

TESTIMONY

Ahmed E. Ogwell OUMA, MPH, MPhil

Deputy Director,

Africa Centers for Disease Control and Prevention (Africa CDC)

African Union Commission

Hearing on “COVID19”

US House of Representatives

House Foreign Affairs Committee

Sub-Committee on Africa, Global Health, and Global Human Rights

March 31, 2022

Introduction

The Honorable Chairperson Bass, Ranking Member Smith, and all distinguished members of the sub-committee – I bring warm greetings from the Africa Centers for Disease Control and Prevention (Africa CDC) and indeed from the African Union. I thank you for inviting me to testify at this hearing on COVID19 and share our experiences with preparedness and response to the COVID19 pandemic.

Africa has been battling with the COVID19 pandemic from many different perspectives including public health, social and economic sectors. The African Union has led the African response working through the Africa CDC, by coordinating preparedness and response activities across the continent. In doing this, Africa CDC has cemented its mandate and role in the health security space in Africa and globally and emerged as the premier public health agency in Africa. It is noteworthy that Africa CDC is only five (5) years old but has been entrusted with coordinating Africa’s response to the pandemic. The success of

Africa CDC translates into the success of the African Union and therefore the success of Africa as a continent.

The Heads of State and Government of Africa have shown confidence in the Africa CDC and provided the agency with political capital and some resources to coordinate response to the pandemic. They have also repeatedly reaffirmed that Africa CDC should be strengthened to improve its ability to manage disease threats. This culminated in the AU Assembly decision in February 2022 to elevate Africa CDC to an autonomous health body of the African Union with expanded mandate to manage epidemics, pandemics, and disease threats on the continent.

Current situation of COVID19 in Africa

As of March 24, 2022, Africa has experienced four (4) waves of this pandemic with each wave recording higher numbers of positive cases than the previous ones. Over 11.3 million cases have been documented cumulatively with about 251,000 deaths. Africa has fared much better than other parts of the world in terms of the number of positive cases, morbidity and even mortality.

The response to the pandemic has now evolved and vaccination has become a key tool amongst other public health measures. While initially African countries struggled to secure enough doses of vaccines, the Africa Vaccines Acquisition Task Team (AVATT) working together with COVAX and bilateral donors, facilitated the delivery of about 750 million doses of COVID19 vaccines to Africa. These doses continue to help Africa to increase the proportion of the fully vaccinated population.

The major challenge in Africa now is efficient and fast vaccination rollout to get the COVID19 vaccines into people's arms. This entails ramping up the following:

- 1) Establishing an efficient mechanism to get vaccines from the port of entry into the vaccination centers across the country. This will require an **optimal cold chain system** for the type of vaccines acquired and a **secured transportation mechanism** that will keep the vaccines safe and viable.
- 2) **Vaccination centers** that are easy for the public to reach including mobile units and opportunistic approaches that take the vaccination centers to when the public are e.g., in markets, worship areas, into the community sporting events etc. The availability of vaccinations centers in terms of numbers and reach must be nimble and adaptive.
- 3) **Community engagement** must be sustained over the rollout period and use a language and imagery that is relevant to the target audience. Local trusted individuals trained and deployed as community health workers is valuable and has been shown to be cost effective.
- 4) Utilizing **existing health infrastructure** and other public health assets already within a country ensures synergy in health programs and reduces the stress of creating new systems. A good example is the use of HIV programme infrastructure for testing and vaccination rollout. This has seen some African countries like South Sudan, Uganda and Zambia rapidly scale up vaccination numbers; and
- 5) Capacity building for all cadres involved in vaccination rollout and monitoring of adverse effects whenever they occur. Apart from optimal training, the capability of health workers to perform their duties well also needs to be improved and sustained during the rollout phase. This means that they must be facilitated with the right tools and work environment.

Recommendations for United States Policy and Action

Recommendation 1: Support Africa CDC's vaccination rollout initiative

As Africa CDC has demonstrated competence in coordinating vaccination rollout in Africa, support its strategic initiatives that are aimed at increasing vaccination rollout on the continent.

Recommendation 2: Support the use of other health assets for COVID19 vaccination rollout

Other health programs like HIV, TB and malaria have well established infrastructure that should be deployed to increase vaccination rollout.

Recommendation 3: Support the strengthening of the health systems' cold chain capability

This is a critical part of strengthening health systems to ensure that vaccines are safely transported from one point to the next, in a manner that provides speed and reliability in delivery of vaccine doses.
