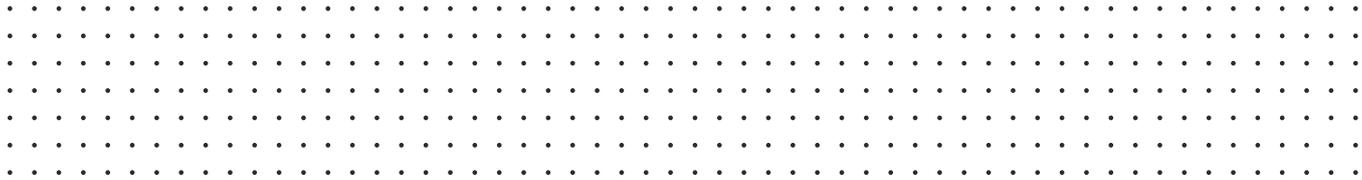




REPORT OF THE SECOND JOINT MEETING OF AFRICAN AND CARIBBEAN MINISTERS OF HEALTH

Forward Together: One Voice, One Future



African Union Commission Headquarters, Addis Ababa, Ethiopia
06 September 2025

1 EXECUTIVE SUMMARY

The Second Joint Meeting of African and Caribbean Ministers of Health, convened at the African Union Commission headquarters in Addis Ababa on 6 September 2025, marked a milestone in Africa–Caribbean solidarity for health. Co-organized by the AUC, CARICOM, and HeDPAC, and hosted by the Government of Ethiopia, the event gathered over 160 participants from more than 55 countries, including Ministers of Health, Foreign Affairs, ambassadors, senior officials, partners, and academia. The meeting was held in conjunction with the second Africa-CARICOM Heads of Government Summit that was held on September 7, 2025 – on the Africa-CARICOM Day.

The meeting reaffirmed that Africa and the Caribbean, united by shared history and destiny, must act together to address pressing health challenges. Both regions face a burden of infectious diseases, non-communicable conditions, and sexual and reproductive health impediments, compounded by climate change and fragile systems. Ministers underscored that political leadership, domestic resource mobilization, and South–South partnerships are essential to build resilient systems and safeguard the right to health to all citizens of the two regions.

The Second Joint Meeting marked a turning point in Africa–Caribbean health cooperation, reaffirming four overarching commitments that emerged from the discussions.

1. Advancing Universal Health Coverage (UHC) through the right to health: The meeting reaffirmed that recognizing and advancing the right to health as a core obligation of governments play a critical role to realize UHC anchored on Primary Health Care

(PHC). The meeting underscored that embedding the right to health in constitutional and governance frameworks, coupled with increasing investment in PHC, and using accountability mechanisms such as the Universal Periodic Review drive action.

- 2. Strengthening National Health Sovereignty:** The meeting underscored mobilizing domestic resources through health insurance, innovative levies, and payroll reforms as a foundation for sovereignty. It also emphasized pooled procurement, stronger clinical trial capacity, local production of medicines and vaccines, and regulatory cooperation to reduce dependence and ensure equitable access to essential health products.
- 3. Deepening South–South Partnerships:** The meeting resolved to enhance cross-regional cooperation for joint and pooled procurement mechanisms, workforce exchanges, and shared research platforms. The meeting called for expanded collaboration in clinical trials and health information systems, alongside the adoption of digital innovation.
- 4. Cultivating common positions and unified voice:** The meeting also reached consensus that there is the need for a unified Africa–Caribbean voice in global health forums to advance joint priorities and needs using existing opportunities. It was agreed that fragmentation weakens influence, while unity can reposition both regions as leaders and equal partners in shaping global health governance.

The meeting concluded with a commitment to turn solidarity into measurable action. The outcome of the meeting signals a renewed determination by Africa and the Caribbean regions to advance health sovereignty, equity, and shared leadership on the global stage.



ADDIS ABABA, ETHIOPIA
SEPTEMBER 2025

2 BACKGROUND

The Second Joint Meeting of African and Caribbean Ministers of Health built on the momentum of a growing partnership between the two regions, rooted in shared history, cultural ties, and a common destiny shaped by struggles for independence, equity, and social justice. Health received renewed political impetus at the inaugural AU–CARICOM Heads of Government Summit in 2021 and was reinforced in subsequent engagements, where leaders emphasized health cooperation as a critical pillar of South–South collaboration and lay the ground of the establishment of the Health Development Partnership for Africa and the Caribbean (HeDPAC).

