

AFRICAN UNION

الاتحاد الأفريقي



UNION AFRICAINE

UNIÃO AFRICANA

Addis Ababa, Ethiopia

P. O. Box 3243

Telephone: 5517 700

Fax: 5517844

Website: www.au.int

EXECUTIVE COUNCIL

Thirty-Nine Ordinary Session

27 September – 01 October 2021

Addis Ababa, Ethiopia

EX.CL/1285(XXXIX)

Original : English

PROGRESS REPORT ON COVID-19 RESPONSE

PROGRESS REPORT ON COVID-19 RESPONSE

INTRODUCTION

1. The Africa Centres for Disease Control and Prevention (Africa CDC) works with all 55 African Union (AU) Member States to achieve its vision of "**a safer, healthier, integrated and prosperous Africa**". Its mission is to strengthen public health institutions' capabilities to detect and respond quickly and effectively to disease outbreaks and other health burdens through an integrated network of continent-wide preparedness and response, surveillance, laboratory, and research programmes. In order to achieve its mission, the Africa CDC works with the AU Member States, the World Health Organization (WHO) and other partners in the five AU Regions to strengthen their capacity in key strategic priority areas.

2. Following the declaration of the novel coronavirus (COVID-19) outbreak as a Public Health Emergency of International Concern (PHEIC) by the World Health Organization (WHO) on 30 January 2020, the Chairperson of the African Union Commission convened an Emergency meeting of the African Union (AU) Ministers' of Health on 22 February 2020 in Addis Ababa, Ethiopia. The ministers endorsed the African Task Force on Coronavirus (AFTCOR), a Pan-African platform for the preparation and response to COVID-19 aim at reaching consensus on complex technical and political issues. The Joint Continental Strategy guides an approach anchored in collaboration and solidarity, evident in initiatives such as the Partnership to Accelerate COVID-19 Testing (PACT), the pooled procurement of critical medical supplies through the Africa Medical Supplies Platform (AMSP), the Trusted Travel Platform, and networking and pathogen genomics capacity development.

3. On **February 2, 2021**, the Africa CDC submitted a report on the first phase of its response activities based on the Joint Continental Strategy to the Permanent Representatives Committee (PRC) of the AU. The report focused on the efforts in building new institutions, capacity and capabilities in Member States as well as in the Africa CDC Secretariat and Regional Collaborating Centres (RCCs) to combat COVID-19 on the continent.

4. Today, more than a year into the pandemic which has significantly affected all areas of life on the continent, the emphasis has shifted to balancing the twin goals of containing transmission and reopening society to economic activity. The Africa CDC adapted its response activities according, for example, deepening its capacity-building and technical support to Member States to cover critical digital interventions, especially those that foster cooperation across national borders. This report summarises the key developments since the submission of the last report.

EPIDEMIOLOGICAL SITUATION

5. **As of 30 May 2021**, a global total of 169,130,490 COVID-19 cases, including 3,519,606 related deaths (case fatality ratio (CFR): 2.1 per cent) have been reported

from 225 countries and territories to the World Health Organization (WHO). The distribution of cumulative cases from the WHO reporting regions (excluding Africa) are as follows: Eastern Mediterranean Region 8,683,756 (5 per cent), European Region 54,180,850 (32 per cent), Region of the Americas 67,001,389 (40 per cent), South-East Asia Region 31,419,007 (19 per cent) and Western Pacific Region 2,977,833 (2 per cent).

6. Of the total cases, 4,823,429 COVID-19 cases and 130,277 deaths (CFR: 2.7 per cent) have been reported in the 55 African Union (AU) Member States, representing 3 per cent of all cases reported globally.

Out of the 55 African Union Member States, 52 (95 per cent) Member States have experienced a second wave, out of which 40 (77 per cent) have been severe. Thirteen (24 per cent) Member States have experienced a third wave, with 10 (77 per cent) been severe.

7. Studies have also found that mortality in critically ill patients with COVID-19 is higher in African countries than reported from studies done in Asia, Europe, North America, and South America. Increased mortality was associated with insufficient critical care resources, as well as the comorbidities of HIV/AIDS, diabetes, chronic liver disease, and kidney disease, and severity of organ dysfunction at admission. COVID-19 is now the 12th leading cause of death worldwide, the sixth leading cause of death in high-income countries, and the 41st leading cause of death in Africa.

8. To better estimate the number of infections and the pandemic burden among African populations, Africa CDC supports population-based serological survey studies in 17 African countries. So far, we received preliminary results from three Member States and data collection completed in two additional Member States (see below preliminary data). Three Member States are still collecting data on the field while nine others are finalising survey protocol prior to commencement of field work. Preliminary analysis of the data indicated the following:

- Wide variation in the seroprevalence among African countries
- A significant proportion of the African population remain susceptible to the virus causing COVID-19
- African governments need to commit to scaling up COVID-19 vaccination to protect the population and reduce the risk of developing SARS-CoV-2 variants.

