conferences such as the Uganda Investors' Summit and Africa Tech Summit.
- **Co-development of Point-Of-Care (POC) Diagnostic Tools:** Africa and Japan should launch an initiative to co-develop POC diagnostic tools to enable rapid detection of infectious diseases and NCDs at the community level in Africa and in rural areas with aging populations in Japan. This includes launching innovation sandboxes in Japan and Africa to allow real-world testing of early-stage diagnostic prototypes by engaging Africa's regional centers for diagnostics (e.g. Institut Pasteur Dakar, Kenya Medical Research Institute, Noguchi Memorial Institute for Medical Research) and collaborating Japanese universities, along with the diagnostics companies, community-based organizations, start-ups, and local authorities from both sides.

## (5) Foster Collaborative Environments to Enhance PPPR and African Health Systems Resilience

Enhance joint efforts to create an enabling environment that supports Africa's regional initiatives in enhancing PPPR and health systems resilience through the development, manufacturing, and pooled procurement of health products in ways that ensure equitable access to quality health products across the continent.

- **Enhancing Emergency Response Capacity:** Japan can support Africa in strengthening its emergency response capabilities by investing in rapid response teams, emergency operations centers, and logistics systems for outbreak control. Through technical assistance, training, and strategic partnerships, such as simulation exercises to improve cross-border coordination, Japan can help African countries respond more

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<sup>v</sup> They consist of 1) situation analysis, 2) research and development, 3) regulatory authorization, 4) selection and prioritization, 5) public procurement, 6) distribution and storage, and 7) health service delivery.



swiftly and effectively to health emergencies in alignment with the Africa CDC's regional coordination mechanisms.

- **Clinical Trial Network Expansion:** JIHS could expand the ARISE network clinical trial sites to Africa, prioritizing countries with existing J-GRID Plus research institutions (Zambia, Ghana, DRC). This expansion would strengthen clinical research infrastructure for diagnostics, vaccines, and therapeutics in both regions while fostering research collaboration between researchers from Africa and Japan, and at the same time ensuring Japanese researchers' participation in clinical trial networks in Africa. The ongoing joint efforts by the Africa CDC and AUDA-NEPAD to establish a continental clinical trial coordination mechanism could be leveraged to ensure efficiency, impact, and sustainability.
- **Strategic Product Development and Manufacturing Partnerships:** Africa CDC is leading capacity-building and product development through workforce training, technology transfer, financing initiatives (e.g., Gavi's African Vaccine Manufacturing Accelerator and African Export-Import Bank support), and policy harmonization, with the aim of achieving health product self-reliance in Africa by 2040. Building on these efforts, the African CDC and AUDA-NEPAD can partner with Japanese agencies like the MHLW, the Pharmaceuticals and Medical Devices Agency (PMDA), METI, JBIC, and JICA to connect Japanese contract manufacturing organizations (CMOs/CDMOs) with members of the African Vaccine Manufacturing Initiative (AVMI), including vaccine manufacturers in Ghana, Egypt, Kenya, Morocco, Senegal, and South Africa, under the new push for local manufacturing of various medical countermeasures. These partnerships, supported by international financial institutions such as the African Development Bank, African Export-Import Bank, and World Bank, would promote co-investment, technology transfer, quality assurance, decarbonization, and regulatory alignment under the AMA framework. Additionally, collaboration with the African Vaccine Manufacturing Initiative will help establish multistakeholder partnerships in technology transfer, supply chain logistics, and digital applications, strengthening vaccine manufacturing and healthcare infrastructure with equity across the continent.
- **Regulatory Authority Partnerships:** Similar to its partnership with Egypt, PMDA could establish formal cooperation frameworks with African regulatory authorities achieving WHO Global Benchmarking Tool maturity level 3.<sup>vi</sup> These partnerships should be developed in close collaboration with the African Medicines Regulatory Harmonization (AMRH) and eventually the AMA, leveraging the roles of AMRH's continental technical committees, such as the Evaluation of Medicinal Products Technical Committee, Medical Devices Assessment Committee, and African Vaccine Regulatory Forum, in harmonization, joint reviews, and capacity building. AMRH will facilitate alignment of regulatory standards, support joint review and work-sharing mechanisms, and coordinate training initiatives to strengthen regulatory capacity for both infectious disease and NCD-related health products. This approach will ensure safe and efficient introduction of innovations

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<sup>vi</sup> They are the regulatory authorities in Ghana, Nigeria, Rwanda, Senegal, South Africa, Tanzania, and Zimbabwe.

critical for addressing Africa's double burden of disease, while integrating with continental regulatory harmonization efforts and promoting sustainable collaboration between PMDA and African authorities.

- **Regulatory Capacity Building:** PMDA could accept African regulatory professionals at its headquarters or at the Asian Training Center for Pharmaceuticals and Medical Devices Regulatory Affairs through JICA's technical cooperation frameworks. This capacity-building initiative would support institutional development of the AMA while fostering long-term professional networks between Asian and African regulatory experts. By working with the Access and Delivery Partnership (ADP), a structured cooperation track between the AMA, AMRH, and PMDA could be established to support co-designed regulatory science exchange, joint development of reliance frameworks for essential health technologies, and shared investment in digital and AI-enabled regulatory systems, including pharmacovigilance innovation.
- **Pooled Procurement Support and Multilateral Procurement Incentives:** Japan should champion the strengthening of pooled procurement mechanisms in Africa to consolidate demand, reduce costs, and improve access to quality-assured medical products. By supporting the African pooled procurement mechanism (APPM), Japan, partnering with Gavi and others, can help create predictable markets that incentivize local production and ensure timely access to essential health commodities. Japan should leverage its donor influence to encourage multilateral organizations to implement coordinated pull and push incentives for African-manufactured products. These mechanisms can include reserved procurement quotas for AMA-approved and WHO-prequalified African products and advanced market commitments that guarantee sustainable demand for locally produced medical countermeasures. In addition, Japan can promote the leveraging of the unique catalytic roles of GARDP, Unitaid, and the Medicine Patent Pool to improve access to life-saving medicines.

