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**UNITED STATES HOUSE OF REPRESENTATIVES**

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# **COVID-19 Update in Africa**

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**AFRICAN UNION COMMISSION**

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## **INTRODUCTION**

Chairwoman Bass, Ranking Member Smith, and members of the Subcommittee – thank you for the opportunity to speak with you today regarding Africa’s response to the ongoing COVID-19 pandemic, and for your interest in this important issue.

Since the first case of COVID-19 was reported in February of 2020, the African Union Commission has followed a “whole of Africa” approach, taking bold and decisive actions to battle what would be a challenging disease outbreak, not only for Africa, but the entire world.

The Africa Centres for Disease Control and Prevention (Africa CDC) – a specialized technical institution of the African Union (AU) which supports Member States in their efforts to strengthen health systems and improve surveillance, emergency response, prevention and control of diseases – has taken the lead in planning and executing response activities to slow transmission of COVID-19 on the continent. We have deployed over 16,000 community health workers (CHW) and nearly 200 rapid responders to nearly half of AU Member States; led conferences and forums to inform response strategies; and forged fruitful partnerships with the private sector, foundations, peer organizations, and other partners to develop innovative, African-led solutions to the pandemic.

Last October and November, I traveled to the Republic of Cameroon and the Democratic Republic of Congo (DRC), respectively, as part of our first missions since the COVID-19 outbreak. While the world had transitioned to a virtual way of life and work, it was critical for our team to visit Member States in order to assess the situation on the ground, show support for the men and women tirelessly working on the frontlines, hear from public health officials, heads of state, and other key stakeholders, to better understand how the Africa CDC could better support the collective fight against the pandemic.

By then, it had been nearly eight months since the outbreak began. Many AU Member States had swiftly implemented travel bans, public health social measures (PHSM), enforced lockdowns or curfews, and closed or reduced business operations to slow transmission of the virus. As a result, the pandemic had wreaked havoc on their economies, exacerbating challenges already facing the continent - poverty, unemployment, reduction of essential health care services and immunization programs, gaps in education, and more. The decision to begin opening economies threatened to undo the great progress made in the early days of the pandemic.

Though the COVID-19 pandemic has upended our sense of normalcy, it has in fact, united our continent like never before. Our response, guided by the four “C’s” – communication, collaboration, coordination, and cooperation - have been fundamental to the AU’s unified approach to combating COVID-19. This testimony will provide a high-level overview of our response over the last 13 months as well as next steps to stop COVID-19 in its tracks.

## **OVERVIEW OF COVID-19 IMPACT IN AFRICA**

### ***Epidemiology highlight***

On February 14, 2020, the first case of COVID-19 was reported on the continent in the Arab Republic of Egypt. As of March 15, 2021, AU Member States have reported over four million cases of COVID-19, over 3.5 million recoveries, (resulting in a 90% recovery rate), and over 107,000 deaths, resulting in a case fatality rate (CFR) of 2.7% - higher than the global average of 2.2%. To date, nearly 38 million COVID-19 tests have been conducted on the continent, with 9.4 tests reported per case, resulting in a 10.6% positivity rate.

While many regions of the world have suffered at the hands the ongoing pandemic, Africa has fared surprisingly well – in part, due to the younger demographic of the continent – accounting for approximately only 3.5% of the world's reported COVID-19 cases. However, due the majority of the continent's labor force working in the informal market, the COVID-19 pandemic has caused significant harm as economies began to shut down in order to slow transmission of the virus.

Besides the demographics of its people, Africa's success in sustaining low transmission of cases in the early days of the pandemic can be attributed to the swift actions taken by governments and heads of state. In March 2020, there were no notable preventative measures being taken by AU Member States to slow the spread of COVID-19 across borders. By April 1<sup>st</sup>, many countries in northern and southern Africa began to impose strict measures; one month later, over half of the continent had implemented travel bans across borders, stay-at-home orders, curfews, school closures, state-of-emergencies, and other stringent measures. As a result, between February and July, Africa only saw half a million reported cases of COVID-19.

Based on our data, our teams were seeing the number of reported cases declining from a peak in July-August 2020. However, we began to see the toll of the pandemic weighing on officials and the public. Loss of income and jobs played a primary role in the justifications for governments reopening economies and borders. At this time, an uptick in cases – either countries experiencing their first major wave, or countries beginning to see a second wave, was evident.

At the height of the first wave, the continent was seeing over 18,000 new cases per day. By mid-September, however, the number of reported new cases had dropped to just over 7,000 cases per day. The Republic of Cameroon, for example, experienced a significant decline in reported cases due to the rapid increase in testing, (from August 18 to September 18 there was a 55% decline, and from September 18 to October 18, a further 34% decline in new cases). While there were signs of positive progress, it was evident that time would be a significant challenge.