Country	Overall prevalence	Seroprevalence by Gender	
		Female	Male
Sierra Leone	2.80%	3.40%	2.20%
Uganda	20.67%	20.59%	20.77%
Zambia	13.3*	10.80%	15.2%
Zimbabwe	3.10%	3.40%	2.60%

9. The emergence of SARS-CoV-2 new variants of concern has also highlighted inadequate national pathogen genomic sequencing capacities in many countries and

led to calls for expanded virus sequencing. However, sequencing without epidemiological and clinical surveillance data is insufficient to show whether new SARS-CoV-2 variants are more transmissible, more lethal, or more capable of evading immunity, including vaccine-induced immunity. The Africa CDC has adapted the joint continental strategy for COVID-19 with a focus on enhanced Prevention, Monitoring, and Treatment. The African Union (AU) Ministers of Health endorsed this during a high-level emergency meeting on 8 May 2021.

NEXT PHASE IN THE COVID-19 RESPONSE

PREVENT, MONITOR, TREAT

10. Based on the developments and new data outlined above, the Africa CDC, with its continental and global partners, adapted the strategy to fight COVID-19 on the continent. The adapted strategy reflects the need to:

- **PREVENT the further spread of the disease** by fostering the widespread uptake of safe and efficacious vaccines against COVID-19, distributing Personal Protective Equipment (PPE) to Member States, developing risk communication campaigns and deploying the community health workers (CHWs) necessary to support the campaigns;
- **MONITOR the continental situation** by endorsing new monitoring tools and guidance, encouraging Member States' reporting, establishing and strengthening sequencing capacity for surveillance, enhancing diagnostic testing capacity, and estimating seroprevalence;
- **TREAT those affected by COVID-19 rapidly and appropriately** by ensuring essential medicines for COVID-19 are in ready supply, equipping Member States with appropriate supply of oxygen, and employing appropriate guidance and training to manage all COVID-19 manifestations.

PREVENT THE FURTHER SPREAD OF THE DISEASE

PREVENT 1: Fostering widespread uptake of safe and efficacious vaccines – the COVID-19 vaccine development and access strategy

11. On 20 August 2020, the Bureau of Heads of State and Government endorsed Africa CDC COVID-19 Vaccine Development and Access Strategy. Its goal is to eliminate the disease on the **African continent by achieving "herd immunity" – covering at least 60 per cent of the population with safe and efficacious vaccines to stop transmission and avoid future outbreaks.** To achieve this goal, the strategy pursues three objectives: Africa's involvement in clinical development of the vaccines, access (including financing, procurement and local vaccine manufacturing), and removing the barriers to delivery and uptake (including through streamlined regulatory approvals, large-scale community engagement and communication campaigns and delivery readiness). The vaccine strategy aims to inoculate at least 60 per cent of the

African adult/adolescent populations with safe and efficacious vaccines to achieve "herd immunity" by 2022. The strategy has three key objectives:

- i. **Accelerate African involvement in the clinical development of a vaccine:** Participation by African nations in clinical trials is an essential step to ensure that sufficient data is generated on the safety and efficacy of the most promising vaccine candidates among the continent's populations;
- ii. **Ensure African countries can access a sufficient share of the global vaccine supply:** Now that safe and efficacious vaccines are available; Member States need to be able to access them at scale. The vaccine strategy explicitly encourages the AU Member States to participate in and support the COVAX Facility. To cover additional needs of AU Member States, the vaccine strategy foresees the possibility of further deals with manufacturers. It also covers the need to accelerate African continental vaccine production;
- iii. **Remove barriers to widespread delivery and uptake of effective vaccines across Africa:** Effective COVID-19 vaccine delivery requires streamlined regulatory approvals, preparations for the delivery of the vaccine and large-scale community engagement and communication campaigns to ensure uptake. The strategy addresses all three areas and also contains provisions for regional and continental pharmacovigilance surveillance.