The first joint Africa-Caribbean Health Ministers meeting was organized by HeDPAC on May 29, 2024 in Geneva, Switzerland in the margins of the 77th World Health Assembly laying the ground for expanded cross regional collaboration in health development. The second meeting was held on September 6, 2025 in Addis Ababa, Ethiopia in conjunction with the second Africa-CARICOM Heads of Government Summit and was convened under the theme “Forward Together: One Voice, One Future”, Co-organized by the African Union Commission (AUC), CARICOM, and HeDPAC, with the Government of Ethiopia as host, the meeting gathered over 160 delegates from more than 55 countries. Ministers of Health and Foreign Affairs, ambassadors, senior officials, development partners, and academics participated, underscoring health as both a development priority and an expression of diplomacy.

Africa and the Caribbean face common health challenges. Both regions continue to struggle with a burden of infectious diseases, non-communicable diseases, and SRHR impediments. These are further exacerbated by climate change, weak health infrastructure, and inequities in global

health, shortcomings made stark during the COVID-19 pandemic, when access to vaccines and medical supplies was limited. The crisis reinforced the urgent need for regional self-reliance and stronger collective negotiating and decision making power.

At the same time, Africa and the Caribbean share significant opportunities. Together, they represent more than 70 countries and territories, a youthful and dynamic population, and rich scientific and cultural traditions. When acting in unison, they have the potential to influence global health priorities and needs based on proven and effective collaborations, including joint vaccine procurement, academic exchanges, and collaboration to exchange best practices and lessons. This meeting sought to consolidate these experiences into a more structured framework for cooperation through regular cross-regional engagements.

The Addis Ababa meeting also coincided with a critical period of global debate on critical issues including financing, digital and artificial intelligence transformation, climate resilience, and global health inequity. The meeting recognized the importance of aligning strategies and strengthening the negotiating voice of the two regions in global discussions. Against this background, the meeting aimed to translate aspirations into action. It provided a platform to exchange country experiences, identify best practices, and outline joint initiatives that advance Universal Health Coverage, strengthen health sovereignty, and deepen South–South partnerships. The outcome was a set of concrete commitments designed to ensure that Africa and the Caribbean move together from vision to measurable action.

3 OPENING SESSION

The opening session began with H.E. Dr. Haileyesus Getahun, CEO of HeDPAC, who highlighted that this gathering was not just a meeting, but a renewal of the Africa-Caribbean partnership, grounded in shared history and a collective future. He stressed the importance of the right to health, stating: “The Right to Health is not an aspiration but a duty. Governments must ensure universal health coverage through sound policies, sustainable financing, and collective action that prioritizes the needs of our people.”



H.E. Dr. Haileyesus Getahun, CEO of HeDPAC



Ambassador Amma Adomaa Twum-Amoah, AUC Commissioner

Ambassador Amma Adomaa Twum-Amoah, AUC Commissioner for Health and Humanitarian Services, stressed that health underpins both security and prosperity. She urged both regions to move decisively from dialogue to action, particularly in sustainable financing, workforce development, climate resilience, and digital health: “Health is the foundation of our security and prosperity. United by a shared destiny, both regions must act, investing in financing, workforce, digital innovation, and primary health care to withstand rising crises.”

Dr. Raji Tajudeen, Acting Deputy Director General of Africa CDC, highlighted the need to strengthen primary health care as the first line of defense against disease outbreaks. He called for investment in workforce capacity, sustainable financing, and private sector engagement to close gaps in medicines and equipment procurement. He further warned that “the climate crisis is also a health crisis,” urging closer Africa–Caribbean collaboration, coordination, and communication to build resilient health systems.



Dr. Raji Tajudeen, Acting Deputy Director General of Africa CDC

Dr. Carla Barnett, Secretary-General of CARICOM, expressed gratitude for Africa’s solidarity during the COVID-19 pandemic and called for deeper cooperation: “Africa’s support during COVID-19 was invaluable. We must build on that solidarity and deepen Africa–Caribbean collaboration to address our shared challenges.”



Dr. Carla Barnett, Secretary-General of CARICOM



H.E. Dr. Mekdes Daba, Minister of Health of Ethiopia

H.E. Dr. Mekdes Daba, Minister of Health of Ethiopia, stressed the urgency of turning shared history and solidarity into concrete action. She emphasized the need to advance PHC, sustainable financing, regional innovation, and a united global voice: “Bound by history, Africa and the Caribbean must now turn solidarity into action. The world is watching, and our people are waiting.”