Though many regions, including Western Africa, Central Africa, and hardest-hit Southern Africa were seeing declines in reported cases moving into October, other parts of the continent were beginning to look worrisome. Eastern Africa had recorded a 36% increase in new reported cases from mid-September to mid-October; in particular, the Republic of Kenya had reported a staggering 72% increase in new cases, from a low in mid-September to mid-October, effectively

entering its second wave of the COVID-19 pandemic. Similarly, we noted that a few nations in the northern region were recording their first major wave of cases, including the Kingdom of Morocco reporting a 56% increase in new cases from mid-August to mid-September, and a subsequent 40% increase in new cases from mid-September to mid-October. Likewise, the Republic of Tunisia – which had all but contained the virus since the onset of the pandemic – began to see a significant jump in reported cases – a whopping 474% increase from mid-August to mid-September, and a nearly 200% increase from mid-September to mid-October.

### ***Effects on economy case study: transport sector***

At an August 2020 AU Joint Meeting of Ministers of Health and Ministers of Transport co-chaired by the AUC Commissioner of Social Affairs and Commissioner for Infrastructure and Energy, it was noted that the African airline industry recorded a revenue loss of over USD eight billion due to the pandemic. Cash liquidity challenges and fluctuations in foreign currencies were aggravated by the pandemic, resulting in job losses for the African air sector.

Due to the closure of land borders between Member States, supply chains for essential commodities including agricultural products, medical supplies and equipment for both COVID-19 and non-COVID-19-related cases were heavily disrupted. Industries including tourism and service industries were also negatively impacted due to the loss of traffic caused by travel restrictions and border closures. And in addition to international travel, local urban transportation was also negatively affected due to closures; severe reductions in service of buses, trains and taxis; and price hikes in fares.

By February 2021, many AU Member States began to return to imposing lockdowns and other restrictions in an effort to curb the second wave which expectedly peaked after the holiday season between December 2020 and January 2021, helping introduce a decrease in new reported cases.

## **RESPONSE**

### ***Africa Continental Strategy for COVID-19 Response***

The first reported case in Africa served as the catalyst for the AU's subsequent actions to mitigate and respond to the outbreak. Just about a week later on February 22, 2020, AU Commission Chairperson, Moussa Faki Mahamat, convened an emergency meeting of Ministers of Health from all 55 AU Member States. This momentous occasion resulted in what would be the blueprint for Africa's subsequent steps to combat the pandemic - the Africa Joint Continental Strategy for COVID-19 Response – centered on three pillars: 1) to limit transmission, 2) to prevent deaths, and 3) to limit harm, cause by the virus.

### ***Partnership to Accelerate COVID-19 Testing in Africa (PACT)***

To limit transmission, the need for diagnostics were never more critical. In the early days of the pandemic, testing was severely limited due to the lack of access to COVID-19 PCR tests – AU

Member States had reported around just 350,000 tests conducted for a population of nearly 1.3 billion people, nearly two months after the first reported case on the continent. With no vaccine yet available, contact-tracing and testing were critical to preventing further spread of the virus.

In April 2020, the AU announced the launch of the Partnership to Accelerate COVID-19 Testing (PACT) in Africa, an initiative aimed at scaling up the number of tests conducted in order to limit transmission and deaths while minimizing the social and economic harm due to the pandemic. PACT was rolled out in June, and just over two months later in mid-August, we had achieved our goal of conducting 10 million COVID-19 tests on the continent, building on the continent's diagnostics capabilities and preventative measures to limit harm caused by the virus. Collaborations with the World Health Organization's Access to COVID-19 Tools Accelerator (ACT), Bill and Melinda Gates Foundation, Foundation for Innovative New Diagnostics (FIND), among others, for example, has helped to substantially accelerate and optimize COVID-19 testing with antigen rapid tests in lower- and middle-income countries (LMICs), including AU Member States.

### ***Africa Medical Supplies Platform***

As part of the Africa Continental Strategy, then-AU Chairperson, Cyril Ramaphosa, President of the Republic of South Africa, appointed Special Envoys to mobilize international support for Africa's efforts to address economic challenges AU Member States would face as a result of the pandemic. It was with this group that the Africa Medical Supplies Platform (AMSP), successfully launched in mid-June 2020.

The AMSP, a non-profit initiative led by AU Special Envoy Strive Masiyiwa in partnership with African Export-Import Bank (Afreximbank), the United Nations Economic Commission for Africa (UNECA), among many others, serves as a platform that allows AU Member States to procure protective personal equipment (PPEs), and other essential medical supplies directly from manufacturers and vendors.