12. The strategy's first objective is driven by the **Africa CDC Consortium for COVID-19 Vaccine Clinical Trials (CONCVACT)**. CONCVACT identifies research needs, facilitates the initiation of trials, strengthens critical enablers and supports vaccine clinical trial sites across all African Union regions to ensure vaccines are safe and efficacious in African populations. The second objective is driven by the **COVID-19 African Vaccine Acquisition Task Team (AVATT)**; an initiative of His Excellency President Cyril Ramaphosa of the Republic of South Africa in his role as Chairperson of the African Union on 7 November 2020. Its mandate is to secure the necessary vaccines and financing to achieve Africa's COVID-19 vaccination objective. The allocation of vaccine doses to immunise 20 per cent of the population, the original aim of the COVAX Facility, has been considered a key element of this strategy. Protecting high-risk individuals, such as health workers and social care providers, as well as certain vulnerable groups, ensures the continuity of critical healthcare programmes and protects those most likely to suffer a severe course of the disease. Hence, the COVID-19 Vaccine Development and Access Strategy explicitly encourages the AU Member States to participate in the COVAX Facility and support it. Ensuring that all African Union Member States can, despite these constraints, access and finance the vaccine doses needed to cover at least 60 per cent of their population and reach the continental target is the goal of the AVATT.

13. The AVATT, supported by a USD 25m donation by MTN group, was able to distribute 1m doses of the AstraZeneca vaccine to 13 different African Union Member States in March. These doses enabled the Member States to start their vaccination efforts. Currently, the AVATT is working on the operationalisation of the Advance

Purchase Agreement concluded with Johnson and Johnson for a total of up to 400m doses of the manufacturer's single-dose vaccine. Deliveries of the vaccine doses are set to start in Q3 of 2021 to those Member States that have submitted committed pre-orders. The Johnson and Johnson vaccine is considered the programmatic vaccine for Africa for several reasons: having proven safe and efficacious, it also combines the advantages of favourable storage conditions and the single-dose regime, unique among currently approved vaccines. The single-dose regime increases the likelihood of full vaccination and ensures that this vaccine is the most cost-effective choice as all costs associated with delivery, including transport, storage, communication, personnel, and infrastructure, are cut in half.

14. For the third objective, the **African Vaccine Delivery Alliance (AVDA)**, an alliance of key players from the private and public sector, international organisations, civil society and academia, is mandated to ensure the rapid and seamless deployment of vaccine and associated ancillary supplies/equipment in the right condition, the right quantities at the right place.

Regulatory readiness is an important first step for access to these vaccines. African regulators are required to review and authorise COVID-19 vaccines before importation and use.

15. However, research shows that there can be a lag of up to nine years between the first regulatory submission for vaccines—usually to a stringent regulatory authority (SRA)—and final approval in Sub-Saharan Africa. This is driven by a set of fundamental regulatory barriers, from a lack of reliance on global processes (e.g., EUL process, generic manufacturing labels), to slow and redundant processes (e.g., paper submissions of Certificate of Pharmaceutical Product, lot release testing at the port, lengthy customs processes etc.).

16. As of **24th May 2021**, 43.5 million doses of COVID-19 Vaccine have been received in Africa through the COVAX facility (18.5 million), AVATT (999,900) and bilateral (19.2 million) agreements between countries. 28.4 million of these vaccines have been administered which translates to 64.93% of the supply. To date seven vaccines have been deployed for use in Africa and they are Astrazeneca, Sinopharm, Johnson and Johnson, Pfizer/BioNTech, Moderna, Sinovac, Covaxin. 6 million people have been fully vaccinated with 22.5 million and 5.8 million having received first and second doses respectively. Astrazeneca remains the most widely distributed at 31.4 million followed by Sinopharm at 7.3 million and Covaxin least with 280,000 doses. Individual vaccines have been approved for emergency use by various member states. Africa has fully vaccinated 0.46 % of its populace with 1.67% of the population having received at least one dose. Seychelles, Morocco, Mauritius take the lead for most people vaccinated (per 100 people) in a country having vaccinated 66.8%17.2%, 8.5% of their population respectively. In terms of most doses gives, Morocco, Nigeria, Ethiopia, Egypt, Kenya are the top five. Only nine member states are administering the second doses with the rest still giving out first dose of the various vaccines.

Major challenges to reaching the continental target of vaccinating at least 60 per cent of the African population with safe and efficacious vaccines against COVID-19 remain acquisition and countering vaccine hesitancy.

- As mentioned above, most available doses have already been administered, and the rate of fully vaccinated persons remains under two per cent. The Johnson and Johnson vaccines acquired by the Member States through the AVATT will provide an important step towards the continental goal of vaccinating at least 60 per cent of the population, but it needs to be complemented by the Member States to access enough vaccines for their populations. This goal is non-negotiable: Unless we achieve herd immunity, COVID-19 will become endemic in Africa. New variants are sure to emerge.
- There is a growing amount of anecdotal and systematic evidence of vaccine hesitancy, including among healthcare workers. Targeted, well-informed and resourced risk communication and community engagement campaigns are necessary to ensure the population is able to assess the risk-benefit profile of the vaccines based on scientific data and information.

