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How the EU and its Member States Exercise Leverage Across Global Health Venues

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Abstract and Authors

This working paper asks how the European Union and its Member States—acting as 'Team Europe'—convert resources, expertise, and networks into influence in global health governance despite enduring competence constraints and coordination challenges. Building on earlier mapping of Europe's institutional positioning in global health (NAVIGATOR Working Paper D6.1), it analyses how venue choice shapes both the opportunities for influence and the costs of collaboration, and how different forms of European leverage perform across these settings. In particular, we develop a portable analytical lens centred on two linked elements:

- Venue choice: where Team Europe acts (multilateral institutions, regional partnerships, or bilateral Team Europe Initiatives). Different venues structure voice and representation, operational control and measurability, and transaction and coordination costs in distinct ways.
- European leverage: how Team Europe seeks influence by mobilising power, technocratic expertise, and policy networks (coalitions, diplomatic coordination, convening).

Empirically, we use structured, focused comparisons, triangulating policy and programme documents with semi-structured interviews to reconstruct key decision points, trace leverage mechanisms, and identify observable outputs and intermediate outcomes.

The three cases

1. Multilateral engagement (WHO): Post-COVID reforms of global health security rules through the World Health Assembly, focusing on the adoption of targeted amendments to the International Health Regulations (IHR) in 2024 and the WHO Pandemic Agreement in 2025. This is a venue where influence operates primarily through text-based negotiation, coalition-building, and institutional design rather than direct operational control.
2. Regional (MAV+): The Team Europe Initiative on Manufacturing and Access to Vaccines, Medicines and Health Technologies in Africa (MAV+), launched in 2021, framed as a '360-degree' approach across supply, demand, and enabling environment dimensions. The case highlights a regional portfolio logic anchored in African institutional agendas, including the Partnerships for African Vaccine Manufacturing framework, and connected to market-shaping instruments such as Gavi's African Vaccine Manufacturing Accelerator.
3. Bilateral (Georgia): The 'Green and Health' Team Europe Initiative in Georgia as a delivery-oriented umbrella initiative that aggregates multiple projects and instruments under EU country programming. This venue offers higher measurability and implementation oversight, while making the administrative and coordination burdens of multi-partner consortia particularly visible.

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Core findings

Across the three cases, venue choice determines what 'influence' looks like and what kinds of results can plausibly be attributed to Team Europe action. In the WHO case, influence is expressed primarily through agenda-shaping and negotiated legal text: European actors operate in a universal forum where legitimacy and voice are maximised but operational control is limited, making coalition-building, technical drafting capacity, and coordinated diplomacy the main channels through which leverage travels. In MAV+, influence is expressed less through rule-making than through the shaping of regional capability and market architecture. Here, European engagement is organised as a portfolio that links regulatory strengthening, ecosystem and skills development, and demand-side incentives designed to connect African manufacturers to procurement pathways. In Georgia, influence is most directly observable in implementation performance: EU programming and project governance translate into deliverables, timelines, and measurable targets, but they also expose the transaction costs of maintaining coherence across multiple instruments, partners, and reporting systems under a single Team Europe umbrella.

A second finding is that sustained influence is most likely when funding, technocratic expertise, and networks are combined in complementary ways rather than treated as substitutes. Financial resources can enable capacity and signal commitment, but in multilateral settings they rarely buy control, and in bilateral settings they can raise administrative burdens and political sensitivity. Expertise has greatest traction when it becomes institutionalised —embedded in partner rules, routines, and regulatory systems—rather than remaining episodic advice. Network leverage is essential for coalition-building and coordination, but can become a drain on delivery capacity if coordination architectures are overbuilt or poorly resourced. The cases therefore point to a recurring logic: Europe's most credible pathways to durable influence are those that tie finance to institutional embedding of expertise and sustain this through coalition and convening work, rather than relying on any single lever.

Third, the analysis highlights the importance of implementation infrastructure as the connective tissue of Team Europe influence. Institutionalisation is not only a multilateral phenomenon. It appears as standing mechanisms and follow-on work programmes in WHO processes, as portfolio-level support functions in MAV+ designed to coordinate, monitor, and communicate across a complex set of projects and actors, and as project-level governance structures in Georgia that routinise oversight through boards, workplans, indicators, and reporting. Where this infrastructure is under-specified or under-developed, coordination costs rise and the ability to convert European inputs into sustained institutional change weakens.

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Implications

The findings underscore the value of matching venues to objectives: multilateral channels for rule-setting, regional initiatives for institution-building and market-shaping, and bilateral TEIs for measurable delivery and regulatory impact. They also point to coordination capacity as a strategic asset—requiring deliberate investment, clear division of labour, and proportionate monitoring systems—if Team Europe is to avoid coordination overhead crowding out implementation. Overall, the working paper suggests that European influence in global health governance is most likely to be sustained when venue choices are made with explicit trade-offs in mind and when finance, expertise, and networks are bundled into designs that are translated into durable institutional routines and capabilities.

Keywords: Global health governance; Team Europe; International Health Regulations; Pandemic Agreement; Vaccine manufacturing in Africa

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List of Acronyms

AU - African Union
AVMA - African Vaccine Manufacturing Accelerator
EIB - European Investment Bank
EPA - Environment Agency (Austrian)
EU - European Union
GDPR - General Data Protection Regulation
IHR - International Health Regulations
KfW - Kreditanstalt für Wiederaufbau (German development bank)
MAV+ - Manufacturing and Access to Vaccines, Medicines and Health Technologies in Africa (Team Europe Initiative)
MIP - Multiannual Indicative Programme
PABS - Pathogen Access and Benefit-Sharing
PAVM - Partnerships for African Vaccine Manufacturing
TEI - Team Europe Initiative
TESS - Team Europe Support Structure
UNDP - United Nations Development Programme
UNICEF - United Nations Children's Fund
WHA - World Health Assembly
WHO - World Health Organization

Introduction

The European Union (EU) has long been a constrained—and often fragmented—actor in global health. Under the Treaties, health remains primarily a Member State responsibility, with EU competences largely oriented towards supporting, coordinating, and complementing national policies rather than fully centralising them (Bartlett, 2016). In external health engagement, this institutional settlement has historically translated into a pattern of European states wielding substantial financial weight in global health, while 'Europe' as a collective actor has struggled to translate that weight into sustained, coordinated influence over priorities, policies, and institutional trajectories.[1]

Two developments have, nonetheless, shifted both the ambition and the instruments of European engagement. First, COVID-19 accelerated intra-EU health cooperation and expanded the Union's institutional toolkit, including through stronger agency mandates and the creation of new preparedness capacity. Second, and more directly for global health governance, the crisis consolidated 'Team Europe' as a practical mode of external action: a coordination framework through which EU institutions, Member States, and (often) European development finance institutions bundle resources, align political messaging, and pursue joint initiatives under a shared banner.[2] This did not dissolve competence constraints; rather, it offered a way to aggregate influence across differentiated European actors.

