



# Adapted Africa Joint Continental Strategy for COVID-19 Pandemic

**June 2021 Revision**

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# BACKGROUND

One and a half years since coronavirus disease 2019 (COVID-19) was first identified in December 2019, the SARS-CoV-2 virus has spread rapidly around the world, with more than 170 million reported infections (and almost 5 million on the African continent) and 3.7 million reported deaths (>131,000 on the African continent) as of 5 June 2021. The virus transmits readily between people, primarily by inhalation of aerosolised virus<sup>1</sup>. It has a much higher mortality rate in older adults and other high-risk groups and can be transmitted by infected people who have no or minimal symptoms<sup>2</sup>. Since the virus's first detection, several Variants of Concern (VOC) have been identified as being even more transmissible and more deadly than the original virus.

Although the spread of the SARS-CoV-2 virus has been slower in many African countries when compared to the global level, the continental case-fatality ratio is now higher than the global rate<sup>3</sup>. Almost all African Union Member States have experienced at least two waves of cases, with most experiencing a more severe second wave.

COVID-19 will likely continue to cause widespread illness and death in Africa, particularly in people with advanced age and/or underlying illnesses<sup>4</sup>. Africa's baseline vulnerability is also high, given its relatively fragile health systems, concurrent epidemics of vaccine-preventable and other infectious diseases, inadequate water, sanitation, and hygiene infrastructure, population mobility, and susceptibility for social and political unrest during times of crisis. It also continues to affect the global and continental economies and threaten individuals' livelihoods. In addition to the social and economic disruptions caused by the disease and some of the measures used to contain it, progress on vaccination campaigns globally is making travel and other activities for unvaccinated persons difficult, which has the potential to cause further harm to lives and livelihoods.

In Africa, the primary strategy for COVID-19 has been to limit transmission and minimise harm. Delaying and diminishing the peak of outbreaks can help health systems better manage the surge of patients and communities better adapt to the disruption of social, cultural, and economic activities<sup>5</sup>. Strategies to achieve this have included rapid diagnosis and isolation of infected persons, quarantine of people who had close contact with an infected person, wearing masks, and physical distancing within the general population. Rigorous infection prevention

- 1 **U.S. CDC - Scientific Brief: SARS-CoV-2 Transmission.** <https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/sars-cov-2-transmission.html>
- 2 **Africa CDC - Position Statement on transmission of SARS-CoV-2 by pre-symptomatic and asymptomatic individuals.** <https://africacdc.org/download/position-statement-on-transmission-of-sars-cov-2-by-pre-asymptomatic-and-asymptomatic-individuals/>
- 3 **Africa CDC - Outbreak Brief 72: Coronavirus Disease 2019 (COVID-19) Pandemic.** <https://africacdc.org/download/outbreak-brief-72-coronavirus-disease-2019-covid-19-pandemic/>
- 4 **D'ascanio, M., et al. Age is not the only risk factor in COVID-19: the role of comorbidities and of long staying in residential care homes. BMC Geriatr 21, 63 (2021).** <https://doi.org/10.1186/s12877-021-02013-3>
- 5 **Africa CDC - Multi-Sectoral Task Force on Trusted Travel and Safe Re-Opening of Borders to foster Saving Lives, Economies, and Livelihoods on the African Continent.** <https://africacdc.org/news-item/multi-sectoral-task-force-on-safe-re-opening-of-borders-to-foster-saving-lives-economies-and-livelihoods-on-the-african-continent/>

and control practices have been introduced, with success, in healthcare facilities<sup>6</sup> and other high-risk congregate settings, including schools<sup>7</sup> and prisons.

While these quick actions bought time for Member States during the first wave, the negative socio-economic impacts and lack of public support and adherence to these measures during subsequent waves of the pandemic has been widely documented. Countries are now exploring how best to moderate the implementation of these measures while still managing the outbreak.

The emergence of SARS-CoV-2 variants of concern has also highlighted inadequate national pathogen genomic sequencing capacities in many countries and led to calls for expanded virus sequencing. Sequencing data, together with epidemiological and clinical surveillance data, helps track whether SARS-CoV-2 variants are more transmissible, more lethal, or more capable of evading immunity, including vaccine-induced immunity – critical pieces of information in planning and implementing response strategies.

An important tool in preventing further transmission and severe disease, COVID-19 vaccination has been limited on the continent due to inadequate global supply available for importation and limited vaccine manufacturing capacity on the continent. Infrastructure to deliver vaccine equitably on the scale of the continent should be addressed to stop transmission and avoid future outbreaks. Even with a robust supply and efficient delivery of vaccine, misinformation and fear of the vaccine further limit the successful uptake in many communities<sup>8</sup>.