PREVENT 2: Distributing Personal Protective Equipment (PPE) to Member States – continued efforts of the African Medical Supplies Platform (AMSP)

17. With the help of the African Medical Supplies Platform, Africa CDC continues to supply critical materials and supplies to the Member States, including medical masks (14.6 Million), face shields (600K), protective suits (613K), Thermo-scanners (108), infrared thermo-flash (4,890), and 9,408 goggles.

PREVENT 3: Developing risk communication and community engagement (RCCE) campaigns

18. Africa CDC has conducted a multi-country COVID-19 Vaccine Perception Survey to further guide demand creation as part of vaccine rollout on the continent. These will be the base of focused risk communication and engagement campaigns currently under development.

PREVENT 4: Deploying the community health workers (CHWs) necessary to support the campaigns

19. Africa CDC has deployed and will continue to deploy community health workers to support the campaigns and build capacities on the group. Support so far has included the following:

- Engaged and Supported 24 member states technically and financially to deploy Community Health Workers (CHWs) for COVID 19 response.
- Facilitated deployment of 17154 CHWs to support contact tracing, active case search and linkage of identified suspect cases to testing and care

- Cumulatively, deployed CHWs visited over 2,568,654 households for community engagement activities and identified 1,618,601 contacts.
- Coordinated with partners in provision of technical support, resource mobilisation and actual implementation of CHWs at country level.
- Developed guiding documents (CHW training curriculum and the role of CHWs in Vaccine role out).
- Conducted supportive supervision visit to three Member States to understand the perceived gains of the PACT support and address challenges faced by the Member States in the implementation.
- Conducted two surveys to determine national CHW programmes implementation in the continent and also to get feedback from the Member States on the Impact of PACT support.

MONITOR THE CONTINENTAL SITUATION

MONITOR 1: Endorsing new monitoring tools and guidance and encouraging Member States' reporting

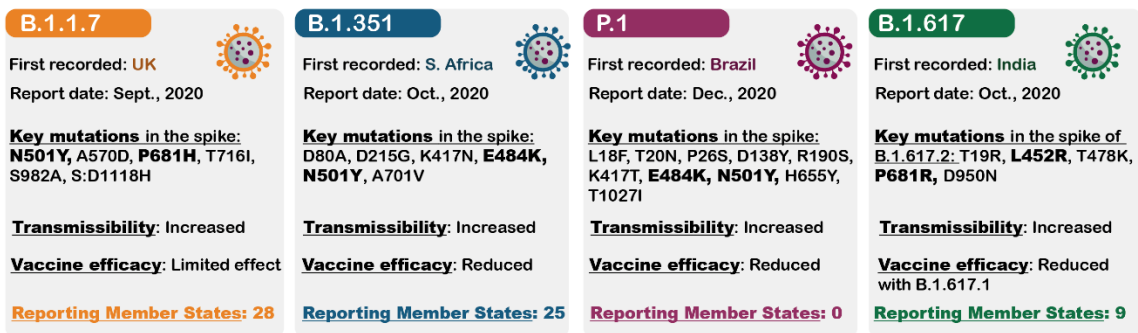
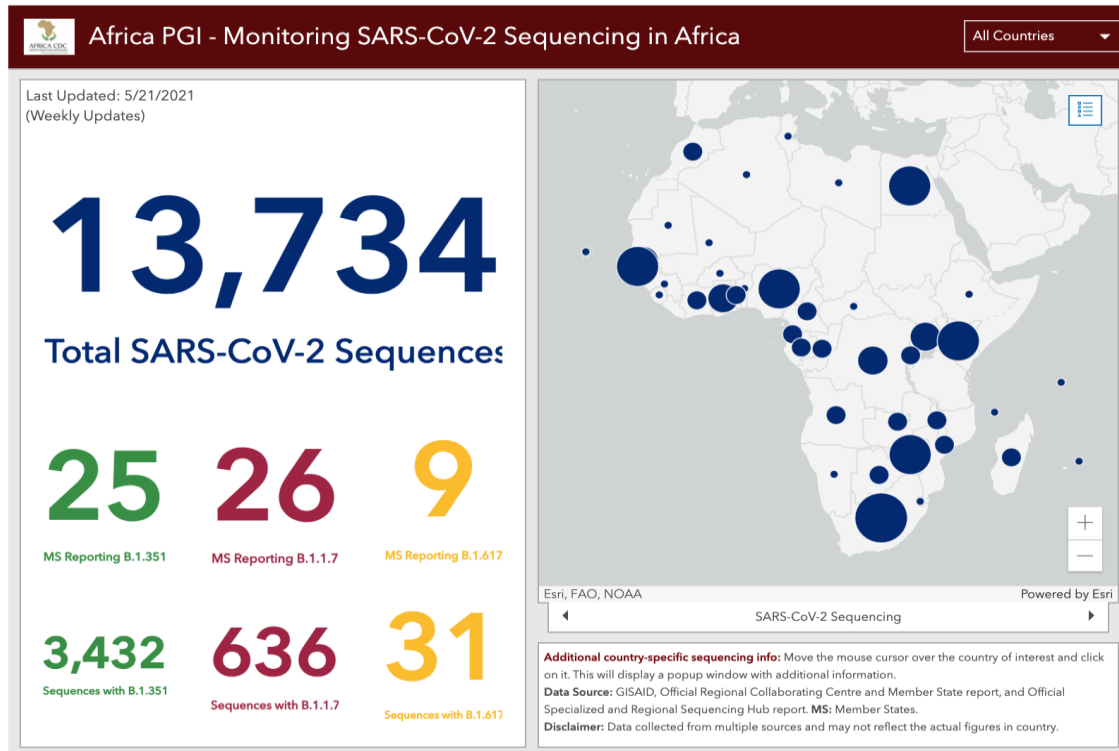
20. Africa CDC continues to provide guidance and support to Member States' surveillance and reporting activities. Examples include the following:

