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**REPORT ON THE IMPLEMENTATION OF AFRICA JOINT
CONTINENTAL STRATEGY FOR COVID-19 RESPONSE**

INTRODUCTION

1. 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. In attendance also were the Director General of WHO, Dr. Tedros Adhanom (through Videoconference) and the Regional Director of WHO AFRO, Dr. Matshidiso Moeti. The ministerial meeting endorsed the Africa Joint Continental Strategy for COVID-19, which is underpinned by the need to cooperate, collaborate, coordinate, and communicate. It has the following objectives:

- Limit transmission of COVID-19 in Member States;
- Limit severe illness and death from COVID-19 infection in Member States;
- Limit and minimizing social disruption and economic consequences of COVID-19 pandemic.

2. The ministers also 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 two main operational units to implement this strategy are: (a) the Africa Task Force for Coronavirus (AFTCOR); and (b) Africa CDC's Incident Management System (IMS).

Epidemiological Situation

3. On 14 February 2020, the first case of COVID-19 was reported in Africa in Egypt. As of 16 December 2020, over 2.4 million confirmed cases and 57 thousand deaths were reported from the 55 African Union Member States. This represents a case fatality rate of 2.4% among those who developed the disease. The COVID-19 cases on the African continent constitute about 3.4% of all cases reported globally; which stands at over 71.6 million cases and 1.6 million deaths (case fatality of 2.3%).

4. The countries with the highest number of cases in Africa are South Africa, Morocco, Egypt, Ethiopia, Tunisia, Algeria, Libya, and Kenya, accounting for 80% of the cumulative reported cases. After the first cases of COVID-19 were reported in Egypt, it took 113 days for the first 500,000 cases in Africa to be recorded but only 36 days to reach 1 million cases. As of 16 December 2020, more than 23.9 million tests have been conducted on the continent.

AFRICA CDC RESPONSE

Coordination

5. Working closely with the Governments of Member States, WHO, private sectors and various partners, the Africa Centres for Disease Control and Prevention (Africa CDC), with its Regional Collaborating Centres (RCCs), continuing to support Member States in their preparedness and response activities. Africa CDC is leveraging the AU political, policy, and advocacy capacities to response to the pandemic. In order to ensure an 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. On 26th of March 2020, the Bureau emphasized collaboration through coordination and communication, and endorsed the AFTCOR, established a Ministerial Level Coordination Committee, and set up the Africa COVID-19 Fund.

6. The African Union Commission convened a virtual Joint Ministerial Meeting of Ministers of Health and Finance on 03rd June 2020 to discuss progress made and status of the ongoing efforts to flatten the pandemic curve and combat the social and economic shocks in Africa related to COVID-19. The meeting aimed to provide a coordinated approach to support African countries to protect the lives and livelihoods of Africans, and to ensure that Africa speaks with one voice in its continental approach to mobilize resources for medical research including indigenous knowledge systems; to negotiate with multilateral, bilateral and private creditors for debt relief; to mobilize resources for economic recovery and stimulus packages; and, to rebuild African sustainable economies post COVID-19.

SUPPORT TO MEMBER STATES

7. Africa CDC has supported MS in several thematic areas:

Policy, advocacy and coordination:

- Convene emergency health ministers' meeting in February 2020 to endorse the COVID-19 Joint Continental Response Strategy;
- Convene virtual conference on "Africa's Leadership Role in COVID-19 Vaccine Development and Access" on 24 & 25 June 2020, with more than 3000 participants;
- Regular meeting and update to the AU Bureau of Heads of State and Government and all policy organs;
- Convey regularly schedule meetings of the AU Special envoys for COVID-19 response;
- Develop and disseminate 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 19 September 2020, over 30 guidance documents were prepared and disseminated to all Member States;

Develop and disseminate AUDA-NEPADs work:

- i) White Paper on short- to medium - term response to COVID-19 to help AUDA repurpose its 2020 programming and delivery to address COVID-19 socioeconomics as well as health related issues;
- ii) African Union Framework for Building Socioeconomic Resilience Post-COVID-19 that guides AU Member States and RECs on key thematic areas to consider as they re-engineer the structure of their economies post COVID-19.

Technical support:

- Conducted trainings to build the capacities of MS: 17,00+ laboratory diagnosis; 5772 disease surveillance; 12,000+ infection control; 451 risk communication; 13,000+ clinical care management; and 600 Public Health Emergency Operations Centres Management;
- Deployed 215 rapid response team experts from African Volunteer Health Corps (AVoHC) to provide technical support for Ethiopia, Nigeria, DRC, Cameroon, Tanzania, Burkina Faso, Mali, Niger, Ghana, Cote d'Ivoire, Sierra Leone, Zambia, and Zimbabwe;
- Deploy 28 rapid responders to Burkina Faso, Cameroon, Mali and Niger using military flight of the Cameroon Defence Forces. This is the first time Africa CDC, in collaboration with Peace and Security Department, activated the African Union Strategic Lift Capability;
- Deployed 12,441 Community Health Workers (CHWs), and in the process of recruiting and deploying an additional 5,200 CHW to various Member States;
- Distributed over 6 million COVID-19 tests to all MS. Until now, total COVID-19 tests conducted in the continent are over 22 million tests;
- Provided Pathogen Genomics Sequencing machines and reagents were to 16 Member States and sequenced a total of 2040 sequences of COVID-19;
- Provided support in creating network of local manufacturers of laboratory diagnostics, facilitated evaluation of test kits manufactured locally for COVID-19 tests and designated seven centres of excellence for validation of and evaluation of laboratory diagnostics as part of the African Collaborative to Advance Diagnostics;
- Distributed infection prevention & control supplies, and medical equipment to all MS such as Masks (12.6 Million), face shields (492K), protective suits (613K), ventilators (805), Thermo-scanners (108), infrared thermo-flash (4,890), and goggles (9,408);
- Distributed over dexamethasone (6,791,000), Oxygen concentrators (136), and mechanical Ventilators (968); Strengthened Ghana, Eswatini, Egypt, Uganda, Senegal and Mozambique Health Data infrastructure Systems with AUDA-NEPAD's support which included establishing and enhancing existing health data infrastructure systems, strengthening of the institutional capacities and human skills required to link and integrate health data sources to other national socio-economic data sources such as civil registries;
- Established a south-south collaboration with the United Nation Office of South-South Cooperation and the AUDA-NEPAD to strengthen countries' diagnostic capacities on response to COVID-19 pandemic, provided of virtual training to develop country capacity, facilitated the sharing of knowledge and evidence-based response strategies and up-to-date mechanisms on COVID-19 pandemic.

AFRICA MEDICAL SUPPLIES PLATFORM

8. Following the lack of access to commodities needed to fight COVID-19 in Africa, the African Union Bureau decided to establish a pool procurement

mechanism for all Member States to ensure quick access and a competitive market price and quantities. Hence the Africa Medical Supplies Platform was established in May 2020. The Africa Medical Supply Platform was developed by African Union Special Envoy Strive Masiyiwa and his team. It is a marketplace enabling access to critical medical supplies to African governments. The platform works in 5 simple steps: (a) Critical Medical supplies are sourced, (b) Buyers place orders on the platform, (c) Buyers Make payments, (d) Seller prepares shipments, and (e) Delivery from seller to countries.

9. As of 19 September 2020, over 47 countries have on boarded. Africa CDC has used the platform to get laboratory reagents and critical care medical equipment worth over USD 17 million.