## CONCLUSION

In conclusion, the Africa–Japan Common Vision on Health offers a bold and actionable framework for redefining health as the cornerstone of mutual growth, health security, and sustainable development. Built on the principles mentioned above, this partnership leverages the unique strengths of both regions—bringing together Africa's institutions and Japan's capabilities to address Africa's evolving health challenges and to build strong, resilient, and inclusive health systems guided by evidence and grounded in equity.

Central to this vision is the leadership of the Africa CDC, which has been entrusted by the AU Assembly to steer the continent's health financing sovereignty agenda, working in close collaboration with AUDA-NEPAD and RECs to drive policy coherence, accelerate implementation, and ensure regional ownership. This collaboration is complemented by active co-creation with Japanese stakeholders from various sectors to generate solutions that deliver tangible

mutual benefits—strengthening Africa’s health security while opening new opportunities for Japan’s health industry, research networks, and global leadership. Africa CDC’s frameworks—Rethinking Africa Health Financing in a New Era, the Lusaka Agenda, and the Accra Compact launching the SUSTAIN Initiative—are already charting the course for domestically financed, country-led, and investment-driven health systems. This Common Vision reinforces and aligns with these continental priorities, ensuring that Africa’s voice, realities, and solutions shape the global health agenda.

By drawing on Africa CDC’s convening power, technical expertise, and proven ability to translate political commitments into operational action, alongside partners in Africa and Japan, this collaboration will address the urgent need to build resilient, equitable, and sustainable health systems capable of withstanding infectious disease outbreaks, the rising burden of NCDs, and the health impacts of climate change. It will also accelerate progress toward Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs) by 2030 and beyond.

Through strategic priorities, Africa and Japan are poised to set a new benchmark for international health cooperation—anchoring private sector innovation, inclusive governance, and regional leadership in a coherent and accountable framework. Institutionalizing these efforts through platforms such as the Africa CDC’s Rethinking Africa Health Financing in a New Era, AfHWIN, the SUSTAIN Initiative, and regular TICAD-based monitoring will ensure measurable results, adaptability, and long-term impact. By embracing this Common Vision, Africa and Japan take a decisive step toward real solutions to today’s challenges, and more importantly, toward creating a lasting legacy of health sovereignty, resilience, equity, and innovation that will inspire and guide global health cooperation for generations to come.

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## CONTRIBUTORS TO THE AFRICA-JAPAN COMMON VISION ON HEALTH

The Japan Center for International Exchange (JCIE) launched the Africa-Japan Common Vision on Health Working Group in March 2025 to set out a clear and actionable common vision between Japan and Africa in the health sector. The recommendations laid out in this Vision will be announced on the occasion of the 9th Tokyo International Conference on African Development (TICAD9), which will be organized under the theme “Co-create Innovative Solutions with Africa.” This is a follow-up to, and builds on, JCIE’s Executive Committee on Global Health and Human Security’s *Recommendations for Japan’s 3rd Healthcare Policy: A Global Perspective*.<sup>vii</sup>

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<sup>vii</sup> Please refer to <https://jcie.org/analysis/books-reports/japans-3rd-healthcare-policy/>.

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- Chimwemwe Chamdimba, Head, Africa Medicines Regulatory Harmonization (AMRH), AUDA-NEPAD (May 29, 2025)
- Amit Thakker, Executive Chair, Africa Health Business (June 12, 2025)
- Roundtable with African and Japanese CSOs (July 18, 2025): Fitsum Lakew Alemayehu, Waci Health; Dumiso Gatsha, Success Capital Africa; Susan Lin, PATH Africa Region; Margaret Lubaale, The Health NGOs Network-Kenya; Magda Lopes Queta, ENDA Santé; and others
- Roundtable on Local Manufacturing of MCMs in Africa (July 29, 2025): William Ampofo, AVMI; Assietou Diouf, VaxSen; Simon Agwale, AVMI; Noah Fongwen, Africa CDC; and Chiluba Mwila, Africa CDC

**[Resource Persons, Including Interviewees]**

Magdy Bakr, Senior Advisor to Egypt Healthcare Authority Chairman on Technical Affairs, Egypt Healthcare Authority (EHA), under supervision of Minister of Health and Population

Cheikh Tidiane Gueye, Conseiller Technique Chargé de la Coopération et EPS, Ministère de la Santé et de l'Action Sociale, Senegal

Masamine Jimba, Emeritus Professor, University of Tokyo

Ayub Manya, Director, Directorate of Health Financing, Digital Health, Policy and Research, Ministry of Health, Kenya

Dieudonne Mwamba Kazadi, Director General, National Institute for Public Health, Democratic Republic of the Congo

Reach Out Project members, PoliPoli

Motoi Suzuki, Director, Department of Infectious Disease Epidemiology, Bureau of Health Security and Management, Center for Infectious Disease Epidemiology, National Institute of Infectious Diseases, Japan Institute for Health Security

Yasuaki Yoneyama, former World Bank Group Special Representative in Japan