The EU's 2022 Global Health Strategy crystallised this approach into a clearer external agenda. It positioned global health as a component of EU external policy and framed European engagement in explicitly multi-channel terms: working through multilateral organisations, building regional partnerships, and deploying targeted bilateral initiatives. The Strategy also explicitly connected to the EU's broader 'Global Gateway' investment agenda, which aims to mobilise large-scale investments for sustainable connectivity and systems-strengthening in partner regions—including health systems capacity.[3]

Together, these developments beg the question of how European actors collaborate to convert resources, expertise, and networks into influence across different governance venues. This working paper provides an in-depth, three-case analysis of how European actors collaborate to influence global health governance, focusing on the deployment of European leverage (funding power, technocratic expertise, and policy networks). It builds directly on earlier work mapping the institutional landscape and European positioning within major global health organisations, which characterised the EU as a financially significant actor in global health, yet institutionally constrained and uneven in its ability to coordinate strategically (Kentikelennis and Seabrooke, 2025).

Analytically, we treat 'venue choice'—the decision to channel political capital and resources through multilateral institutions, regional partnerships, or bilateral Team Europe Initiatives (TEIs)—as a consequential design choice. Different venues structure access, speed, control, and coalition possibilities in distinct ways. For the purposes of this working paper, we focus on a pragmatic triad of design tensions

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[1] European Commission, 'EU Global Health Strategy: Better Health for All in a Changing World', 2022, https://health.ec.europa.eu/publications/eu-global-health-strategy-better-health-all-changing-world_en.
[2] European Commission, 'Communication on the Global EU Response to COVID-19 [JOIN/2020/11]', 8 April 2020, https://data.consilium.europa.eu/doc/document/ST-7259-2020-INIT/en/pdf.
[3] European Commission, 'Joint Communication to the European Parliament, the Council, the European Economic and Social Committee, the Committee of the Regions and the European Investment Bank: The Global Gateway [JOIN/2021/30]', 2021, https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex:52021JC0030.

that European health policymakers routinely confront: the breadth of voice and representation that a venue affords; the degree of operational control and measurability it enables; and the transaction and coordination costs it imposes on European actors and partners. The aim is to explain the institutional or political conditions that shape the choices of European engagement in global health, and how these shape outcomes.

Empirically, we draw on process-tracing logic, triangulating policy documents with interview evidence and case-specific materials, to reconstruct how collaboration is assembled and how influence is exercised (or frustrated) at key decision points. The paper's three cases are selected to capture meaningful variation in venue type and leverage mix. The multilateral case focuses on European influence pathways in a universal forum, where formal rules and broad membership shape how coalitions form and how expertise and financing translate into agenda-setting. The regional case examines the Team Europe Initiative on Manufacturing and Access to Vaccines, Medicines and Health Technologies in Africa ('MAV+'), which operationalises a '360-degree' approach across supply, demand, and enabling-environment dimensions and explicitly aligns with African institutional agendas such as the Partnerships for African Vaccine Manufacturing (PAVM) framework. The bilateral case centres on the 'Green and Health' Team Europe Initiative in Georgia, which aggregates multiple projects under a single umbrella and combines technical assistance, equipment, and blended finance to accelerate standards adoption and implementation in environment–health domains.

The remainder of the report proceeds as follows. Section 2 sets out the paper's analytical approach to European leverage and venue choice. Section 3 summarises the research design and data sources. Sections 4–6 present the three case analyses. Section 7 draws cross-case lessons on leverage mechanisms and the conditions under which European collaboration is more likely to generate durable influence in global health governance.

Analytical Approach: European Leverage and Venue Choice

This working paper explains variation in European influence in global health governance by focusing on two linked elements: (i) where Team Europe chooses to act (venue choice), and (ii) how European actors attempt to convert resources into influence (leverage). The aim is to offer a portable analytical lens for comparing concrete episodes of European engagement across multilateral, regional, and bilateral settings.

Venue choice in a 'regime complex'

Global health governance is widely characterised as a 'hybrid' or 'regime complex': a dense institutional ecology in which universal intergovernmental organisations coexist with public–private partnerships, philanthropic actors, specialist networks, and regional bodies, often with overlapping mandates and interdependent financing streams (Panke and Stapel, 2025). This plurality makes 'venue choice' feasible and consequential. When European actors prioritise one channel over another—say, WHO-centred multilateral diplomacy; an AU–EU partnership initiative; or a bilateral Team Europe Initiative (TEI) packaged under a country platform—they do more than select an implementation route. They select a governance environment that structures who has voice and formal standing, how quickly decisions can be taken and resources mobilised, and what kinds of accountability, monitoring, and coordination burdens are imposed on participants.

For the purposes of this working paper, we summarize these tensions into the following triad:

- **Voice and representation**. Multilateral venues typically maximise formal inclusiveness and universal standing (e.g. WHO rule-making and agenda-setting), but this breadth comes with negotiation complexity and slower movement.
- **Operational control and measurability**. Regional or bilateral arrangements can increase control over programme design, sequencing, and deliverables—often enabling clearer metrics and faster implementation—yet can narrow participation and intensify 'credit-claiming' dynamics.
- **Transaction and coordination costs**. Any 'Team Europe' configuration introduces overhead: coordination across EU institutions and multiple Member States, reporting and monitoring demands, and the management of implementing partners. These costs vary by venue and can, in practice, become binding constraints on effectiveness.

European leverage: funding, technocratic expertise, and policy networks

Within any chosen venue, Team Europe seeks influence by mobilising three broad forms of leverage—each of which can be observed and traced in documents and interviews.

Funding power. Europe's most visible lever is financial: the ability to mobilise grants, budget support, and blended finance through EU instruments and European development finance institutions, and to channel resources through multilateral organisations or regional initiatives.[4] Funding can generate influence through

[4] European Commission, 'EU Global Health Strategy'.

several mechanisms: signalling commitment (and shaping agenda salience), underwriting institutional capacity (e.g. regulator strengthening, laboratory systems, procurement readiness), and 'market-shaping' by reducing uncertainty for suppliers and implementers. However, financial weight does not automatically translate into policy influence: in highly inclusive multilateral settings, money may buy capacity without buying control; in tightly scoped bilateral programmes, it may increase control while raising political sensitivity and administrative burdens.