OPERATIONALIZATION OF THE AU COVID-19 RESPONSE FUND

10. The Chairperson of the African Union Commission, H.E Moussa Faki Mahamat, after the decision of the Executive Council in April 2020, in conformity with Articles 26 and 29 of the African Union Financial Rules and Regulations established the COVID-19 Response Special Fund. The Fund's objective is to fight the socio, economic and humanitarian aspects caused by COVID-19 and to further boost the capacity of Africa CDC. Specifically, the Special Fund shall be utilized for pool procurement of key medical supplies and equipment, and to mobilize rapid responses in order to flatten the curve of the pandemic and support the Human Resources capacity by sending experts and responders to Member State

ACTIVITIES UNDERTAKEN BY THE BOARD

11. The Inaugural meeting of the Board of the Fund was held on 27 April 2020 and four subsequent meetings were held on 7 May, 20 May, 10 June and 26 June 2020, respectively. The Board meets every two weeks. On 7 May 2020, Chairperson and Vice-Chairperson of the Board were elected with the supervision of the Office of Legal Counsel of the African Union. At the end of the process, the following board members were elected:

- Chairperson: Professor Benedict Oramah, President of Afreximbank; and
- Vice Chairperson: Professor Mohamed Awad Tageldin of the Arab Republic of Egypt.

12. The Board has established two sub-committees on resource mobilization and resource utilization to facilitate key aspects of its work. The Secretariat has been established and resourced by the AU Commission and Africa CDC with 8 staff members.

13. An operational framework has been developed by the Board. This operational manual consists of and is guided by the African Continental strategy for COVID-19 outbreak and preparedness and response plan. It also comprises a communication plan, procurement plan, rules of the Board, and modalities of engagement with the envoys of the AU Chairperson, President of the Republic of South Africa, finance reporting, and monitoring and evaluation.

14. In order to facilitate the donations to the AU-COVID 19 Response Fund, three accounts for contributions have been opened:

- Two for contributions to the Fund at Ecobank Ltd Kenya and Standard Bank in South Africa; and
- One for contributions to Africa CDC specifically at Commercial Bank of Ethiopia.

15. Resource mobilization has commenced and is ongoing. A draft COVID-19 Resource Mobilization Strategy document and a master list of potential donors has been compiled to facilitate outreach and mobilization of funds. The AU website has also developed a section dedicated to the fund collection (<https://au.int/how-donate>).

16. In order to alleviate some of the fiscal constraints that Member States may be facing in making pledges to the Fund and/or in honouring their pledges in a timely manner, Afreximbank offered a solution that involves the pre-financing the pledges by way of discount of Promissory Notes issued by interested AU Member States to cover their pledges to the AU COVID-19 Response Fund and Africa CDC. At an agreed future date of settlement, Afreximbank and the respective Member States will settle the amount due and the Promissory Note will be cancelled. Afreximbank is also committed to ensuring the arrangement is done at an affordable cost.

17. During its 4th meeting held on 10th June 2020 the Board approved the disbursement of USD 9 million. They also requested the Africa CDC to draft frequent accountability reports reflecting a breakdown of expenditure. During its 7th meeting held on 2nd September 2020, the Board also approved a request for disbursement of USD 3 million for the following:

- USD 2 million as part contribution to procure and \$4 million worth of dexamethasone. The additional USD 2 million will come from Bill and Melinda Gates Foundation;
- USD 1 million to support COVID-19 vaccine clinical trials and related work.

18. On 15 October 2020, the Board approved USD 1.1 million geared towards supporting the logistics of disbursing dexamethasone to all member states enlisted in the request as well as shipment of dexamethasone from the manufacturers to Addis Ababa.

19. On 24 October 2020, the Board organized a virtual fund raising event. The event was streamed on multiple platforms using a registration platform on Eventbrite. A total of 1006 registrations was recorded. A total of 773 views were recorded on the IC publication platform, 2.9 million views on the Africa CDC Facebook channel, 18,000 likes and 301 comments. In terms of pledges and donations recorded at the event, a total of USD 2.1million was received ahead of the event.

STATUS OF THE CONTRIBUTIONS TO AU COVID-19 RESPONSE FUND

20. As of 15 December 2020, total pledges to the Fund made by 14 AU Member States and institutions and partners is as follows:

- \$ 41,378,913 has been pledged from Member States and partners;
- \$ 16,179,208.89 has been received and banked at Ecobank Kenya and Standard Bank South Africa.

21. Pledged uncollected: \$ 61,511,551 for both Africa CDC and the Fund. Out of its pledge of USD 4 Million to the AU COVID-19 Response Fund, the Arab Republic of Egypt donated to 30 Member States the equivalent of USD 3,953,953 in supplies. The pledges are summarized in the table in annex.

AUDA-NEPAD SUPPORT TO THE JOINT CONTINENTAL STRATEGY

Support to countries:

22. AUDA-NEPAD through the Africa Medicines Regulatory Harmonization Programme and its technical committees have provided technical support to member states in developing technical guidance in various medical products regulatory aspects. The following has been achieved:

- The Africa Medical Devices Forum (AMDF) has updated Covid-19 Lists of Diagnostics approved by the International Medical Devices Regulators Forum (IMDRF) which brings together 10 advanced countries in assessment of quality, performance and safety of diagnostics. In addition, AMDF developed and shared with all member states lists of COVID-19 diagnostics and medical devices approved by African National Regulatory Authorities. A database of African manufacturers of medical devices continues to be expanded by the AMDF. Other guidance documents developed and made available to all African member states include (i) donations guidelines for medical devices used in COVID-19 response; and (ii) guidelines and SOPs on mechanism (s) to receive information on substandard and falsified tests and other devices and dissemination of such information to regulators;
- African Medicines Quality Forum (AMQF) has also developed Guidance for Testing of Medicines for treatment and prevention of COVID-19 and Hand Sanitizers.

23. The AUDA-NEPAD has supported countries to address impact of COVID-19 on the working population with main focus on high exposure risks workers due to the nature of their work. In this regard, a total of 2 242 participants from Algeria, Benin, Botswana, Cameroon, Chad, Republic of Congo, Democratic Republic of Congo, Djibouti, Egypt, Eswatini, Ethiopia, Gabon, Gambia, Ghana, Guinea, Ivory Coast, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritius, Morocco, Mozambique, Namibia, Niger, Nigeria, Rwanda, Senegal, Seychelles, Somalia, South Africa, Tanzania, Togo, Tunisia, Uganda, Zambia and Zimbabwe were trained on management of COVID-19 in the workplace.

24. Six COVID-19 Occupational Safety and Health Guidelines were also issued by the AUDA-NEPAD in collaboration with partners to support Member States' efforts to effectively respond in the workplaces. The guidelines are in the following areas (i) COVID-19/OSH Guidelines for Risk Assessment; (ii) COVID-19/OSH Guidelines for Occupational Safety and Health and Wellness of Health Workers; (iii)

COVID-19/OSH Guidelines for Educational Sector; (iv) COVID-19/OSH Guidelines for Mining Industry; (v) COVID-19/OSH Guidelines for Food and Retail Sector; and (vi) COVID-19/OSH Clinical Occupational Health Guidelines.

Support to Africa-CDC-led activities:

25. Through several interactions with the service providers managing the AMSP, AUDA-NEPAD has provided advisory information regarding quality assurance and regulatory considerations as well as supply chain elements to be taken into account. Through participation in the Infection Prevention Control (IPC) Logistics sub-working group AUDA-NEPAD has also participated in organizing Medical PPE production in Africa Workshop under the theme: “Promoting local manufacturers to support the COVID-19 response. During the workshop AUDA-NEPAD focused on coordination of PPE regulation across the continent.