- Different guidelines, standard operating procedures & protocols, were developed (over 10), including Africa CDC guidance for enhanced SARI/ILI Surveillance for COVID-19 in Africa, Africa CDC guidance for Contact tracing for the COVID-19 Pandemic, Africa CDC recommendations for stepwise response to COVID-19 and Resumption of travel and cross border surveillance: High-level policy recommendations for African Union Member States
- Mechanisms for collection of additional data and evidence to guide focused interventions, Serosurveys (17 Member States supported) and Rapid Mortality Surveillance (two Member States supported)
- Conducted Technical Surveillance virtual trainings / Webinars (Over 9000 participants trained to date)
- Supported the implementation of EBS for COVID-19 Daily COVID-19 epidemiological updates, including updates for different technical webinars and taskforce meetings. Epidemiological updates for different Africa CDC social media platforms and science briefs
- Supported enhancement of Community Based Surveillance for COVID-19
- Supported the Africa CDC Trusted Travel Initiative: Three Member States have been onboarded onto the Africa CDC platform and 31 others in various stages of engagement with Africa CDC partners. The Multi-sectorial technical task force on trusted travel developed and published call to action recommendations for Member States including Implementation strategies

MONITOR 2: Establishing and strengthening sequencing capacity for surveillance

21. Routine genomic surveillance of SARS-CoV-2 is essential to detect, monitor and characterise virus variants that can result in increased transmissibility, disease severity or affect the effectiveness of diagnostics, vaccines and treatment. Africa CDC and WHO/AFRO have jointly established a network for SARS-CoV-2 genomic surveillance, including few specialised centres and regional sequencing hubs. Africa CDC is currently supporting these laboratories and facilitating sample shipment. Sequencing within the network is therefore supported and no additional costs may be incurred. In January 2021, Africa CDC through its Africa Pathogen Genomics Initiative (Africa PGI), had developed a plan to accelerate SARS-CoV-2 sequencing in Africa. The plan to accelerate SARS-CoV-2 sequencing is based on four pillars: establishing an effective sample referral network, strengthening regional hubs to support Member States with limited or no sequencing capacity, technical and training support for national-level laboratories, and coordination of sequencing activities across the continent. Currently, Africa CDC is supporting Member States in the following areas:

- 1. Monitoring the spread of SARS-CoV-2 variants of concerns:** Four new SAR-CoV-2 variants of concern (VOC), the 501Y.V1 (B.1.1.7), 501Y.V2 (B.1.351), 501Y.V3 (B.1.1.28.1), B.1.1.617.2 have been reported from the United Kingdom (UK), South Africa, Brazil, and India, respectively. As of 31 May 2021, the 501Y.V1 variant, first detected in the UK has been reported in 28 African countries. On the other hand, the 501Y.V2 variant first detected in South Africa has been reported in 26 African countries and is currently the predominant circulating variant in the Southern African region. Ten countries have reported the B.1.617 variant (see Figure below and the latest information can also be found on the Africa CDC dashboard: <https://africacdc.org/institutes/africa-pathogen-genomics-initiative/>) (see below).