Technocratic expertise. A second lever is the deployment of professional and regulatory expertise, including European public sector know-how, agency capacity, and technical networks. In global health, this often takes the form of standards and regulatory strengthening, technical assistance, twinning, and the provision of specialised experts (either directly or via entrusted entities and implementing partners). Expertise is most plausibly influential when it becomes institutionalised—embedded in partner institutions and rules—rather than remaining episodic advisory input. The key question is therefore how European expertise is configured in ways that travel through the chosen venue into durable institutional change.

Policy networks. Third, European actors can exercise influence through networks: coalition-building in multilateral forums, agenda entrepreneurship via diplomatic channels, and the convening role of EU Delegations and Member State embassies in partner contexts. Networks matter because global health policy decisions are rarely made by a single principal: they are the product of bargaining across states, organisations, and expert communities. Networks can reduce collective action problems within Team Europe (aligning positions) and between Team Europe and partners (building coalitions), but they also create coordination and monitoring demands that can erode delivery capacity if overbuilt.

Taken together, these leverage channels motivate a simple working hypothesis that is examined in this working paper: Team Europe's influence is most likely to be sustained when finance, expertise, and networks are combined in complementary ways—rather than treated as substitutes. This expectation is examined across the three cases.

Research Design and Data

Case selection and scope

The three cases are selected to maximise analytically meaningful variation along the core axis introduced in the previous sections: venue choice (multilateral, regional, bilateral) and its implications for representation, operational control, and transaction/coordination costs. The cases also vary in their dominant leverage mix—how Team Europe combines funding, technocratic expertise, and policy networks. Together, they provide a structured comparison of influence pathways that are representative of the EU's post-2022 'multi-channel' global health posture.
First, the multilateral case—focused on the WHO—examines European influence pathways in a universal forum characterised by formal procedures and broad membership. The empirical focus is on a bounded episode of multilateral agenda-setting and rule-making in which Team Europe must operate primarily through coalition-building, technical expertise, and coordinated diplomacy, rather than direct operational control.

Second, the regional case centres on the Team Europe Initiative on Manufacturing and Access to Vaccines, Medicines and Health Technologies in Africa ('MAV+'). MAV+ is explicitly structured around three dimensions (supply, demand, enabling environment) and six workstreams, and it is presented as aligned with African strategies such as the Africa CDC/PAVM Framework for Action. This makes MAV+ a 'most-likely' case for observing how European leverage is assembled across multiple instruments and actor types (Commission services, Member States, agencies, development finance institutions, universities, and private-sector partners), and how this leverage is anchored in African institution-building.

Third, the bilateral Georgia case—focused on the 'Green and Health' Team Europe Initiative (TEI)—examines how multiple country-level projects and instruments come together under a single umbrella, combining technical assistance and capacity building with equipment provision and, where relevant, investment instruments. The case is well suited to tracing trade-offs between delivery control/measurability and transaction costs: project design and implementation depend heavily on consortium formation, implementing-partner routines, and the political-operational environment.

This three-case design follows a 'structured, focused' comparison logic: each case is analysed using the same set of questions derived from Section 2 (what leverage was deployed; through which mechanisms; under which conditions; with what outcomes), while remaining sensitive to venue-specific constraints on what influence can plausibly look like (George and Bennett, 2005).

Data and methods

The analysis triangulates policy and programme documents, interviews, and baseline mapping outputs. For MAV+ and Georgia, official TEI materials (factsheets, programme descriptions, and associated documentation) are used to establish each initiative's stated logic, governance set-up, and instrument mix, and then to trace how these design features are translated into concrete project arrangements. In the MAV+ case, key sources include the MAV+ overview factsheet (structure, workstreams, partners), the Rwanda country factsheet as a bounded episode within the wider initiative, the Africa CDC/PAVM Framework for Action as the relevant African institutional agenda and constraint diagnosis, and the AVMA announcement

as a demand-shaping mechanism nested within the '360-degree' approach. For Georgia, core materials include the 'Green and Health' TEI proposal/factsheet documents and project-level evidence specifying governance arrangements and performance metrics (such as the UNDP Project Board terms of reference and results framework), alongside implementing-partner terms of reference that illuminate day-to-day coordination, reporting, and implementation. For the multilateral case, documents are used to reconstruct the formal process, actor positions, and decision points in the selected episode (including agenda items, negotiation texts, resolutions/decisions, and official statements) and to identify where European coordination plausibly mattered.

In addition, six semi-structured interviews, reported in anonymised form, add process-level insight into how Team Europe operates in practice, including consortium formation, coordination management, discretion, and transaction costs. Interview evidence is handled in line with NAVIGATOR's ethics approach (informed consent, data minimisation, and anonymisation under GDPR), and is cited with identifying details removed or paraphrased.

Methodologically, the paper adopts a structured, focused comparison: each case is analysed using the same set of questions about leverage deployment, coordination design, and outcomes. Within each case, process tracing is used to reconstruct a bounded episode, building a timeline of key events and mapping how funding, expertise, and networks plausibly connect to intermediate steps (access, coalition formation, institutional embedding, implementation capacity) and then to observable outputs. Findings are strengthened through systematic triangulation between documents and interview accounts.

Multilateral Engagement: Reforming Global Health Security Rules Through WHO

WHO-centred multilateralism is one of the key focal points in global health governance. Universal membership and formal law-making authority give the World Health Assembly (WHA) the strongest claim to collectively agreed global rules, but negotiated outcomes depend on sustained participation, coalition-building, and text-based compromise rather than direct operational control. This section therefore traces European influence pathways in a setting where leverage operates primarily through coordinated diplomacy, technical input, and the credibility conferred by implementation support. The multilateral 'episode' is the post-COVID reform sequence in global health law: negotiations on targeted amendments to the International Health Regulations (IHR) culminating in their adoption at WHA77 (1 June 2024),[5] followed by completion and adoption of the WHO Pandemic Agreement at WHA78 (20 May 2025).[6]

The episode and its institutional stakes

The IHR are binding rules that structure how states detect, notify, and respond to public health risks, and how WHO coordinates international responses. In the aftermath of COVID-19, Member States pursued two linked reform tracks: targeted IHR amendments negotiated in the Working Group on Amendments to the IHR, and negotiation of a new international instrument on pandemic prevention, preparedness and response through the Intergovernmental Negotiating Body. The 2024 IHR package is notable for combining substantive updates with the addition of implementation-oriented institutional devices. The amended text establishes a States Parties Committee for implementation and introduces a Coordinating Financial Mechanism, alongside provisions that underscore financing constraints for building and maintaining core capacities. A strand of legal and policy commentary characterises these developments as an attempt to strengthen facilitation, peer learning, and financing coordination within an instrument that remains constrained by limited enforceability and the cooperative character of compliance mechanisms in international health law (Foster, 2005).