26. Through IPC Working Group Logistics sub-working group, AUDA-NEPAD has deployed 7 Epidemiologist to undertake African Union Countries’ Estimates of Needs and Quantification Based on COVID-19 Epidemiological Trends.

Economic recovery:

27. Cognisant of the impacts of COVID-19 on African economies and in particular the devastating impacts of COVID-19 pandemic on Medium to Small Scale enterprises (MSMEs) which are the back bone of many of our African economies and household livelihoods, the AUDA-NEPAD has accelerated and adapted the implementation of the “100,000 SMES by 2021” initiative, which was initially designed as a contribution to the “1 Million Youth by 2021” initiative of the African Union Commission Chairperson.

28. Two high level engagement took place in May and June 2020 with leaders of financial institutions to ensure their support and actual participation to the initiative. To date, over USD 500 000 has been mobilised by Ecobank to enable the launching of the 4 components of the Continental Platform. These are:

- 1) the MSME Academy, providing capability building;
- 2) the Marketplace (e-Commerce platform);
- 3) the Financing Platform (access to loans at an affordable interest rate) which are currently in build on a 4) Digital platform.

29. The MSME Academy has been launched in 8 AU MS (namely Chad, Côte d’Ivoire, Ghana, Kenya, Niger, Nigeria, Rwanda and Togo) between August 21st and September 23rd, 2020, in partnership with ECOBANK Academy. Through this first activity, 6,736 African MSMEs were trained on matters related to access to finance and digital commerce. Furthermore, engagements are underway with BADEA and USAID to mobilise funds and technical expertise for set-up of the Programme Management Unit at AUDA-NEPAD. There has also been a strong interest from private sector partners such as Google, Facebook, Letshego and others who will support various aspects in the development of the digital platform and content; as well as institutional and non-state actor partners like UNHCR, IOM, UNDP, Graca Machel Foundation and others who see opportunity to scale up their own initiatives by leveraging the capabilities of the MSME Continental Platform.

MULTI-STAKEHOLDER ENGAGEMENT ON COVID-19 AND GENDER EQUALITY

30. Concerned by the impact of COVID-19 on the advancement of Gender Equality and Women's Empowerment in Africa, the Bureau of the Chairperson of the African Union Commission (AUC) through the Women, Gender and Development Directorate (WGDD) and the Office of the Special Envoy on Women, Peace and Security (OSE on WPS) convened a series of consultation meetings to draw attention to these issues. The main objective was to mobilize solutions and come up with actionable strategies and concrete actions to effectually have gender equality integrated in all COVID-19 responses and to have women participate fully and equally in all COVID-19 responses, planning and decision-making processes at national, regional and continental levels.

31. Between April and July 2020, consultative virtual meetings were organized with various stakeholders. These include:

- The AUC Departments' webinar on the "Impact of COVID-19 on Gender Equality and Women's Empowerment" held on 23 April 2020, where the draft AU Guidelines on Gender- Responsive Responses to COVID-19C were presented. A key outcome of the meeting was an agreement to include gender perspectives and women's participation in departmental strategies on COVID-19.
- The Bureau of the Specialized Technical Committee on Gender Equality and Women's Empowerment (STC on GEWE) met on 24 April 2020 under the theme "the Impact of COVID-19 on Gender Equality and Women's Empowerment". The AU Guidelines on Gender-Responsive Responses to COVID-19 were validated and a meeting of all AU Ministers in Charge of Gender and Women's Affairs was called to present the guidelines for their adoption.
- The virtual meeting of the AU Ministers in Charge of Gender and Women's Affairs convened on 29 April 2020 under the theme "the Impact of COVID-19 on Gender Equality and Women's Empowerment: AU Guidelines on Gender Responsive Responses to COVID-19". The meeting was chaired by H.E. Béatrice Lomeya Atilite, STC Bureau Chairperson and Minister of Gender, Family and Child of the Democratic Republic of Congo (DRC). The Framework Document on the Impact of COVID-19 on Gender Equality and Women's Empowerment: African Union Guidelines on Gender-Responsive Responses to COVID-19 was presented and duly adopted by the Ministers to guide the integration of gender equality and promote the participation and inclusion of women in COVID-19 responses in Africa.
- The AU Women Ministers of Foreign Affairs met on 07 May 2020 under the theme "Enhancing Women Leadership in COVID-19 Responses". The meeting was co-chaired by H.E. Dr. Naledi Pandor, Minister of International Relations and Cooperation of the Republic of South Africa, and H.E. Amb. Raychelle Awour Omamo, Minister of Foreign Affairs of the Republic of Kenya. The Ministers adopted a Communique calling for gender perspectives to be mainstreamed into all AU COVID-19 Strategies and for

women's leadership to be strengthened in all mechanisms. The Ministers further committed to advocating at all levels and to submitting their declaration to the Chair of the Executive Council to present it to the Bureau of the Executive Council with a view of securing a firm policy decision.

- The AU Ministers of Gender and Women's Affairs convened again under the theme "COVID-19 Response and Recovery - a Gendered Framework" on 12 May 2020 led by the AUC and UNWOMEN. The meeting was co-chaired by the STC Bureau Chairperson, H.E. Béatrice Lomeya Atilite and UN Executive Director, H.E. Dr. Phumzile Mlambo-Ngcuka. A Declaration was adopted calling for more gendered approaches to COVID-19 responses in Africa and for more inclusion of women in leadership of COVID-19 response mechanisms.
- The African Women Leaders Network (AWLN)'s "Virtual Consultation on Women's Response to COVID-19" took place on 28 May 2020 chaired by its Patron and former President of Liberia, H.E. Dr. Ellen Johnson Sirleaf. The African Women Leaders and partners from Member States, the AU and the United Nations present in the virtual meeting adopted a Declaration joining the call for gender positive responses and African women's equal participation in all COVID-19 responses.
- The AU Civil Society Organisations Consultation meeting on "Accelerating Action Against the Impact of COVID-19 on Gender Equality and Women's Empowerment" took place on 14 July 2020. It was jointly organized by the AUC and the Gender is my Agenda Campaign (GIMAC). The AU citizens also adopted a Declaration and Call for Action urging the AU Heads of State and Government to ensure that gender analysis informs government actions and responses to COVID-19. Further the CSOs recommitted themselves to the long-term partnership with the AU Member States and to working together to ensure women and young people play a central role in all COVID-19 response, recovery and resilience plans in Africa.

FUNDING OF THE JOINT CONTINENTAL STRATEGY

32. The Joint Continental Strategy for COVID-19 pandemic is estimated to cost USD 643 million until December 2020 and is being financed through 5 partnership mechanisms:

- i) Funding from African Union (AU) Member States through assessed contributions – a reallocation and virement exercise is underway to release funds from other departments and organs of the AU. The PRC already approved a request from Africa CDC for **USD 25.1 million** for partially implementing the COVID-19 Strategy – **USD 20 million (80%)** has already been released for use as of 14th December 2020;
- ii) Funding from **bilateral partners** – these include countries who are not members of the AU. Such funds are made available through reallocation of support already committed to the AU, as well as through new funding streams;

- iii) Funding from non-governmental sources particularly **foundations and philanthropies** – there has been a significant increase in this type of partnership during the COVID-19 pandemic;
- iv) **Multi-lateral institutions** – these include intergovernmental bodies both within Africa and beyond; and
- v) **Private sector** funds – this includes money raised through crowdfunding by individuals during the online COVID-19 campaign and funds from private companies.