- 2. Establishing and coordinating a specimen referral:** Africa CDC has established a specimen referral network to support Member States that do not have in-country sequencing capacity. As of 31 May, more than 10044 SARS-CoV-2 specimens from 30 Member States are referred to the regional reference laboratories for SARS-CoV-2 sequencing. Of which, 23 Member States have reported one or more of the variants of concerns.
- 3. Supporting Reference Laboratories:** The Africa CDC's strategy to accelerate SARS-CoV-2 sequencing relies heavily on strong regional laboratory capacity and systems to support diagnosis, surveillance and detection of SARS-CoV-2 variants. The availability of laboratories that are capable of producing high-quality sequencing results in a timely manner is the cornerstone of our capacity to detect and respond to emerging and re-emerging threats. To this end, Africa CDC, together with partners:

- a. **Laboratory support – Subaward:** More than 1.7 Million USD to support eight reference laboratories. These are The Kwazulu-Natal Research Innovation and Sequencing Platform (KRISP) in South Africa; The African Center of Excellence for Genomics of Infectious Diseases (ACEGID) in Nigeria; Institut Pasteur de Dakar (IPD) in Senegal; National Institute for Communicable Diseases (NICD) in South Africa; Institut National de Recherche Biomédicale (INRB) in DRC; Noguchi Medical Research Institute (NMIMR) in Ghana; The KEMRI-Wellcome Trust Research Programme, Kenya (KEMRI) in Kenya; and Uganda Virus Research Institute (UVRI)
 - b. **Laboratory support – SARS-CoV-2 Sequencing Reagents:** Africa CDC, through the Africa PGI, donated reagents to sequence more than 25,000 SARS-CoV-2 variants in eight reference laboratories. Procurement of additional reagents is ongoing to support the detection and monitoring of variants.
 - c. **Laboratory support – SARS-CoV-2 Sequencing Equipment:** In 2021 Africa CDC, through the Africa PGI, donated sequencing equipment to three Institutions in Zimbabwe, Morocco and Malawi. We are finalising the equipment donation to four Member States
4. **Training:** The Africa CDC has supported the training of 36 lab experts from 11 Member States on genomic sequencing. Africa CDC has also finalised a training plan for 12 trainees from 10 Member States from 14 June 2021 – 02 July 2021.
 5. **Sampling framework and guidance:** The Africa CDC jointly with WHO/AFRO developed an updated guidance for the genomic surveillance of SARS-CoV-2 in Africa to detect and monitor Variants of Concern (VOC).

Monitor 3.1: Enhancing diagnostic testing capacity

22. Africa CDC continues to support the Member States with reagents and training for SARS-CoV-2 test. As of 31 May, a total of 47.6 million tests were conducted in 55 Member States. Of which, Africa CDC distributed over 10 million COVID-19 RT-PCR and Ag testing kits and supplies to the 55 Member States. The Africa CDC supported the training of more than 14,000 trainees on RT-PCR, Ag testing, GeneXpert, Biosafety and Biosecurity and Laboratory Quality Management Systems. Furthermore, Africa CDC and ASLM organised 46 ECHO sessions on laboratory diagnosis of COVID-19, which were attended by more than 22,000 laboratory scientists, academicians, and public health workers across the continent. Furthermore, Africa CDC has developed and distributed guidance and training documents (Ag/Ab testing for COVID-19, RT-PCR testing, biobanking, Quality Assurance, pooled COVID-19 Testing and other documents).

Monitor 3.2: Estimating seroprevalence of SARS-CoV-2 antibodies in African Countries

23. As mentioned above, Africa CDC supports population-based serological survey studies in currently 17 African countries. Preliminary data for three Member States was received and analysed, data collection has been completed in two additional Member States. Three Member States are still collecting data on the field while nine others are currently finalising their protocol for data collection. Lack of data sharing and use agreement with Member States that will allow Africa CDC take timely decisions for COVID-19 pandemic control.

TREAT THOSE AFFECTED BY COVID-19 RAPIDLY AND APPROPRIATELY

TREAT 1: Ensuring essential medicines for COVID-19 are in ready supply and equipping Member States with appropriate supply of oxygen

24. Africa CDC continues to support the provision of critical materials, including medical equipment, supplies and therapeutics Member States. So far, distributions have included 110 pulse oximeters; 55+ arterial blood gas analysers; 887 mechanical ventilators; 1420 oxygen concentrators. Africa CDC has also supported the distribution of over nine million doses of dexamethasone.