The WHO Pandemic Agreement, adopted in 2025, constitutes a parallel attempt to strengthen pandemic prevention, preparedness and response through a convention-type instrument. The WHO resolution also embeds a key sequencing feature: the Agreement will open for signature only after adoption of an annex establishing a Pathogen Access and Benefit-Sharing (PABS) system, and it establishes an intergovernmental working group to develop that annex and associated preparatory work.[7] This dual-track design was a function of high-level politics: the EU promoted a new convention while the United States emphasised IHR revision, producing parallel negotiation processes with distinct legal implications (automatic applicability for IHR amendments unless rejected versus opt-in consent for the Pandemic Agreement).

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[5] World Health Organization, 'Strengthening Preparedness for and Response to Public Health Emergencies through Targeted Amendments to the International Health Regulations (2005) [WHA77.17]', 1 June 2024, https://apps.who.int/gb/ebwha/pdf_files/WHA77/A77_R17-en.pdf.
[6] World Health Organization, 'WHO Pandemic Agreement [WHA 78]', 20 May 2025, https://apps.who.int/gb/ebwha/pdf_files/WHA78/A78_R1-en.pdf.
[7] World Health Organization, 'WHO Pandemic Agreement [WHA 78]'.

European collaboration and leverage in a universal forum

European coordination in this episode was shaped by the EU's hybrid competence settlement in health: EU institutions can negotiate externally where Union competences are engaged, while Member States retain extensive authority. In March 2022, the Council authorised the Commission to open negotiations on behalf of the Union 'for matters falling within Union competence' both for a pandemic instrument and for complementary IHR amendments.[8] Following adoption of the IHR amendments at WHA77, the Council invited Member States to accept them 'in the interest of the European Union', illustrating how multilateral outcomes translate into intra-European legal adjustments[9]. Commission documentation on the acceptance pathway describes the Commission acting as 'Union negotiator' and coordinating Member State positions around WHA77 as the text was finalised.[10] In parallel, analyses of post-COVID health emergency governance describe the EU's internal reforms (strengthened agency mandates, creation of the Health Emergency Preparedness and Response Authority, and new crisis coordination structures) while also noting continuing ambiguities over crisis coordination, data, and procurement and funding responsibilities—context that bears on the practical limits of internal coherence even prior to external negotiation (Renda et al., 2024).

Funding power. In multilateral rule-making, European funding leverage functions primarily through enabling and signalling. The amended IHR explicitly foreground financing constraints by requesting mobilisation of 'predictable, sustainable and timely' resources to support developing countries in meeting strengthened capacity requirements.[11] The EU provided US$414 million in voluntary contributions in the 2022–23 biennium and acted as a leading strategic partner, with funding linked to health systems strengthening, access to medicines, emergencies response and global health security.[12] The European Commission's international partnerships reporting on Phase V (2025–2028) also records a further EUR 40 million EU support package (with an additional contribution foreseen in 2027), framing this as long-term in-country technical support aligned with national priorities.[13] These funding flows sit within a broader WHO financing structure in which voluntary contributions constitute the bulk of WHO's funding (more than three quarters of the budget), with implications for flexibility and earmarking (Iwunna et al, 2023).

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[8] Council Decision (EU) Authorising the Opening of Negotiations on Behalf of the European Union for an International Agreement on Pandemic Prevention, Preparedness and Response, as Well as Complementary Amendments to the International Health Regulations (2005) [ST/6133/2022/INIT] (2022), http://data.europa.eu/eli/dec/2022/451/oj.

[9] Council Decision (EU) Inviting Member States to Accept, in the Interest of the European Union, the Amendments to the International Health Regulations (2005) Contained in the Annex to Resolution WHA77.17 and Adopted on 1 June 2024 [ST/17046/2024/INIT] (2025), http://data.europa.eu/eli/dec/2025/1129/oj.

[10] Proposal for a Council Decision Authorising Member States to Accept, in the Interest of the European Union, the Amendments to the International Health Regulations Contained in the Annex to Resolution WHA77.17 and Adopted on 1 June 2024 [COM/2024/541] (2024), https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex:52024PC0541.[11] World Health Organization, 'Strengthening Preparedness for and Response to Public Health Emergencies through Targeted Amendments to the International Health Regulations (2005) [WHA77.17]'.

[12] World Health Organization, 'European Union', 2024, https://www.who.int/about/funding/contributors/european-union.

[13] European Commission, 'EU Renews Support for WHO's Universal Health Coverage Partnership', 22 September 2025, https://international-partnerships.ec.europa.eu/news-and-events/news/eu-renews-support-whos-universal-health-coverage-partnership-2025-09-22_en.

Technocratic expertise. European technocratic leverage is most visible in this episode where negotiated texts embed institutionalised procedures that travel into domestic and organisational routines. The IHR amendments' introduction of national coordination requirements (including the creation/designation of national IHR authorities) has been treated as an attempt to address long-standing fragmentation of authority and weak legal mandates for implementation at national level, while also underscoring that key compliance challenges persist (Aperce and Habibi, 2025) In the case of the Pandemic Agreement, technical and legal design interacted with politics over a three-year negotiation, including the choice of convention format, the use of drafting groups and joint plenaries to manage overlap with IHR reform, and the decision to defer detailed PABS operationalisation to an annex that remains under negotiation (Fernández and Heinzel, 2025).

Policy networks and coalition-building. The episode's documentary record reflects the extent to which outcomes depended on coalition work. The IHR amendments were adopted by consensus at the 77th World Health Assembly, and the WHA documentation indicates cross-regional sponsorship of the resolution proposing adoption (including France alongside sponsors from multiple regions), consistent with the need to assemble support that could carry the text at the point of adoption.[14] For the Pandemic Agreement, different coalition structures and negotiating positions emerged, including an informal 'G7+' coordination pattern in which the European Commission participated alongside G7 members and other high-income countries (Fernández and Heinzel, 2025). In this context, the EU's role was 'pivotal but contested,' given perceptions of trade-focused negotiating style, internal EU divergences, and debates over equity-related provisions.