33. As of 14th December 2020, the various partnerships had pledged a total of **USD 253.6 million** and released for use **USD 186 million** (73%). The amount pledged so far is 39% of the estimated cost of implementing the COVID-19 Strategy in Africa, while actual amount received is only 29%. The source of funds provided is as follows:

Africa CDC Project Account:

- The AU Bureau of Heads of State and Government also directed that Africa CDC be strengthened for better preparedness and response to COVID-19 and other public health emergencies. The special project account was then opened to receive donations and grants to strengthen Africa CDC capacities as well as to implement the other 6 pillars in the Pandemic Preparedness Plan of the Joint Continental Strategy for COVID-19 Outbreak. This special project account is held at the Commercial Bank of Ethiopia (CBE) in Addis Ababa, Ethiopia. To further support Africa CDC in implementing this Strategy, other partners have made their donations and grants available through external implementing partners.
- As of 14th December 2020, the funds from all sources that have been pledged to **Africa CDC** is **USD 212 million** out of which **USD 165.8 million** (78 % of pledges) has been received.

In kind support:

- The first relief initiative was launched by the Prime Minister of Ethiopia, Dr Abiy Ahmed, the Jack Ma and Alibaba Foundation as part of actions towards implementation of the Africa joint continental strategy for COVID-19 led by the African Union through Africa CDC. The shipment arrived on 22nd March and on 6th of April and it included over 1.5 million laboratory diagnostic test kits and over 100 tons of infection prevention and control commodities. The third donation of medical equipment and supplies from the Jack Ma Foundation was also received on 29th of April and includes 4,6m masks, 500k swabs & test kits, 300 ventilators, 200k PPEs, 200k face shields, 2k thermal scanners, 100 body temperature scanners and 500k pairs of hand gloves.
- The Kingdom of Morocco has donated supplies for COVID-19 response to the Commission composed of 500,000 face masks, 4000 coats, 40,000 hygiene caps, 60,000 visors and 2,000 liters of hydro-alcoholic gel. The Kingdom of Morocco also donated medical equipment and supplies to 15 AU Member States.

- The German Epidemic Preparedness Team, on behalf of the Government of Germany has donated 2.7 million German SARS-CoV-2 extraction and test kits.
- The Republic of Korea has also donated COVID-19 response commodities.

THE MEETING BETWEEN THE AFRICAN UNION COMMISSION, THE F15 FINANCE MINISTERS, AND THE AU SPECIAL ENVOYS FOR THE MOBILIZATION OF INTERNATIONAL SUPPORT FOR AFRICA'S RESPONSE TO THE COVID-19 PANDEMIC WHICH WAS HELD VIRTUALLY ON 09 OCTOBER 2020

I. Introduction

34. As the continent continues to face the COVID-19 pandemic, disrupting health systems and economies and on the other hand, global discussions on securing and procuring vaccines through the **GAVI-led COVAX global initiative** were underway. The meeting between the AU Special Envoys and the F15 Finance Ministers was held on 9th October 2020 to collectively discuss and agree upon a coordinated approach to negotiating resources to secure the COVID19 vaccine for the continent and build back economies.

II. Summary of proceedings of the meeting

35. The meeting recognized the AU Special Envoys' remarkable work in establishing and setting-up the African Medical Supplies Platform (AMSP) for the member states to procure medical supplies and health equipment and mobilizing resources for the continent in the fight against the pandemic and sustain economies. It was also noted that the International Monetary Fund (IMF) has increased the continent's annual resources from US\$ 4 billion to US\$ 24 billion in 2020, with further negotiations on the allocation of special drawing rights (SDRs) to improve the liquidity of governments.

36. In addition, the continent has obtained debt moratorium, which created fiscal space of US\$ 1.8 billion for the countries that applied, although not all creditors have participated. However, discussions were ongoing to extend the moratorium to the end of 2021 and encourage all creditors to participate. Moreover, the meeting recognized US\$ 29.1 billion released by the World Bank, including the US\$880 million from the COVID-19 fund. Concerns were raised over debt distress as some countries have started requesting debt suspension from international financiers. A unified approach was deemed imperative to avoid disorderly default to lenders and negotiate collectively in the bargaining.

37. Further, the meeting considered leveraging the anticipated SDRs with Afreximbank to enhance funding sources to procure vaccines and support the rebuilding of the private sector and African commercial banks. The meeting also highlighted the significance of developing alternative sources of finance to support vaccine procurement and the importance of the private and commercial creditors' participation in supporting economic recovery on the continent.

III. Recommendations

38. The meeting made the following recommendations:

- a) Commended the AU Special Envoys on the Mobilisation of International Support for Africa's Response to the COVID-19 Pandemic, and on their unrelenting efforts to mobilise resources for African countries to mitigate the effects of Covid-19 Pandemic;
- b) Called for a collective approach and speaking with one voice as Africa when negotiating with the international community for additional resources to curtail shocks posed by the pandemic and ensure access to COVID 19 vaccines;
- c) Endorsed additional capitalization of Afreximbank by leveraging US\$1.5 billion of the SDRs to support the continent in the procurement of the COVID 19 vaccines, and expand Afreximbank' capacity to support African economies and their private sector to rebuild their economies post the pandemic and support the implementation of the AfCFTA;
- d) Directed the Special Envoys to further engage with partners including the World Bank, on the provision of additional resources to African countries to deal with the unexpected impacts of the COVID-19 Pandemic;
- e) Requested member States to develop a mechanism to ensure access to adequate vaccines for the continent, to complement the Gavi COVAX facility and ensure effective vaccination coverage for the continent
- f) Requested for rigorous action by the Ministers of Finance to ensure that Africa's economic recovery from the effect of the Pandemic is not slower than the rest of the world;
- g) Called for strengthened the coordination between the Special Envoys, the Ministers of Finance and Ministers of Health in mobilising additional resources.

CHALLENGES – INTERNAL & EXTERNAL

39. In securing funding and utilizing the same to respond to COVID-19, several challenges have been identified:

- Collection of pledges – Africa CDC continues to engage with MSs and partners to collect pledges made;
- Utilization of funds – due to the emergency nature of the COVID-19 response, it is critical that the approval and implementation systems within the AUC accommodate the speed required for action;
- Procurement of services and supplies has been quite challenging due to several approval layers within the AUC system;
- Strengthening of Africa CDC – the HQ and RCCs still require additional expertise and capacity to be able to provide the kind of support envisaged in the Africa CDC mandate and in response to the additional expectations and requests from AU Member States. The most urgent is the implementation of Africa CDC as per its statute so that it is can truly function as a specialized technical institution with its own administrative, procurement, and financial processes, like that of the WHO;
- Transportation of both commodities and experts within the continent has been slowed down due to the closure of air spaces and travel across borders. The Africa CDC released a guidance document on easing the lockdowns and has

also requested for opening of humanitarian corridors to enable the much-needed supplies and experts to move from country to country; and

RECOMMENDATIONS

- Full administrative operationalization of Africa CDC as articulated in the approved Africa CDC statute – to enable delegated authority at the agency level so that Administrative, Human Resources, Financial and Procurement processes can be handled at the Africa CDC level. This will greatly speed up the ability of Africa CDC to perform at a much higher level of efficiency.
- In order to address the above recommendation, the Executive Council Decision EX.CL/Dec.1106(XXXVII) Paragraph 21. “**REQUESTED** the Commission to prepare a report, including a roadmap and Framework of Operations, outlining the financial, legal and structural implications to fully operationalize the Africa CDC in line with its Statute, for submission to the 38th Ordinary Session of the Executive Council, through AU Policy Organs”
- The said report is annexed to this document (**Annex 1**).
- Executive Council decision EX.CL/Dec.1106(XXXVII) also states that the budget of Africa CDC to be that of the Union, however, given the nature of the institution and its mission to supporting Member States, request that the Africa CDC budget can be carried over for the subsequent calendar year.
- In order to enable the institution to support Member States in timely fashion, and because of the lessons learned from COVID-19 and other emergencies, Africa to establish the following enabling functions: procurement, recruitment, finance, travel.