Finally, H.E. Mr. Adem Farah, Deputy Prime Minister of Ethiopia, officially opened the meeting. He expressed pride in hosting this historic gathering and underscored its symbolic significance in uniting two peoples once divided by history but now bound by shared destiny. He called for stronger South–South solidarity, self-reliance in medicines and vaccines, and coordinated investment to achieve health sovereignty and universal health coverage: “We must urgently strengthen South–South solidarity, achieve self-reliance in medicines and vaccines, and coordinate investments to realize universal health coverage and health sovereignty.”



H.E. Mr. Adem Farah, Deputy Prime Minister of Ethiopia

4 RECLAIMING PROGRESS TOWARDS UHC AND ACCELERATING SDG3

The Right to Health as the Cornerstone of UHC

Leaders reaffirmed that Africa and the Caribbean, though separated by history, are united by a shared destiny. The meeting emphasized that achieving UHC requires embedding the right to health in constitutional and governance frameworks.

H.E. Dr. Silvia Lutucuta, Minister of Health of Angola, highlighted her country's constitutional recognition of the right to health. She noted significant investments that expanded health units to over 2,000, with half linked to municipalities, as well as training programs for health workers that have helped reduce maternal and infant mortality. While acknowledging remaining gaps in access, she underlined the value of decentralization for faster decision-making and regional cooperation through joint vaccination campaigns with the Democratic Republic of Congo and Namibia.



Advancing the right to health in the Universal Periodic Review (UPR)

Dr. Haileyesus Getahun, CEO of HeDPAC stressed that the right to health, enshrined in UN conventions ratified by 178 countries, obliges governments to eliminate discrimination and guarantee equitable access to quality services. The Universal Periodic Review (UPR) is a unique, state-led peer review mechanism of the UN Human Rights Council that examines the full human rights record of every Member State every four to

five years. Now in its fourth cycle, the UPR provides a vital platform for evaluating countries' compliance with their human rights obligations, including the right to health. He noted that a preliminary analysis conducted by the Global Center for Health Diplomacy and Inclusion (CeHDI) showed that countries that engage with UPR recommendations on maternal mortality showed notable reductions in maternal mortality over the last two decades. He urged Ministers to engage more actively in UPR processes, emphasizing that health leadership in these reviews can strengthen whole-of-government and whole-of-society engagements to mobilize investment, and accelerate progress toward UHC.

Political Commitment is the bedrock to Primary Health Care (PHC)

The meeting reaffirmed PHC as the foundation of resilient health systems and stressed the need to scale up investment in infrastructure, logistics, health information systems, and human resources. A multisectoral, whole-of-government approach was seen as essential for addressing health and development challenges.

H.E. Dr. Jerome Walcott, Minister of Health of Barbados, underscored the importance of political will and shared the experience from Barbados that political will manifested with increased government investment that help to expand people-centered services, and strong legislative and policy frameworks. Barbados' experience demonstrates how PHC, anchored in a multisectoral approach, can address health challenges more effectively.

H.E. Dr. Ahmadou Lamin Samateh, Minister of Health of The Gambia, shared lessons from rebuilding his country's health system after decades of underinvestment. With strong political commitment, The Gambia has prioritized expanding facilities, training professionals, and building workforce capacity through both local resources and partner support. These efforts have strengthened early disease detection and reinforced PHC as the first point of contact.

Innovation and Digital Transformation

The meeting emphasized the transformative role of innovation, particularly digital health and artificial intelligence, in expanding access, improving monitoring, and building workforce capacity. Shared research platforms, joint clinical trials, and curriculum adaptation were highlighted as opportunities for collaboration. Rwanda showcased the use of AI for outbreak detection and drones for medical deliveries, linking UHC with system resilience. Echoing this, Dr. Raji Tajudeen of Africa CDC emphasized the importance of equipping community health workers with

digital tools, such as tablets, to strengthen Rwanda showcased the use of AI for outbreak detection and drones for medical deliveries, linking UHC with system resilience. Echoing this, Dr. Raji Tajudeen of Africa CDC emphasized the importance of equipping community health workers with digital tools, such as tablets, to strengthen service delivery and improve health data systems.