[14] World Health Organization, 'Strengthening Preparedness for and Response to Health Emergencies through Targeted Amendments to the International Health Regulations (2005): Draft Resolution Proposed by France, Indonesia, Kenya, New Zealand, Saudi Arabia and the United States of America [A77/A/CONF/8]', 28 May 2024, https://apps.who.int/gb/ebwha/pdf_files/WHA77/A77_ACONF8-en.pdf.

Regional Engagement: MAV+ and African Health-Products Manufacturing

The Team Europe Initiative on 'Manufacturing and Access to Vaccines, Medicines and Health Technologies in Africa' (MAV+) sits in a regional governance space shaped by overlapping mandates and institutions: the African Union (AU), Africa CDC, African Union Development Agency, emerging continental regulatory bodies (notably the African Medicines Agency, AMA), regional economic communities, and national ministries and regulators. In contrast to WHO-centred multilateralism, this venue is not about universal rule-making. Instead, it combines political partnership with programme portfolios clustered around a limited set of countries and thematic workstreams, while explicitly anchoring its rationale in African initiatives that grew out of COVID-era access constraints and renewed calls for regional manufacturing capability.

The episode and its institutional stakes

MAV+ was launched in 2021 and framed as a response to African leaders' call to expand local manufacturing—often summarised in the AU target of producing 60% of vaccines used on the continent locally by 2040—and to strengthen wider pharmaceutical systems that underpin access to medicines and health technologies.[15] Within the AU architecture, the Partnerships for African Vaccine Manufacturing (PAVM) was established under Africa CDC to develop a continental strategy and a 'Framework for Action', which sets interim milestones (including 10% local manufacturing by 2025 and 30% by 2030) and identifies a suite of 'bold programmes' spanning demand certainty and pooled procurement, regulatory strengthening, technology and intellectual property transfer, financing and 'deal preparation', and skills and research and development.[16]

The EU itself presents MAV+ as a '360-degree' approach that addresses supply-side constraints, demand and market-shaping, and an enabling environment for sustainable production. The European Commission lists a broad constellation of Team Europe and African partners, including the Commission and European External Action Service, participating Member States and the EIB, the European Medicines Agency and the wider European regulators' network, Africa CDC and AU bodies, and international partners such as WHO and the Gates Foundation.[17] MAV+ activity is organized across six workstreams (industrial development/supply chains; market shaping and demand; regulatory strengthening; technology transfer; access to finance; and research and development), and forms a portfolio of projects rather than a single instrument.[18]

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[15] European Commission, 'Team Europe Initiative on Manufacturing and Access to Vaccines, Medicines and Health Technologies in Africa - International Partnerships', accessed 25 February 2026, https://international-partnerships.ec.europa.eu/policies/team-europe-initiatives/team-europe-initiative-manufacturing-and-access-vaccines-medicines-and-health-technologies-africa_en.
[16] Africa CDC, Partnerships for African Vaccine Manufacturing (PAVM) Framework for Action, 3 March 2022, https://africacdc.org/download/partnerships-for-african-vaccine-manufacturing-pavm-framework-for-action/.
[17] European Union, 'Manufacturing and Access to Vaccines, Medicines and Health Technology Products in Africa', accessed 25 February 2026, https://capacity4dev.europa.eu/resources/team-europe-tracker/partner-countries/sub-saharan-africa/manufacturing-and-access-vaccines-medicines-and-health-technology-products-africa_en.
[18] European Commission, 'Team Europe Initiative on Manufacturing and Access to Vaccines, Medicines and Health Technologies in Africa - International Partnerships'.

The institutional 'stakes' reflected in this design are primarily about capability and market architecture: creating regulatory pathways that can support WHO prequalification and cross-border recognition; building skills and quality-control infrastructure; aligning investment and finance with realistic market demand; and coordinating procurement and tender systems that currently structure much vaccine purchasing through UNICEF/Gavi channels.[19] These problems are interdependent: the viability of new facilities depends on credible demand and product portfolios; regulatory maturity varies considerably across countries; and technology transfer and workforce development remain binding constraints even where headline investment commitments are large (Wairagkar et al., 2024).

European collaboration and leverage in a regional partnership

European collaboration in MAV+ is visible in the way the initiative bundles multiple leverage channels—funding, technocratic expertise, and networks—across a mixed portfolio of grants, loans, technical assistance, and institutional partnerships.

Funding power. MAV+ is commonly presented in terms of aggregate portfolio scale (spanning both grant and loan components), and—crucially for its 'demand' dimension—through its linkage to the African Vaccine Manufacturing Accelerator (AVMA) hosted by Gavi.[20] The AVMA is described by Gavi as a financing mechanism making up to US$1.2 billion available over ten years to support the sustainable growth of Africa's manufacturing base.[21] This is a 'market-shaping' instrument designed to offset early-years cost disadvantages by combining milestone payments (linked to WHO prequalification for priority vaccines) with per-dose 'accelerator' payments tied to successful participation in UNICEF tenders for Gavi-supported procurement (Keller et al., 2024). For Team Europe, contributions to AVMA form a major share of the initial funding envelope, and are associated with wider EU–AU manufacturing agendas.

Technocratic expertise. MAV+ assigns central importance to regulatory strengthening and institutional development, reflecting the view that manufacturing scale is difficult to sustain without credible regulators, quality control, and predictable pathways to international procurement eligibility (Wairagkar et al., 2024). This technocratic element is linked to the European regulators' network and to support for AMA-related capacity and national regulatory authorities.[22]

Policy networks and coalition-building. MAV+'s regional setting places a premium on networked coordination across European and African institutions and across national and continental levels. Public communications describe EU–Africa CDC collaboration as an ongoing

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[19] Yalda Momeni, 'Gavi's Strategy to Support African Regional Manufacturing', September 2023, https://www.unicef.org/supply/media/19216/file/UNICEF-VIC2023-Session12-AVMAUpdate-Gavi-2023.pdf; Gavi, 'African Vaccine Manufacturing Accelerator (AVMA)', 12 February 2026, https://www.gavi.org/our-work/market-shaping/regional-manufacturing-strategy/avma.
[20] European Union, 'Manufacturing and Access to Vaccines, Medicines and Health Technology Products in Africa'.
[21] Gavi, 'African Vaccine Manufacturing Accelerator (AVMA)'.
[22] European Union, 'Manufacturing and Access to Vaccines, Medicines and Health Technology Products in Africa'.