RECOMMENDATION FOR POST- COVID-19

40. COVID-19 has been an unprecedented but predictable pandemic with devastating health and economic consequences in Africa and the world. Africa needs to learn lessons from this pandemic and better prepare for subsequent ones. The report in **Annex 2** outlines key areas that Africa needs to focus on in order to better equip the continent against the next pandemic and ensure its health security.

41. In addition, the deficit in healthcare infrastructure on the Continent and the urgent need to build Africa’s capacity to respond to complex healthcare challenges; and therefore requires a commitment to develop regional tertiary/quaternary Centres of Excellence for the treatment of communicable and non-communicable diseases; promote research and education in healthcare specialties including vaccinology; support Africa CDC’s participation in clinical trials; address the challenges of the high cost of health care; as well as reduce brain drain and outbound medical tourism. In this regard, there is need to strengthen collaboration between the Africa CDC with the African Development Bank, by establishing tertiary and quaternary Medical Centres of Excellence across the Continent.

ANNEX 3 – CONTRIBUTION TO AFRICA CDC AND AU COVID-19 RESPONSE FUND

Contributors	Amount pledged			Pledged received			Total USD	Pledged uncollected USD
	AU Covid-19 Response fund	Africa CDC	Total USD	AU Covid-19 ECOBANK	AU Covid-19 Standard Bank	Africa CDC CBE		
	(a)	(b)	©=(a)+(b)	(d)	(e)	(f)	(g)=(d)+(e)+(f)	(h)=©-(g)
1-From Member States								
South Africa	4,000,000	2,000,000	6,000,000	3,904,575		1,952,290	5,856,865	143,135
Egypt****	4,000,000	2,000,000	6,000,000				-	1,140,190
Kenya	2,000,000	1,000,000	3,000,000	2,000,000.00		999,985	2,999,985.00	15
DR Congo	2,000,000	2,000,000	4,000,000				-	4,000,000
Mali	1,500,000	500,000	2,000,000	1,482,571.46		495,000.18	1,977,572	22,428
Senegal	1,000,000	1,000,000	2,000,000				-	2,000,000
Zimbabwe	1,000,000	1,000,000	2,000,000				-	2,000,000
Rwanda*****	500,000	500,000	1,000,000	499,950		500,050	1,000,000	-
Cameroon	1,000,000	1,000,000	2,000,000				-	2,000,000
Algeria	2,000,000		2,000,000	2,000,000			2,000,000	-
Cote d'ivoire		2,000,000	2,000,000			1,978,656	1,978,656	21,344
Burkina Faso	500,000	500,000	1,000,000				-	1,000,000
South Sudan	750,000	250,000	1,000,000				-	1,000,000
Chad	500,000	500,000	1,000,000	499,965		499,970	999,935	65

			-				-	-
2-From Bank and Others							-	-
Motsepe Foundation 822054739933:C0001755496301 trf b/01/	1,171,466	2,000,000	3,171,466	1,171,465.75		2,000,000	3,171,466	0
Afreximbank: SW-AFXMEGCAXXX Standard Chatered Bank	1,014,200	400,000	1,414,200	1,014,200		400,000	1,414,200	-
African Development Bank	1,000,000	26,000,000	27,000,000				-	27,000,000
Trade and Development Bank of Southen Africa		500,000	500,000				-	500,000
Commercial International Bank of Egypt	250,000		250,000	250,000			250,000	-
Sanlam life Insurance LTD**	2,828,535		2,828,535	2,828,534.25			2,828,534	0
NAT'L FNDTN FOR THE CTRS FOR DISEASE CONTROL/PREVENTION INC/C BRYENTON		19,960	19,960			19,960	19,960	-
Korea International Cooperation Agency (KICA) South Korea		300,000	300,000			300,000	300,000	-
Eastern and Southern African Trade	500,000		500,000	500,000.00			500,000	-
Gateway Holdings limited	10,000		10,000	10,000.00			10,000	-
Vista Bank Group/Simon Tientone	50,000		50,000				-	50,000
Prof Benedict Oramah and Family African Export-Import Bank	5,000		5,000	5,000.00			5,000	-
LOCAFRIQUE SA	500,000		500,000				-	500,000

TOTAL	1,000,000		1,000,000				-	1,000,000
Staff of Afreximbank	14,200		14,200					14,200
Robert Koch Institute (RKI)		1,000,000	1,000,000			999,980	999,980	20
Spanish Agency for International Cooperation (AECID)*****		1,169,591	1,169,591				-	1,169,591
Swedish International Development Coordination Agency (SIDA)*****		2,244,669	2,244,669			2,325,148.81	2,325,149	- 80,480
RET FT202969V7H0		10,469.74	10,469.74			10,469.74	10,469.74	-
Catalizador de Cambio Politicas Degenero Servise		1,189,985	1,189,985			1,189,985	1,189,985	-
3- From Concerned Africans*	500	12,947.43	13,447	12,947.43		500.00	13,447.43	-
							-	
4-From Embassies							-	
Mission of China	-	1,800,000	1,800,000			1,800,000	1,800,000	-
UK***	12,285,012	12,285,012	24,570,025			6,538,982	6,538,982	18,031,043
World Health Organization-WHO		10,000,000	10,000,000			10,000,000	10,000,000	-
Japan		1,000,000	1,000,000			1,000,000	1,000,000	-
Total	41,378,913	74,182,634	115,561,547	13,345,674.64	2,833,534.25	33,010,976.93	49,190,185.82	61,511,551
5-From AU 2020 Budget donated by AU Departments								
a-Partners funds								
Canada funds		450,000	450,000			450,000	450,000	-
Tukey funds 1								

		2,601,651	2,601,651			2,601,651	2,601,651	-
Korea funds		418,906	418,906			418,906	418,906	-
Turkey funds 2		383,525	383,525			383,525	383,525	-
Spain		354,586	354,586			354,586	354,586	-
Total a		4,208,668	4,208,668			4,208,668	4,208,668	-
b-Members States funds								
						12,571,506.70	12,571,506.70	

****Amount pledged** **R50,000,000.00** **UN rate at 12/05/2020** **18.308**
*****Amount pledged** **£20,000,000.00** **UN rate at 09/06/2020** **0.814**
****** Direct in-kind support of Egypt to 33 members states covering amount pledged for the funds**
******* Rwanda: The contribution of 499,950.00 has been deposited in Ecobank instead of CBE**
*******Amount pledged** **SEK 20,000,000.00** **UN rate at 01/11/2020** **8.910**
*******Amount pledged** **Euro 1,000,000.00** **UN rate at 01/11/2020** **0.855**

6- From partners in partners account

European Union		10,261,200	10,261,200			10,261,200	10,261,200	-
BALANCE								
ECOBANK	13,345,674.64							
Standard Bank	2,833,534.25							
CBE	33,010,976.93							

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Assembly/AU/5(XXXIV)

Annex 1

Original : English

**NEED FOR A NEW PUBLIC HEALTH ORDER TO ENSURE AFRICA'S
HEALTH SECURITY: POST-COVID-19**

NEED FOR A NEW PUBLIC HEALTH ORDER TO ENSURE AFRICA'S HEALTH SECURITY: POST-COVID-19

COVID-19 has been an unprecedented but predictable pandemic with devastating health and economic consequences in Africa and the world. Africa needs to learn lessons from this pandemic and better prepare for subsequent ones. This report outlines key areas that Africa needs to focus on in order to better equip the continent against the next pandemic.