TREAT 2: Employing appropriate guidance and training to manage all COVID-19 manifestations

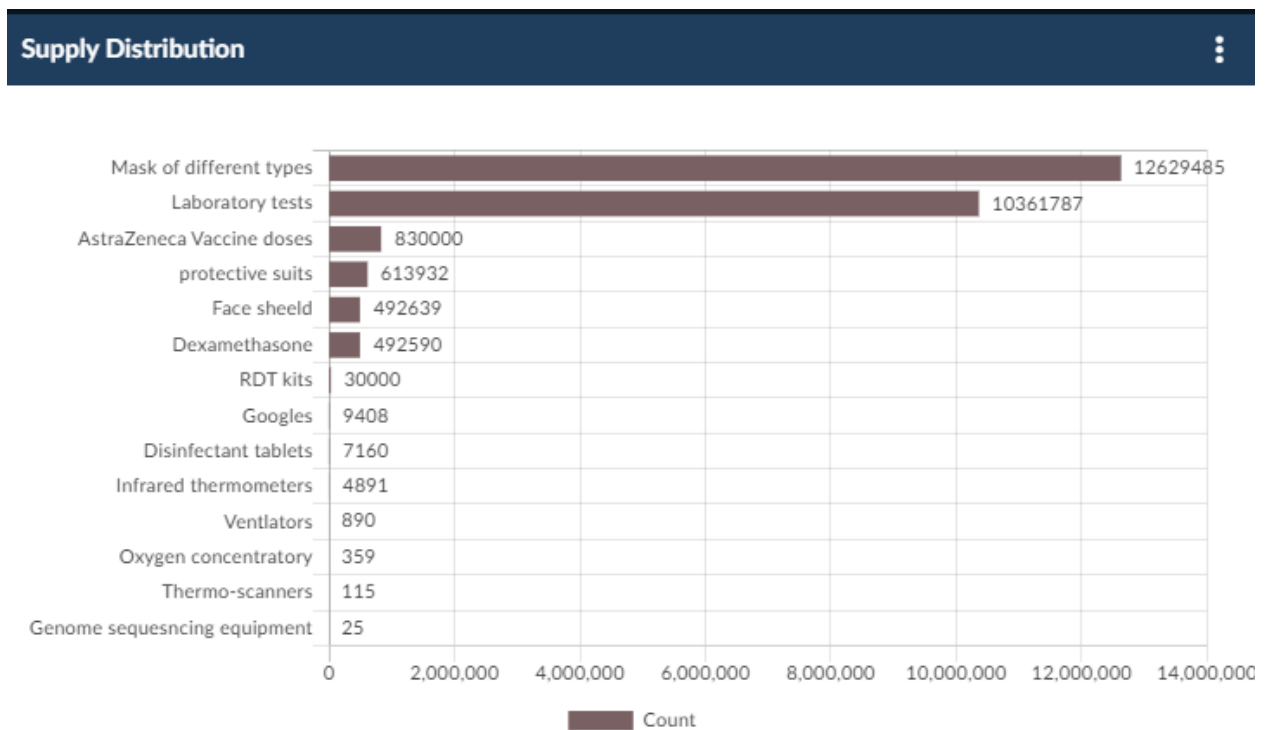
Training and capacity building are a cornerstone of Africa CDC's response activities. Activities so far have included the following:

- Conducted training (virtual and face to face) to build the capacities of Member States: 20,823+ infection prevention and control (IPC); 15,000+ clinical care management and 700+ on COVID-19 vaccines.
- Produced over 30 evidence-based guidance documents and advisories on case management and IPC for Member States.
- Launching of Public Health Leadership Programs. e.g., Nursing Leadership Programme, Public Health Emergency Preparedness and Response Leadership Training Programme.

Pandemic Response Supply and Logistics support

- Distribute infection prevention and control supplies, diagnostics and therapeutics totally worth over USD 140 million to all AU Member states
- IPC supplies to all Member States such as medical masks (14.6 Million), face shields (600K), protective suits (613K), Thermo-scanners (108), infrared thermo-flash (4,890), and 9,408 goggles.
- Medical equipment, supplies and therapeutics to all member states: 110 pulse oximeters; 55+ Arterial blood gas analysers; 887 mechanical Ventilators;

- 1420 Oxygen concentrators and distributed over 9 million doses of dexamethasone
- Diagnostics including PCR testing reagents (5.5million) and rapid diagnostics test kits including antigen and antibody tests (1.3 million) and laboratory diagnostic machines (4 PCR machine).



POLICY, ADVOCACY AND STRATEGIC COORDINATION FOR COVID-19

25. In addition to working closely with the Governments of Member States, WHO, private sectors and various partners, the Africa CDC, with its RCCs, on continued support to the Member States in their preparedness and response activities, Africa CDC is leveraging the AU political, policy, and advocacy capacities to respond to the pandemic. In order to ensure effective coordination, the AU Bureau of Heads of State and Government has regularly convened fortnightly meetings to discuss COVID-19 status in the continent, the continental strategy to respond to COVID-19 pandemic, progress in the implementation, and challenges.