As recently as mid-January 2021, the AMSP expanded its offerings by including a vaccine pre-order program upon the announcement by then-AU Chairperson President Cyril Ramaphosa, that the AU had secured a provisional 270 million COVID-19 vaccine doses for Member States. This innovative solution empowered and continues to empower African nations to take control of their response efforts, minimizing delays and reducing reliance on external parties for supplies.

### ***Africa COVID-19 Vaccine Development and Access Strategy & COVAX***

After hosting a two-day virtual conference in June 2020 regarding the continent's leadership role in COVID-19 vaccine development and access, the Africa CDC developed a strategy to ensure Africa saw equitable access to potential COVID-19 vaccines. The overall goal had three prongs: 1) to accelerate involvement in the clinical development of a COVID-19 vaccine; 2) to ensure AU Member States could access a sufficient share of the global vaccine supply; and 3) to remove barriers to widespread delivery and uptake of effective COVID-19 vaccines across Africa.

The Africa Vaccine Strategy seeks to coordinate and facilitate partnerships with vaccine developers, manufacturers, financial institutions, multi-lateral entities, and other key stakeholders to promote “vaccine multilateralism,” as championed by the Global Alliance for Vaccines and Immunizations (Gavi) and WHO.

The COVAX facility, the global effort to ensure vaccine equity will play a part in the AU’s ambitious vaccination goal of at least 60% of the population in order to achieve herd immunity, and will require close and continued collaboration with partners including The World Bank and COVAX partners, as well as continental efforts of the AU’s African Vaccine Acquisition Task Team (AVATT). AU Member States have been encouraged to participate in the COVAX facility as one strategy to ensure sufficient access to COVID-19 vaccines for their citizens.

In addition to securing access to vaccines, country readiness for the deployment of COVID-19 vaccines is a well-known challenge, from developing workforce capacity, to risk communications, to ensuring proper delivery and storage of vaccine doses. Ensuring the public is ready to receive a COVID-19 vaccine will require new and innovative partnerships on a national, continental and global level, and should leverage all capacities and capabilities available on the African continent in the public and private sectors, academia and civil society for the shared goal of quickly and efficiently deploying safe and efficacious COVID-19 vaccines. The AU has made the recommendation to Member States that are eligible for support through the COVAX facility to move forward with accessing their allocated share of vaccines and technical support needed for timely and efficient deployment of vaccines.

## **RECOMMENDATIONS AND WAY FORWARD**

The key to beating the COVID-19 pandemic in Africa will be the success of vaccine rollout campaigns and uptake. Indeed, creative and innovative partnerships, in particular, with the private sector will help facilitate the identification and use of capacities that are available on the African continent, including pharmaceutical manufacturing. The AU welcomes the support of the U.S. government to complement and support ongoing, African-led efforts to ensure access to COVID-19 vaccines, bolster the continent’s public health capacities, develop infrastructures needed to maintain health facilities, storage, and more, and combat misinformation through localized communications strategies.

COVID-19 has highlighted major gaps in public health capacity on the continent, which the Africa CDC has the potential to take on. For COVID-19 response activities and beyond, potential support areas include:

1. most critically, funding to support the deployment of experts - including epidemiologists, nurses, infection prevention control (IPC) specialists, and operations experts, for example, to Member States. Based on the previous year’s Africa CDC response activities, an

estimated **200-300** specialists will have to be deployed, just to support the setup of COVID-19 vaccination activities. This figure does not consider experts needed for the current Ebola Virus Disease outbreak response activities in the Republic of Guinea and Democratic Republic of Congo, for example.

2. enhancing disease surveillance capacity through the Regional Integrated Surveillance and Laboratory Network (RISLNET), a continent-wide initiative aiming to coordinate and integrate data and information across countries
3. funding to increase diagnostics for COVID-19 and preventable endemic diseases, including pathogen genomic sequencing (through the Africa Pathogen Genomics Initiative)
4. investment in developing Africa's vaccine and diagnostics manufacturing capabilities. This will be key to bolstering Africa's health and economic security moving forward
5. transforming existing workforce programs (e.g., Field Epidemiology Training Program) and launching new programs for key gap areas such as community health workers; and

In particular, the need for workforce development, increased diagnostics, pathogen genomic sequencing, and local vaccine manufacturing capacity will be fundamental to ensuring the AU can safeguard Africa's health. Through a New Public Health Order where Africa relies less on imported vaccines and medical supplies, and builds its capacity to sustain its own health needs, Africa will be able to meet the AU's Agenda 2063 goal of economic prosperity.