A. Background and previous African Union Commitments

The “sound health and well-being” of the African people is a key element of the first aspiration in Africa’s Agenda 2063 – “A prosperous Africa based on inclusive growth and sustainable development”. Health is the foundations of a high quality of life, and a prerequisite to socio-economic development. The COVID-19 pandemic, which is anticipated to cause the first recession in 25 year for the Sub-Saharan region, has been a powerful reminder of this. But there is also a positive way of looking at the connection between health and economic development: different sources estimate the return on investment in health systems and programmes to be between 2:1 and 10:1, driven by reduced morbidity and mortality, participation in the labour market, and productivity.

Health, and health financing, have long been a focus topic for the African Union. In 2001, at a summit to address the challenges of HIV/AIDS, Tuberculosis and other related infectious diseases, the Heads of State and Government of the Organisation of African Unity made the “Abuja Declaration” and, among others, pledged to set a target of allocating at least 15% of their annual budgets to the improvement of the health sector. The commitment to increase domestic investment in health was reaffirmed in the Agenda 2063’s blueprint for socio-economic transformation, which calls for increased domestic investments in health systems, as well as in the “Addis Ababa Commitments Towards Shared Responsibility and Global Solidarity for increased Health Financing” (Assembly/AU/Decl.4(XXXII)).

The declarations underline the need for health financing to be sustainable and predicable. The Africa Health Strategy 2016-2030, also, lists it as one of its strategic priorities, calling for “Increasing health financing through innovative and sustainable funding mechanisms, public private partnerships, increased allocation of domestic resources, including previous commitments and global solidarity”, in particular in support of universal health coverage.

In addition to the commitments on health financing, recent years have also been marked by significant progress towards the alignment of the African Union Member States on health priorities. As the main guidance document, the Africa Health Strategy 2016-2030 names two strategic objectives: universal health coverage through strengthened health systems and improved social determinants of health, and reduced morbidity and ending preventable mortality from communicable

and non-communicable diseases. It proposes a number of strategic priorities, including, as mentioned above, sustainable financing, but also increased health worker capacity and training, strengthened research and innovation, enhanced health emergency preparedness and response systems, institutional capacity building, as well as the targeting of infectious and non-communicable diseases. These priorities are in line with, and further detailed out in other critical commitments such as the “Catalytic Framework to end AIDS, TB and Malaria in Africa by 2030” from 2016, the “Maputo Plan of Action (2016-2030) for Universal Access to Comprehensive Sexual and Reproductive Health Services in Africa” and the Declaration on “Universal Access to Immunization as a Cornerstone for Health and Development in Africa”, adopted by African Ministers of Health in 2016. They are also reflected in the Declaration on Accelerating Implementation of International Health Regulations in Africa (EX.CL/1026(XXXI)).

In this context, the establishment of the Africa Centres for Disease Control and Prevention is both a result of the intent to collaborate more closely, and a catalyst. Established in 2017 to strengthen “the capacity and capability of Africa’s public health institutions as well as partnerships to detect and respond quickly and effectively to disease threats and outbreaks, based on data-driven interventions and programmes”, the Africa CDC’s mandate is in line with the priorities of the Africa Health Strategy 2016-2030 and related commitments and takes action especially in areas where increased collaboration, harmonization and standardization are critical elements of success. One of its main goals is to build strong National Public Health Institutes and a network of Regional Collaborating Centres.

Last but not least, there has been a growing recognition that the local production of therapeutics, vaccines and diagnostics is critical to safeguarding Africa’s health. There have been too many instances, including the experience with vaccines against H1N1, and, most recently, in the beginning of the COVID-19 pandemic when Africa was shoved aside when global demand for diagnostics rose, that show the critical importance of being able to manufacture locally. Efforts leading in this direction include the African Union Commission’s (AUC) and United Nations Industrial Development Organization’s (UNIDO) Pharmaceutical Manufacturing Plan for Africa Business Plan, which provides a solutions package for the implementation at country level.

All of these developments were already in place when the COVID-19 pandemic and its implications started dominating the continental agenda. As of 16th of December 2020, the virus has claimed 55, 000 lives across Africa, with a total of 2.3 million confirmed cases. In addition, it has had a devastating impact on the continent’s economy, and early research indicates a significant impact of the COVID-19 pandemic on other public health priorities, such as the fight against HIV/AIDS. This is in addition to the impact that lockdowns and other measures have had on mental health, education, and other areas.

B. Early learnings from the pandemic show that the commitments laid out above are more critical than ever before:

- I. **Strong continental and national institutions are critical:** a Joint Africa Continental Strategy on COVID-19 less than six weeks after the first case in Africa, a Partnership to Accelerate COVID-19 Testing (PACT) increasing the number of countries with testing capacity from two to 43 in three months, or the pooled procurement of critical medical supplies through the Africa Medical Supplies Platform would not have been possible without the leadership and convening power of strong institutions. They are critical and need to be strengthened further to provide guidance and expertise on a country and continental level and work on issues requiring collaboration, harmonization and standardization.
 - II. **Local manufacturing of therapeutics, vaccines and diagnostics is not optional:** As mentioned above, only the ability to provide them ourselves is a true guarantee for access to critical inputs. There are several examples showing that Africa can build the know-how and capacity – but it will require a concerted effort.
 - III. **A strong public health workforce and leadership does not only safeguard health, but social-economic progress and well-being:** in a pandemic situation, being able to quickly analyse the required trade-offs between measures such as lockdowns and their impact and implement them, all the while maintaining critical public health programmes, make the difference not only between life and death, but also on how fast economies and societies will be able to rebound.
 - IV. **An approach based on collaboration and solidarity, and strong partnerships, works:** the collaboration between African Member States has been a driver of the continent’s ability to mitigate some of the impact of the pandemic. Partnerships with continental actors, such as the African Export-Import Bank on the COVID-19 African Vaccine Acquisition Task Team (AVATT), and international donors such as the Bill and Melinda Gates Foundation, or the COVAX Facility for vaccine procurement and distribution, are just some examples of how partnerships contribute to a swift response. To be full effective, however, it needs to be ensured that these partnerships are in line with critical continental priorities, such as laid out in the Agenda 2063
- C. Need for a New Public Health Order in Africa: given COVID-19’s impact on lives and livelihoods, but also the momentum that it has created, now is the time to take the existing commitments and learnings from the pandemic and translate them into concrete actions through a New Public Order to safeguard the health security of our continent.**
- i. **A strengthened and empowered Africa Centres for Disease Control and Prevention (Africa CDC) and national public health institutions (NPHIs).** The Africa CDC needs to strengthen and legally empowered to be able to quickly identify disease outbreaks, quickly characterize the nature of the outbreak and determine the potential risk to the lives of African and economies. It should also have the legal

mandate to independently declare a disease outbreak as a security threat to the continent, and legally be mandated to coordinate an effective response.