Additional activities in the area of policy, advocacy, and strategy coordination for COVID-19 have included to following:

- Africa CDC and the South African Medical Research Council (SAMRC) convened a continental consultation on COVID-19 Vaccine Delivery for Africa, 14-15 December 2020. The outcomes for this consultation included (1) Adoption of the African Framework towards COVID-19 Vaccine Equity and Allocation; (2) Launch of the joint Implementation Guide for COVID-19 Vaccines for African Union

Member States; (3) Technical support available to Member States and how to access;

- African National Regulatory Authorities, convened by the Africa Regulatory Taskforce (comprising of Africa CDC, AUDA-NEPAD and WHO AFRO), met on 12 January 2021 to discuss the urgent need to **establish appropriately fast-tracked processes to review and make decisions on the safety and efficacy of COVID-19 vaccines**. A guidance and communique were released on 18 January 2021. Africa CDC endorsed EUL for the Pfizer, Astrazeneca and Johnson and Johnson COVID-19 vaccines. The Africa Regulatory Taskforce will be reviewing rolling data for the Sputnik V (Gamaleya National Center), Sinovac and Sinopharm vaccines (Scenario 3) to ensure that Phase III safety, efficacy data and severe adverse events (SAEs) requirements are met by vaccine developers. The outcome will be provided after the review is completed;
- On 12 and 13 April 2021, Africa CDC hosted a 2-day Summit with over 40,000 virtual attendees across Zoom, YouTube and Facebook and 70+ expert panelists on "Expanding Africa's Vaccine Manufacturing for Health Security". **The African Union has set an ambitious target to reach 60 per cent of Africa's routine immunisation production on the continent as one of the aspirations from the Vaccine Manufacturing Summit**. Leveraging current attention and strong political and other stakeholder interest is crucial – the time to act is now. Therefore, we have outlined the set of urgent activities required to ensure that concept and commitment becomes action and outcome. Given the task at hand, respectful, equitable, and action-oriented partnerships are required to make the Partnership for Africa Vaccine Manufacturing (PAVM) vision a reality;
- High-level Emergency Virtual Meeting of African Ministers of Health on the COVID-19 Situation in Africa, 08 May 2021. The main objective of the high-level meeting is to **take stock on the implementation of the Africa Joint Continental Strategy on COVID-19 and review the Africa CDC's emerging common digital strategy for the continent known as Trusted Health**;
- COVID-19 in Africa: Access to COVID-19 Vaccines and its Implication to Human Security;
- A joint working group of ministers of health, finance and transport of Member States was formed to facilitate coordinated approach to protecting lives and livelihoods, resource mobilisation, safe re-opening of economies, and sustainable rebuilding of economies post-COVID-19;
- Regular meeting and update to the AU Bureau of Heads of State and Government and all policy organs;
- Convening of regular meetings of the AU Special envoys for COVID-19 response;

- Development and dissemination of policy guidance documents on different technical areas of COVID-19 outbreak management such as easing lockdown, social distancing, movement restriction, and stepwise approach for COVID-19 response, surveillance, infection prevention control...etc. As of 31 May 2021, over 70 guidance/policy/statement documents were prepared and disseminated to all Member States;
- Over 40 scientific updates published on latest science, clinical trials, public health and social measures (PHSM), vaccines for provide scientific evidence for decision making;
- Partnerships on surveys conducted on PHSM, knowledge & attitudes and economic impact within Member States;
- Africa Communication and Information Platform (ACIP);
- Partnership for Evidence-Based Response to COVID-19 (PERC);
- Research and Development Priorities for COVID-19 in Africa;
- Strengthening collaboration between modelling groups within Africa and external experts;
- Launch of the Africa CDC COVID-19 vaccination dashboard (<https://africacdc.org/covid-19-vaccination/>).

STATUS OF THE CONTRIBUTIONS TO AU COVID-19 RESPONSE FUND AND AFRICA CDC

26. Presented hereunder are the contributions are the status of contributions to the AU COVID-19 Response Fund and Africa CDC as at 1st June, 2021. The current balance for the Fund is \$ 13,675,163.

For COVID-19 Response Fund

- **\$ 43,705,300** has been pledged from Member States and partners
- **\$ 37,233,994** has been received and banked at Ecobank Kenya and Standard Bank of South Africa
- **\$ 6,471,305** is the pending pledge

For Africa CDC

- **\$ 238,180,555** was pledged by Member States and partners.
- **\$ 92,611,669** has been received and banked at the Commercial Bank of Ethiopia
- **\$ 145,568,886** is the pending pledge.

AFRICAN UNION UNION AFRICAINE

African Union Common Repository

<http://archives.au.int>

Organs

Council of Ministers & Executive Council Collection

2021-09-27

Progress Report on Covid-19 response

African Union

DCMP

<https://archives.au.int/handle/123456789/10333>

Downloaded from African Union Common Repository