partnership mechanism within MAV+, including formal agreements and joint activities intended to align European initiatives with African institutional priorities and connect European and African stakeholders.[23] This networked dimension is also visible in the initiative's reliance on multi-actor implementing arrangements and 'ecosystem' partnerships (involving agencies, universities, and technical bodies). In interview evidence for this project, MAV+ was described as operating through partially distinct decision pathways—Commission-led and Member State-led strands under a common TEI umbrella—alongside coordination and monitoring demands associated with its breadth of actors and projects. A further indicator of coordination efforts is the creation of a dedicated Team Europe Support Structure (TESS MAV+). This is intended to strengthen technical support, monitoring, and communication for MAV+, and identifies a consortium involving member-state agencies (for example, Expertise France, the Belgian Agency for International Cooperation and the German Agency for International Cooperation), with EU support described at €15.5 million.[24]

A bounded episode: Rwanda within the MAV+ portfolio

One way MAV+ becomes traceable is through country 'episodes' that connect the initiative's continental framing to implementable packages. Rwanda is prominently presented as a node in the regional manufacturing agenda, linked to skills and ecosystem development, regulatory strengthening, and manufacturing investments associated with the establishment of an mRNA facility.[25] Commission Global Gateway materials list milestones associated with Rwanda (including regulatory maturity goals for the Rwanda FDA and the launch of a bioeconomy skills and acceleration centre), reflecting MAV+'s emphasis on institutional readiness alongside industrial investment.[26]

External ecosystem analyses highlight why such a country 'episode' matters for MAV+'s broader approach: manufacturing readiness depends not just on facility construction, but also includes product selection and market size, regulator capability, quality systems, skills pipelines, and credible demand—often tied to global procurement systems.[27] In this sense, Rwanda's prominence in MAV+ materials illustrates the initiative's attempt to bundle 'supply' investments with 'enabling environment' interventions rather than treating manufacturing as a stand-alone industrial project.

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[23] Africa CDC, Africa CDC and EU Join Efforts to Improve Equitable Access to Health Products and Local Manufacturing for Africa, 27 October 2023, https://africacdc.org/news-item/africa-cdc-and-eu-join-efforts-to-improve-equitable-access-to-health-products-and-local-manufacturing-for-africa/.

[24] Expertise France, 'Team Europe Support Structure on Manufacturing and Access to Vaccines, Medicines, and Health Technologies in Africa (TESS MAV+)', 5 September 2023, https://www.expertisefrance.fr/en/projects/team-europe-health-products-africa; Enabel, 'Team Europe Support Structure (TESS) for Manufacturing and Access to Vaccines, Medicines and Health Technology Products in Africa (MAV+)', 2026, https://open.enabel.be/en/BEL/2504/p/team-europe-support-structure-tess-for-manufacturing-and-access-to-vaccines-medicines-and-health-technology-products-in-africa-mav.html.

[25] European Commission, 'Global Gateway: EU Increases Support to Vaccine Production in Rwanda as First mRNA Facility Opens', 18 December 2023, https://international-partnerships.ec.europa.eu/news-and-events/news/global-gateway-eu-increases-support-vaccine-production-rwanda-first-mrna-facility-opens-2023-12-18_en.

[26] European Commission, 'Global Gateway'.

[27] Africa CDC, 'The Change in African Vaccine Manufacturing Landscape', 27 October 2024, https://africacdc.org/wp-content/uploads/2024/11/The-change-in-African-vaccine-manufacturing-landscape-.pdf.

In sum, the MAV+ case documents a regional influence pathway in which European leverage is expressed less through universal rule-setting and more through institution-building, market-shaping, and networked coordination with African partners. This is an attempt to combine finance with technocratic regulatory support and coalition-based partnership, while outcomes ultimately depend on demand certainty, regulatory capability, technology transfer viability, and the coordination costs of operating across a large portfolio.

Bilateral Engagement: The ‘Green and Health’ Team Europe Initiative in Georgia

The Georgia case examines a bilateral Team Europe Initiative (TEI) that brings together multiple environment–health actions under a ‘Green and Health’ umbrella. In contrast to WHO-centred multilateral rule-making and the regionally networked MAV+ portfolio, this venue is organised around EU country programming, project design, and implementation partnerships. The relevant documentary trail runs from pandemic-era support measures adopted in 2020 through to the Multiannual Indicative Programme (MIP) 2021–2027 and the ‘EU Green Connectivity Programme for Georgia’, within which multiple environment and health-related actions are specified and financed.[28]

The episode and its institutional stakes

The ‘Green and Health’ TEI is positioned within the EU’s Multi-Annual Indicative Programme 2021–2027 for Georgia, which frames EU support around a limited number of priority areas and provides the programming context for Team Europe approaches in the country.[29] The TEI’s documentation present it as a multi-sectoral package oriented towards environmental protection and public health, bundling interventions on air and water quality, waste and circular economy, green cities, and related capacity-building and investment components.[30]

The case is shaped by a sequence of financing and programming decisions that link COVID-19 response to subsequent environment–health actions. The 2020 Annual Action Programme for Georgia framed EU support around mitigating the health, social and economic impacts of COVID-19 while maintaining progress on EU-related commitments.[31] Within that package, the ‘Covid-19 Resilience Contract for Georgia’ action illustrates the use of budget support with defined objectives and conditions, and the ‘EU Resilience Facility’ action document sets out a broader envelope covering economy, environment, health and migration management.[32]

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[28] European Commission, ‘Annual Action Programme for Georgia [ENI 2020 (C/2020/4959)]’, 23 July 2020, https://enlargement.ec.europa.eu/eni-2020-c20204959-annual-action-programme-georgia_en; European Commission, ‘Multi-Annual Indicative Programme (MIP) 2021-2027 for EU Support to Georgia’, 18 August 2022, https://enlargement.ec.europa.eu/multi-annual-indicative-programme-mip-2021-2027-eu-support-georgia_en; European Commission, ‘Commission Implementing Decision on the Financing of the Individual Measure in Favour of Georgia for 2021’, 6 May 2022, https://enlargement.ec.europa.eu/system/files/2022-05/C_2022_3094_F1_COMMISSION_IMPLEMENTING_DECISION_EN_V3_P1_1965109.PDF; European Commission, ‘Action Document for “EU Green Connectivity Programme for Georgia”’, 2022, https://enlargement.ec.europa.eu/document/download/b2083a30-d63d-4807-abe0-ba2aa788113d_en?filename=C_2022_3094_F1_ANNEX_EN_V1_P1_1965170.PDF.

[29] European Commission, ‘Multi-Annual Indicative Programme (MIP) 2021-2027 for EU Support to Georgia’.