Africa CDC integrates efforts in areas such as standard-setting, surveillance and the alignment of processes. Beyond that, it drives harmonization and coordination of the public health response with sectors outside of health, such as transport, communication and infrastructure. For this, it requires long-term predictable financing to build a strong organization. In order to supplement the efforts of a strengthened and empowered Africa's CDC the, the continent also needs a seamless network of National Public Health institutions to drive the rapid detection and response to disease threats through data-driven and evidence-based interventions, policies and programmes. A strong Africa CDC and networks of NPHIs to detect and respond to health threats, provide capacity and expertise for key public health functions such as surveillance, laboratory capacity, outbreak response, and workforce development.

- ii. In addition, the deficit in healthcare infrastructure on the Continent and the urgent need to build Africa's capacity to respond to complex healthcare challenges; and therefore requires a commitment to develop regional tertiary/quaternary Centres of Excellence for the treatment of communicable and non-communicable diseases; promote research and education in healthcare specialties including vaccinology; support Africa CDC's participation in clinical trials; address the challenges of the high cost of health care; as well as reduce brain drain and outbound medical tourism. In this regard, there is need to strengthen collaboration between the Africa CDC with the African Development Bank, by establishing tertiary and quaternary Medical Centres of Excellence across the Continent.

- iii. **Local production of vaccines, therapeutics, and diagnostics that contributes to support health security, drives down procurement cost and increases the speed of a response to a disease threat –** in addition to the social-economic impact of building up a technology-driven industry. This requires strengthening regional centres of excellences and networks that are capacitated adequately and coordinated by Africa CDC, to conduct research and development to produce needed manufacturing of diagnostics, treatment, vaccines and clinical trials. Africa has faced severe supply shortages throughout the first 6 months of the COVID-19 outbreak across a range of commodities but especially diagnostics, which has resulted in poor scale-up of response efforts. For example, on a per capital basis the number of tests conducted in Europe is 15-20x higher than the tests conducted in Africa. Part of this has been driven by the fact that African domestic manufacturing capacity is quite low, and so the continent is reliant on outside suppliers, often leaving it last at the table. However

as of the last 3 months, there have been initial efforts to begin introducing domestic manufacturing on diagnostics. Ethiopia, Kenya and Senegal have all begun to manufacture COVID-19 rapid tests, with others likely to follow.

iv. Investment in public health workforce development. In order to pursue the new Public Health Order on the continent, Africa needs a more robust public health cadre at all levels (local, regional and national). On a per capita basis, Africa has the lowest levels of trained field epidemiologists in the world – despite the fact that its burden of infectious diseases is by far the highest. The target under the global health security agenda is to have one advanced Field Epidemiology Training (FETP) trained epidemiologist per 200,000 people – which means Africa needs a total of 6,000 national level epidemiologists. Given there are about 2,000 today, there is a gap of 4,000. Frontline public health workers are the second cadre that Africa CDC is aiming to scale up across the continent through FETP. FETP’s Frontline programme is a 3-month training that builds the fundamental skills used in frontline surveillance, focusing on improving disease detection, reporting, and feedback. These trainees are then deployed at the district level in their countries to serve as the first line of defense when localized outbreaks or endemic infectious disease pockets start to emerge. Africa needs a total of 25,000 frontline epidemiologists and has currently trained 5,000 through FETP. In order to cut the gap in half, Africa should seek to support the training and place an additional 10,000 frontline public health workers through FETP over the next 3 years. The global health community has long recognized community health systems has one of the most critical missing pieces to helping Africa to increase health access, reduce the burden of the millions of preventable infectious disease deaths, and playing a key role in containing disease outbreaks on the ground. In 2017, the African Union set an overall target of reaching 2 million well-trained community health workers (CHWs) – but there has been no formal coordinated initiative set up to mobilize investments, expertise and stakeholder engagement to make that target a reality. This effort will be critical not only to securing a strong health system, but will create a meaningful number of formal jobs, especially for women who make up the majority of CHWs currently. In sum, an Africa CDC FETP programme should be initiated in order to advance the workforce development agenda.

iv. Increase domestic financing

There is a need to underscore the importance of domestic health investments in minimizing the social and economic impact of the current pandemic and reducing the risk and impact of future health

crises and in the context of the ALM Initiative that provides a framework to support Member State efforts to advance the continents' ambitious Agenda 2063 development agenda.

The AU Assembly, AU Leaders adopted Declaration Assembly/AU/Decl.4 (XXXII) titled "*Addis Ababa Commitments towards Shared Responsibility and Global Solidarity for Increased Health Financing*", otherwise known as ALM Declaration, to coordinate and implement a collective response. This declaration has to be carried forward and implemented.

Critical actions:

- Prioritize the building and sustainable financing of NPHIs and processes for seamless collaboration in a network with Africa CDC and its Regional Collaborating Centres
- Develop partners with development Banks in Africa to establish Centres for Excellence for research, treatment and clinical trials.
- Use the capacity and expertise provided by NPHIs and other organisations to translate the continental commitments into concrete national and regional action plans
- Address gaps in health financing
- (Re-)prioritize health to consistently reach the existing commitments on allocation of domestic funds
- Provide domestic funding in a predictable and sustainable manner, based on an aligned set up mid- and longer-term priorities
- Build the capacities and capabilities required to manage donor funding in line with the principles as domestic funding – clear prioritization in line with national, regional and continental public health priorities, predictability and sustainability (e.g., through co-financing, by decreasing reliance on individual donors)
- Actively manage collaborations with the private sector, including Public-Private Partnerships (PPPs) for disease programmes or to build-up critical infrastructure such as pharmaceutical manufacturing¹ or the provision of low-cost, as well as cost-efficient for profit services which can help reduce OOP spending². Leverage the private sector's contribution in areas such as digital health and telehealth where it can insert expertise and capital, but ensure that these contributions, too, are in line with the national, regional and continental health priorities, and as predictable as possible. They also need to follow much more stringent requirements on the evidence-base to provide than is currently the case, especially in some of the more recent additions, such as digital and telehealth.

¹ (Makenga, Bonoli, Montomoli, Carrier, & Auerbach, 2019; Walwyn & Nkolele, 2018)

² (Fröhlicher & Nouwen, 2019)

Critical actions for institution include:

- Ensure that new commitments as well as discussions with partners build on the existing body of agreements, and are guided by a consistent set of overarching priorities
- Shape the dialogue on national, regional and continental priorities based on content expertise,
- Drive collaboration, harmonization and standardisation between Member States, sectors as well as other continental and international organizations
- Relentlessly monitor and track progress towards commitments on a continental and Member State level – the Africa Scorecard on Domestic Financing for Health is an example for such monitoring; monitoring requires regular follow-ups on the progress towards commitments
- Support Member States in building the institutions, mechanisms and capabilities require to ensure that both domestic and external funding for health is aligned with national and continental health priorities

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Annex 2

Original : English

REPORT ON THE COVID-19 VACCINE FINANCING STRATEGY

REPORT ON THE COVID-19 VACCINE FINANCING STRATEGY

I. BACKGROUND

1. COVID-19 is a global emergency with severe implications on lives and livelihoods worldwide. Since early 2020, COVID-19 has killed more than 1.5 million people globally and infected more than 67 million. The virus has devastated the global economy and severely harmed critical pillars of society, including the provision of education and healthcare, and community activities that are key for physical and mental health.