5 INVESTING IN HEALTH SOVEREIGNTY: PATHWAYS TO SUSTAINABLE FINANCING AND HUMAN HEALTH WORKFORCE

Domestic Resource Mobilization

Ministers reaffirmed that health sovereignty must begin with strong domestic investment. They called for increased budget allocations, innovative health levies, and the expansion of social health insurance schemes. Mobilizing domestic resources was framed as a political imperative to reduce aid dependence, ensure sustainable financing, and build resilient health systems capable of delivering UHC and long-term health security.

H.E. Dr. Douglas T. Mombeshora, Minister of Health of Zimbabwe, highlighted his country's progress, noting that Zimbabwe raised its health budget allocation from 9.4% in 2024 to 13.5% in 2025, moving closer to the Abuja target of 15%. He also underscored the role of innovative levies on airtime, fast food, and sugary beverages to generate domestic funds, alongside plans to launch a national health insurance scheme to reduce out-of-pocket costs.

H.E. Dr. Lydwine Baradahana, Minister of Health of Burundi, described her country's trajectory toward UHC. Domestic health financing grew from just 10% before 2005 to 50% today, supporting free services for pregnant women and children under five. This policy contributed to a dramatic fall in maternal mortality (from 500 to 200 per 100,000 live births between 2005 and 2023), a reduction in infant mortality (from 115 to 27 per 1,000), and a surge in facility deliveries (from 13% to 97%). She further emphasized how performance-based financing improved service quality, health worker capacity, and reinvestment in health facilities. To sustain progress, Burundi convened a national dialogue on health financing, producing a roadmap and strategic plan through collaboration with government, civil society, partners, and the private sector.



Innovative Financing Models

Several countries showcased innovative approaches to financing health. H.E. Dr. Jerome Walcott, Minister of Health of Barbados, outlined how levies on tobacco, sugar, and beverages expanded the fiscal space for health, complemented by an annual investment of over USD 1 million in health education.

Dr. Josiah F. Joekai Jr., Director-General of Liberia's Civil Service Agency and Chair of Health and Public Service Network of Africa (HaPSNA), presented Liberia's payroll reform model that eliminated ghost workers and consultancy redundancies, saving USD 8.2 million in 2024.

These savings enabled the integration of community health workers, doctors, and pharmacists into the civil service payroll. He stressed the HaPSNA framework as a South-South model for professionalizing CHWs through fair pay, career pathways, and stronger data systems.

Susna De, Deputy Director for Health and Nutrition at the Gates Foundation Ethiopia, underscored the value of mobilizing resources from diverse sources, noting that new taxes should dedicate a portion to health.



Pooled Procurement, Local Manufacturing, and Regulatory Cooperation

The COVID-19 pandemic exposed deep inequities in global supply chains, leaving both regions struggling to access vaccines, medicines, and diagnostics. Ministers agreed this must not be

repeated. They stressed the need for pooled procurement to leverage combined market power, regional manufacturing of essential health products, and harmonized regulatory frameworks to ensure equitable access, quality, and safety. Ms. Socorro Gross from PAHO pointed to PAHO's 45 years of pooled procurement experience, noting that African and Caribbean countries can build on this model to secure quality products at fair prices. Similarly, the WHO AFRO Representative highlighted that pooled procurement had delivered cost reductions of up to 40% for small island states purchasing NCD medicines, but urged reforms in mandates, financial management systems, and budget cycles to expand participation.



A Unified Voice in Global Forums

Participants committed to present a coordinated Africa-Caribbean position in global health financing and governance debates. They stressed that fragmented approaches diminish influence, whereas a united front could shift perceptions of the regions from peripheral recipients to equal partners, innovators, and leaders in global health. Ministers resolved to transform the spirit of cooperation into sustained political mobilization, ensuring the outcomes of this meeting are elevated to the highest political levels.

6 COUNTRY CONTRIBUTIONS AND SHOWCASING SOUTH-SOUTH COOPERATION

Joint Mechanisms

- The Gambia proposed establishing a continental platform to coordinate pooled procurement and performance tracking, with the goal of reducing costs and improving access to essential medicines and equipment.
- Jamaica advocated for joint and pooled procurement arrangements with Nigeria and Rwanda to strengthen generic medicines production and technology transfer.
- Barbados highlighted the creation of the Barbados Pharmaceutical Authority in collaboration with Rwanda and Guyana, demonstrating how joint regulatory frameworks can support local manufacturing.
- Trinidad and Tobago reaffirmed its full commitment to advancing South-South partnerships, positioning these collaborations within HeDPAC's strategic focus areas.
- Angola shared its experience with joint vaccination campaigns conducted alongside the Democratic Republic of Congo and Namibia, illustrating the value of regional coordination.
- Somalia recommended the establishment of a steering committee between African and Caribbean countries to institutionalize and guide South-South health collaboration.