[30] Delegation of the European Union to Georgia, ‘Team Europe Initiative “Green and Health”’, 15 June 2023, https://www.eeas.europa.eu/delegations/georgia/team-europe-initiative-green-and-health-factsheet_en?s=221; European Union, ‘Georgia - Environment and Health’, accessed 25 February 2026, https://capacity4dev.europa.eu/resources/team-europe-tracker/partner-countries/georgia/georgia-environment-and-health_en.

[31] European Commission, ‘Annual Action Programme for Georgia [ENI 2020 (C/2020/4959)]’.

[32] European Commission, ‘Action Document for Covid-19 Resilience Contract for Georgia’, 23 July 2020, https://enlargement.ec.europa.eu/eni-2020-action-document-covid-19-resilience-contract-georgia_en; European Commission, ‘Action Document for EU Resilience Facility for Georgia: Economy, Environment, Health and Migration Management (“The EU Resilience Facility”)’, 23 July 2020, https://enlargement.ec.europa.eu/action-document-eu-resilience-facility-georgia-economy-environment-health-and-migration-management_en.

The follow-on 'EU Green Connectivity Programme for Georgia' (adopted under a 2021 individual measure) provides a more detailed sectoral bridge from programming to implementable actions, aiming to improve environmental conditions and citizen health while supporting sustainable connectivity infrastructure.[33] The programme specifies distinct components, including environment and health-related strands that are presented as part of the TEI portfolio, making it a suitable analytical entry point for tracing how an umbrella initiative is populated by discrete projects and implementing arrangements.

European collaboration and leverage in a bilateral TEI

European collaboration in Georgia is visible primarily through the assembly of a portfolio under a single TEI label and the associated coordination role of the EU Delegation and participating Team Europe actors. This Team Europe initiative entails multiple actions and partners, which are intended to reinforce a long-term green transition linked to citizens' health.[34]

Funding power. In this bilateral setting, EU funding is channelled through country programming and project modalities that are more directly tied to deliverables and implementation oversight than in multilateral rule-making. The Green Connectivity action plan specifies outputs and activity strands that are translated into identifiable projects, including those focused on air quality and water-related health issues.[35] The ensuing projects have overlapping and interconnected objectives for strengthening national capacities and infrastructure, and developing EU-aligned national frameworks and legislation, including the implementation of the EU acquis in related policy areas en route to eventual accession.[36]

Technocratic expertise. The Georgia portfolio is primarily structured around technical assistance and institutional capacity-building. The 'Air Quality for Better Citizens' Health' project (implemented with UNDP and partners) is framed as strengthening monitoring infrastructure, analytical capacity, and regulatory tools for air quality management.[37] This partnership is implemented through a consortium of international and local partners, including EU institutions, the UNDP, the United Nations Economic Commission for Europe, and the Environment Agency Austria, thus illustrating the diverse expertise that EU funding can catalyse. This mode of expertise deployment is embedded in project routines—monitoring systems, regulatory frameworks, training and equipment—rather than in negotiated agreements of the sort more prevalent in multilateral and regional partnerships seen above.

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[33] European Commission, 'Action Document for "EU Green Connectivity Programme for Georgia"'; European Commission, 'Commission Implementing Decision on the Financing of the Individual Measure in Favour of Georgia for 2021'.
[34] Delegation of the European Union to Georgia, 'Team Europe Initiative "Green and Health"'.
[35] European Commission, 'Action Document for "EU Green Connectivity Programme for Georgia"'.
[36] Delegation of the European Union to Georgia, 'Air Quality for Better Citizens' Health', 25 February 2026, https://eu4georgia.eu/?country=2&eud_pdf_project=2277&lang=eng; Delegation of the European Union to Georgia, 'Water and Health for Georgia', 25 February 2026, https://eu4georgia.eu/?country=2&eud_pdf_project=2450&lang=eng.
[37] UNDP, 'Air Quality for Better Citizens' Health', 2023, https://www.undp.org/georgia/projects/air-quality.

Policy networks and coordination costs. At country level, the TEI approach relies on networked coordination across European implementers and with Georgian counterparts. The observable footprint of this coordination appears in the multiplication of actors and components within the TEI portfolio, and in the involvement of multiple international organisations in delivery. Interview evidence suggest that consortium formation, routine coordination structures, and political-operational constraints shape implementation choices and the practical costs of sustaining a Team Europe 'umbrella' across multiple projects.

A bounded episode: translating the TEI umbrella into project governance

Georgia's 'Green and Health' TEI becomes operational through a concrete sequence: EU programming decisions define a set of environment–health components; those components are then financed and implemented through specific consortia and project modalities; and day-to-day delivery is governed through project boards, annual workplans, and reporting routines. The clearest programme-level bridge is the EU Green Connectivity Programme for Georgia, which explicitly states that it contributes to the Green and Health TEI and breaks the package into four components, including one on 'Better air and water quality for citizens' health.' Within this component, the programme specifies measurable targets such as increasing the share of intervention cities meeting background air-quality standards and expanding groundwater monitoring points (from 66 in 2021 to 96 by 2026), which then anchor downstream project selection and monitoring.

In relation to air quality, EU funding is channelled into an 'Ambient Air Quality Improvement' package implemented through a consortium in which UNDP acts as lead, with WHO and United Nations Economic Commission for Europe providing specialised technical input, and with an EU Member State agency—the Austrian Environment Agency—contributing expertise to ensure monitoring systems and procedures align with EU standards. The work is not limited to equipment: it includes installing and calibrating monitoring stations, improving data validation and quality assurance/quality control, supporting forecasting capacity, and drafting or refining bylaws and regulatory frameworks that align with EU requirements on industrial emissions and air-quality management. Interview evidence indicates that Austrian Environment Agency's role in practice included ensuring the monitoring stations met EU technical standards and that the resulting data could feed into EU-level datasets and forecasting systems.

On the water-and-health strand, EU funding supported a defined project ('Water and Health for Georgia') delivered by a European implementing consortium (including the German Environment Agency's international arm and European technical operators), working with Georgian counterparts across environment and health institutions. Here, the funded outputs again combine infrastructure and governance: expanding and upgrading monitoring networks, improving data management and reporting, and supporting alignment with EU and international standards relevant to drinking-water safety and water-related health risks. In the background, the TEI umbrella also references parallel financing for water supply and

sanitation investments (notably with involvement by the German development bank KfW) and a broader portfolio that includes circular economy/waste management and green-cities infrastructure, indicating how different Team Europe actors (EU institutions, Member State agencies, and European financial institutions) are intended to populate the 'Green and Health' label with complementary pieces rather than a single project.