2. The African continent is no exception. AU Member States have confirmed 55,000 COVID-19 deaths and more than 2.2 million infections. The United Nations Economic Commission for Africa (UNECA) predicts that Africa will experience its first recession in 25 years; the World Bank estimates that growth in Sub-Saharan Africa will fall to -3.3 per cent in 2020. Driving factors behind the downturn are falling export commodity prices, the simultaneous rise in prices of imported goods, as well as the contraction of (domestic) demand. The effects of the crisis in Africa are compounded by the importance of the informal sector, which has been disproportionately affected by lockdowns, existing vulnerabilities in many countries including high debt burdens, negative trade balances and limited economic diversification. Early research also indicates that the fight against the pandemic is endangering the success of decades of work towards the African development agenda. Areas that have been affected include public health programmes, such as the fight against HIV/AIDS, TB, Malaria, and education.

3. The only way in which we can prevent COVID-19 transmission and deaths while at the same time protecting African economies and societies is to successfully immunise a critical mass of the African population with safe and efficacious COVID-19 vaccines. The speed and discipline with which African Union Member States introduced and enforced countermeasures such as lockdowns, has been critical to avoiding the catastrophic loss of lives. But given their severe socio-economic consequences, these types of measures are not sustainable in the mid-to-longer term.

4. To achieve this the ambitious vaccination target, the African Union (AU) Bureau of Heads of State and Government, chaired by His Excellency President Cyril Ramaphosa of South Africa, endorsed the Continental COVID-19 Vaccine Development and Access Strategy on 20 August. The Vaccine Strategy was developed by the Africa Centres for Disease Control and Prevention (Africa CDC) within the framework of the Africa Joint Continental Strategy for the Covid-19 Outbreak. It draws on the expertise of more than 3000 political leaders and technical experts Africa CDC convened on 24-25 June to discuss COVID-19 vaccine needs on the continent and regional opportunities for driving development, manufacture, distribution and uptake.

II. THE CASE FOR "HERD IMMUNITY"

5. The Vaccine Strategy aims to immunise at least 60% of the population in order to create "herd immunity." This target reflects scientific research showing that when a significant part of a population is immune to an infectious disease, they will also not transmit it further. "Herd immunity" will thus avoid further outbreaks of the disease. The exact percentage needed to achieve this protection varies based on the disease, and factors such as population density. A minimum of 60% is the current view given the situation in Africa.

6. The doses required vaccinate 20% of the population, which the COVAX facility aims to provide, will provide one component of this approach. Protecting high-risk individuals, such as health workers and social care providers, as well as certain vulnerable groups, contributes to the continuity of critical healthcare programmes and protects those most likely to suffer a severe course of the disease.

7. However, immunising 20% of the population is not enough to safeguard African lives and livelihoods.

- a) 20% immunisation will not prevent future outbreaks. Given the lack of fully effective therapeutics, the only way to handle those outbreaks will be through lockdowns, with their devastating economic and social consequences.
- b) The ability to enforce lockdowns and other measures will always be limited in areas with a high percentage of multigenerational living arrangements and densely populated areas such as urban slums, excluding parts of the population from adequate protection.
- c) While the African population's low median age has contributed to comparatively low COVID-19-related mortality in Africa so far, the younger generation will still acquire the virus and transmit it to the vulnerable.
- d) Finally, as many countries, including the U.S. and the U.K., are planning to make vaccines available to most of their population, vaccination certificates will likely become a prerequisite for international travel, restricting the movement of those who have not been vaccinated.

III. THE PROPOSED APPROACH TO ACHIEVING IMMUNISATION OF AT LEAST 60% OF THE POPULATION

8. In order to assist African Union Member States to achieve the goal of immunising 60% of the population, H.E. President Ramaphosa, on 7 November, established the COVID-19 African Vaccine Acquisition Task Team (AVATT). The AVATT is mandated to accelerate the financing and procurement of COVID-19 vaccines for the African continent and address three challenges:

- a) **Financing** of the vaccines and their delivery to the African population
- b) **Acquisition** of the right vaccines, at the most favourable conditions for all Member States
- c) **Delivery** cost estimates and financing

9. The AVATT estimates that the acquisition of enough vaccine doses to achieve 60% immunisation coverage, and their delivery, will cost about USD 9.1 billion. About one-third of this cost (~USD 3.3 billion) is for the delivery of the vaccines, including logistics (cold chain, warehousing, transport and materials), human resources (management and implementation of the vaccination campaign), materials (incl. syringes and PPE), and critical community engagement and communications efforts.

10. If countries partially self-finance vaccine delivery, and COVAX covers 20% of the AMC-eligible Member States' populations as it aims to, there is still a financing gap of USD 6.8 billion to be covered. This calculation assumes that the Member States self-finance 15% of the delivery cost (which includes, for example, the salaries of government-employed health workers involved in the vaccination programme) and that all 46 AMC-eligible countries in Africa (LICs and LMICs) participate in the COVAX Facility at zero co-payment.

11. The AVATT is proposing two financing sources to cover this gap:

- **World Bank:** The AVATT has held several highly constructive discussions with the World Bank, and established a joint working group, resulting in an indicative total of up to USD 5 billion which could be available to finance vaccine doses and delivery. Member States wishing to take advantage of this offer must advise of their position immediately.
- **African Export-Import Bank:** Afreximbank, owned by the majority of Member States, is proposing two funding mechanisms to cover the remaining gap as described below.

IV. A PAN-AFRICAN SOLUTION TO SECURING ACCESS TO VACCINES: FUNDING PROPOSAL BY THE AFRICAN EXPORT-IMPORT BANK

12. The primary objective is to ensure equitable and timely access to COVID-19 vaccines to enable 60% of the continent's population to be immunised. While the Global COVAX vaccine initiative is highly welcome and its effective roll out and financing is strongly endorsed, it will only reach 20% of the continent's population. Its limits are therefore clear and an additional effort is required to enable the purchase of vaccines to reach the remaining 40% of the continent's population. Supplementary mechanisms are therefore urgently required as follows:

13. An African-led multilateral collaboration would allow Member States to combine the advantages of a multilateral approach – such as risk-sharing and efficiencies of scale. The African Export-Import Bank (Afreximbank) and Africa CDC are proposing such a collaboration –to provide up to a total of USD 5bn of funding in two tranches:

- a) In the first tranche, Afreximbank will commit up to USD 3bn. The commitment will be used to guarantee Africa CDC's vaccine order for payment upon delivery.**

- b) **The second tranche of fundraising will come from the capital markets via a proposed vaccine bond issued to raise around USD 3bn**
- c) **Afreximbank has also committed to providing funding of up to US500m to support local manufacturers of COVID-19 vaccines in locations to be identified by the Africa CDC.**

V. RECOMMENDATIONS

14. Vaccines are the only way to contain the effects of COVID-19 without serious socio-economic side effects. We believe that this type of collaboration will be critical to protecting the lives and livelihoods of all Africans, and safeguarding the health and development achievements of decades.

15. An Executive Council Decision, covering the following key elements, is therefore required in order to move forward:

- a) Request Afrexim to put in place financing mechanisms and instruments to enable the continent to reach the 60% vaccination threshold;
- b) Endorsement of a general capital increase for Afrexim Bank to support COVID-19 vaccine financing for the continent and request the relevant statutory organs to proceed without delay on this matter;
- c) Request that Afrexim Bank working closely with the CDC, AU Special Envoys, Regional Economic Communities (RECs), Member States and other relevant stakeholders to ensure the financing mechanisms and instruments are rolled out in the first quarter of 2021.

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