Capacity Building – Health Workforce Development

- The Gambia reported on efforts to build workforce capacity with support from Ghana and Nigeria, ensuring training aligns with national needs.
- Barbados and Ghana launched a reciprocal medical training program between the University of the West Indies and the University of Ghana, allowing pre-clinical training in Barbados and clinical rotations in Ghana.
- Jamaica underscored its longstanding bilateral technical cooperation with Nigeria, which is expanding to new areas including maternal health, health insurance, and R&D. Jamaica also hosts Ghanaian nurses under a bilateral MoU and plans to introduce clinical internships in Africa to strengthen workforce pipelines.

Research and Knowledge Sharing

- Barbados called for joint precision medicine and genomic research, emphasizing shared genetic and disease profiles across the two regions.
- Rwanda offered its UHC and laboratory data to support the development of joint research platforms and strengthen system resilience.
- The Gambia suggested a continental platform for monitoring key health indicators such as maternal mortality through peer-reviewed evaluations.
- Participants also highlighted opportunities to link Caribbean and African universities to advance collaboration in genomics, ageing, and health information systems.



Digital Health and Innovation

- Rwanda presented its use of AI for outbreak detection and drones for medical deliveries, linking innovation directly to UHC and health system resilience.
- Jamaica showcased investments in electronic health records, digital disease reporting, and immunization registries to enhance NCD management.
- Africa CDC emphasized the importance of equipping community health workers with tablets and real-time data platforms to expand coverage and improve efficiency.



7 CONCLUSION AND COMMITMENTS

The closing session underscored the historic significance of this gathering and the shared resolve of Africa and the Caribbean to advance health sovereignty and resilience.

H.E. Selma Malika Haddadi, Deputy Chairperson of the African Union Commission, commended the unity of purpose demonstrated throughout the meeting. She stressed that investing in health is both a political imperative and an expression of sovereignty, urging both regions to transform cooperation into sustained political mobilization with clear commitments to financing, workforce strengthening, and global advocacy.



H.E. Selma Malika Haddadi, Deputy Chairperson of the AUC

H.E. Dr. Jerome Walcott, Minister of Health of Barbados, emphasized the importance of deepening collaboration in higher education, research, and pharmaceutical capacity-building. He expressed appreciation to HeDPAC for fostering this partnership.



H.E. Dr. Jerome Walcott, Minister of Health of Barbados

H.E. Dr. Mekdes Daba, Minister of Health of Ethiopia, reminded participants that health sovereignty is not given but earned through investment in human capital, solidarity, and innovation. She urged nations to unite their voices on the global stage and transition decisively from dialogue to action. She also expressed gratitude to HeDPAC, the African Union, CARICOM, and other partners for their contributions to the success of the meeting.

The Second Joint Meeting marked a turning point in Africa–Caribbean health cooperation, with the meeting reaffirming the following central commitments:

- ✓ **Advancing UHC through the right to health:** The meeting reaffirmed the right to health as a government obligation, essential to achieving UHC through PHC. It stressed embedding this right in laws and governance, increasing PHC investment, and applying accountability mechanisms like the Universal Periodic Review.
- ✓ **Strengthening National Health Sovereignty:** The meeting emphasized mobilizing domestic resources through health insurance, levies, and payroll reforms, alongside pooled procurement, clinical trial capacity, local production, and regulatory cooperation to reduce dependence and ensure equitable access to health products.
- ✓ **Deepening South–South Partnerships:** The meeting resolved to strengthen cross-regional cooperation through joint procurement, workforce exchanges, shared research platforms, expanded clinical trials, health information systems, and digital innovation.
- ✓ **Cultivating Common Positions and Unified Voice:** The meeting agreed on the need for a unified Africa–Caribbean stance in global health forums, noting that unity strengthens influence while fragmentation weakens it.
- ✓ **Deepen South–South partnerships** by expanding pooled procurement, digital health innovations, joint research, and workforce development initiatives.

This meeting was not merely a dialogue but a collective call to action. The meeting pledged to transform vision into measurable results and to speak with one united voice in global health governance ensuring that Africa and the Caribbean's priorities shape the future of health systems worldwide.



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MINISTRY OF HEALTH-ETHIOPIA
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