Overall, the bounded episode shows concretely what Team Europe is doing in Georgia: financing a portfolio whose environment–health components are specified and measured at programme level, contracting consortia that include at least one EU Member State organisation as a formal TEI requirement, and delivering capacity-building through monitoring stations, laboratories/data systems, modelling and forecasting tools, and regulatory approximation support—coordinated through routine governance and reporting structures that make transaction and coordination costs visible in implementation.

Synthesis, Comparison and Cross-Case Lessons

Across the three cases, venue choice shapes both what 'influence' looks like and which combinations of leverage are observable. In the WHO episode, influence is expressed primarily through negotiated legal text and its embedded implementation architecture, reached through consensus-building across a universal membership. In MAV+, influence is expressed through a regional portfolio that links institutional strengthening and industrial policy objectives to a mix of financing instruments, project delivery and market-shaping mechanisms. In Georgia, influence is expressed through country programming and project governance—where measurability is comparatively high and delivery is mediated by implementing consortia, administrative routines and domestic political context. These patterns are consistent with the negotiation-heavy character of multilateral rule-making, the hybrid partnership character of regional portfolios, and the delivery orientation of bilateral TEIs.

A first cross-case observation concerns the role of the implementation infrastructure. In the WHO case, the 2024 IHR amendments introduce new standing arrangements such as a States Parties Committee and a Coordinating Financial Mechanism, reflecting an attempt to institutionalise facilitation and implementation support within the IHR framework. In the Pandemic Agreement, the adoption of a framework instrument with signature deferred until completion of a PABS annex similarly illustrates how contested operational details can be displaced into subsequent procedures and subsidiary negotiation. In MAV+, the presence of a dedicated Team Europe Support Structure (TESS) performs an analogous function at portfolio level: public documentation describes it as providing coordination, monitoring and communication support for a multi-actor initiative spread across many projects and implementers. In Georgia, implementation infrastructure is visible not as a standing global mechanism but as project-level governance (programme components, indicators and targets; partner configurations; and delivery routines) embedded in action documents and project designs. Taken together, the cases show that institutionalisation—understood here as the embedding of cooperation in formal structures, procedures and recurring coordination mechanisms—is not only a 'multilateral' phenomenon: it also appears as portfolio support structures (regional) and as project governance and reporting systems (bilateral).

Second, the cases illustrate how the three leverage channels—funding, technocratic expertise and networks—tend to be deployed in combination, though with different 'weights' by venue. In the WHO episode, funding appears mainly as enabling and signalling, in a context where the IHR amendment package explicitly highlights the need to mobilise predictable and sustainable resources for capacity-building and implementation. At the same time, WHO financing remains heavily dependent on voluntary contributions, and donor profiles identify Team Europe as the largest collective contributor (Kentikelenis and Seabrooke, 2025). In MAV+, funding is structured as a portfolio and is coupled to explicit demand-side market-shaping through AVMA, which is presented by Gavi and UNICEF-facing documentation as an incentive mechanism intended to connect African manufacturers to global procurement channels by rewarding WHO prequalification and successful tender participation. In Georgia, funding is channelled into discrete actions with specified outputs, timelines and measurable targets under a defined programme framework, making delivery and monitoring comparatively observable.

Technocratic expertise travels differently across venues. In WHO rule-making, expertise is most directly expressed through drafting and the design of procedural and institutional provisions that structure implementation support and national coordination responsibilities (such as national IHR authorities), with legal commentary emphasising both the innovations and the persistence of compliance constraints in a cooperative framework. In MAV+, expertise is organised around regulatory strengthening, quality systems, skills and ecosystem development, consistent with Africa CDC diagnosis that regulatory maturity, workforce and demand certainty are binding constraints alongside financing. In Georgia, expertise is embedded through project modalities: monitoring systems, data management procedures, and support for regulatory alignment and institutional coordination, as reflected in implementing documentation and project descriptions for air quality and water-and-health initiatives.

Networked coordination is central in all three cases but is most visible in different places. In the WHO episode, coalition-building is reflected in consensus adoption, cross-regional sponsorship patterns around the IHR resolution, and the long negotiation process across parallel tracks, with EU coordination structured through Council authorisation and subsequent steps to align Member State acceptance of the amendments. In MAV+, network coordination is expressed through the partnership ecology (EU institutions, Member States and agencies, African institutions, and international partners) and through the governance and support arrangements described for TESS. In Georgia, networks are embedded in the TEI portfolio structure and the reliance on consortia and partner coordination, with the programme framework explicitly presenting multiple components under a single umbrella.

Third, the cases point to the salience of transaction and coordination costs. In the WHO episode, costs appear as process intensity: long drafting cycles, parallel negotiation tracks, and continued negotiations over unresolved annex content. In MAV+, coordination costs appear as a portfolio governance problem addressed through a support structure and common monitoring and communication functions. In Georgia, coordination costs appear at the level of implementation routines and reporting, where Team Europe branding and portfolio coherence are maintained through project-level governance structures, monitoring requirements and multi-partner delivery chains. These are not inherently ‘failures’; rather, they are a systematic feature of how different venues organise accountability and collective action.

Ultimately, the three cases illustrate how ‘success’ of European engagement manifests differently by venue. In the WHO episode, success is most clearly visible as agenda/decision influence and institution-building through adoption of legal text and its embedded implementation mechanisms, with implementation contingent on national acceptance and capacity. In MAV+, success is more readily observed in institution-building and market architecture—support to continental strategies and regulators, and the creation of demand-side incentives intended to improve manufacturer viability and tender participation—while actual production outcomes and sustainability depend on market size, procurement systems, regulatory capability and technology transfer. In Georgia, success is most observable as

implementation performance: financed projects with specific deliverables (monitoring networks, data systems, regulatory alignment and institutional coordination) under a defined programme framework, with outcomes mediated by partner capacity and the domestic political-operational environment.

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About NAVIGATOR

NAVIGATOR is a 4-year research project set to examine how the EU shall navigate the increasingly complex – and conflict-laden – institutional spaces of global governance to advance a rules-based international order. What factors should be emphasized when considering which institutions to strengthen, which to reform, and which to by-pass when revitalising multilateralism?
NAVIGATOR's main objective is to answer these questions and deliver a ready-to-use "search mechanism" and associated pathways of action that the EU and its member states can use as it seeks to strengthen a rules-based international order.

To achieve this, NAVIGATOR comprises a strong, global and inter-disciplinary team of researchers that explores institutional variation on six policy issues – climate change, digitalisation, finance/tax, health, migration and security – to identify what institutional mixes that enables the EU to have optimal impact in a given policy issue.

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