**The impact of covid 19 – both the economic and social policies set by governments, and the direct impact of the disease itself – has had a significant impact on health systems.** The closure of many in-person health facilities, coupled with rising need for COVID-related care, has placed significant pressure on health workers, processes and infrastructure. This has hampered the ability of health systems to provide critical primary or secondary health services to populations in need.

Given the above factors and the evolving pandemic situation globally and within Africa, this continental strategy has been adapted with a focus on enhanced **Prevention, Monitoring, and Treatment (PMT)** of COVID-19. The adapted strategy reflects the need to:

- **PREVENT the further spread of the disease** by fostering the widespread uptake of safe and efficacious vaccines against COVID-19, distributing Personal Protective Equipment (PPE) to Member States, developing risk communication campaigns and deploying the community health workers (CHWs) necessary to support the campaigns

6 **Africa CDC - Best Practices for COVID-19 in Primary Healthcare Facilities.** <https://africacdc.org/download/best-practices-for-covid-19-in-primary-healthcare-facilities/>

7 **Africa CDC - COVID-19 guidance for educational settings.** <https://africacdc.org/download/covid-19-guidance-for-educational-settings/>

8 **Africa CDC - COVID 19 Vaccine Perceptions: A 15 country study.** <https://africacdc.org/download/covid-19-vaccine-perceptions-a-15-country-study/>

- **MONITOR the continental situation** by endorsing new monitoring tools and guidance, encouraging Member States' reporting, establishing and strengthening sequencing capacity for surveillance, enhancing diagnostic testing capacity, and estimating seroprevalence
- **TREAT those affected by COVID-19 rapidly and appropriately** by ensuring essential medicines for COVID-19 are in ready supply, equipping Member States with adequate supply of medical oxygen, and employing appropriate guidance and training to manage all COVID-19 manifestations.

This revision was endorsed by the African Union (AU) Ministers of Health during a high-level emergency meeting on 8 May 2021. The key principles, goals and objectives of the continental strategy have essentially remained the same.

## KEY PRINCIPLES

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This strategy is underpinned by a commitment to coordinate, collaborate, cooperate, and communicate.

## GOALS

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1. Limit transmission of COVID-19 infections.
2. Prevent severe illness and death from COVID-19 infection in the Member States.
3. Minimise harm to essential health services, society, and Member State economies associated with the COVID-19 pandemic.

# OBJECTIVES

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1. Coordinate efforts of Member States, African Union agencies and institutions, the World Health Organization, and other relevant partners to ensure synergy and minimise duplication.
2. Promote an evidence-based public health practice for enhanced Prevention, Monitoring, and Treatment of COVID-19.

## **OBJECTIVE 1 - Coordinate efforts of Member States, African Union Agencies and Institutions, the World Health Organization, and other relevant partners to ensure synergy and minimise duplication.**

- 1.1 African Union:** Collaborate across the African Union to ensure high-level political commitment and leadership across all sectors involved in COVID-19 response and recovery, particularly Peace and Security; Trade and Industry; Economic Affairs; Infrastructure & Energy, Human Resources Science & Technology; and Rural Economy and Agriculture.
- 1.2 Multilateral:** Ensure complementarity and synergy of guidance, advocacy, and Member State support with World Health Organization, including its headquarters and the Regional Offices for the Eastern Mediterranean and for Africa, and other multi-lateral partners.
- 1.3 Regional Economic Communities:** Partner with Regional Economic Communities of Africa to promote the implementation of Africa CDC guidance, particularly regarding borders and trade.
- 1.4 Member States:** Provide technical assistance and build the necessary platforms to provide essential commodities to the Member States (e.g. Africa Medical Supplies Platform) to support an all-of-government approach to COVID-19 response, consistent with Africa CDC guidance.
- 1.5 Private Sector:** Support airlines and airports in screening for and managing COVID-19 cases; support standardization and harmonization of tests and other travel requirements across the continent to facilitate the recovery of economic and social activities; and collaborate to maintain supply chains for shared resources, including personal protective equipment, laboratory supplies and equipment, and medical countermeasures, while ensuring routine supplies for non-COVID-19 conditions are maintained.
- 1.6 Donors, Foundations, and Other Stakeholders:** Collaborate with donors, foundations, academic institutions, and other stakeholders to strengthen public health capacity for COVID-19 control and aid the subsequent recovery and continuation of essential health services.



## **OBJECTIVE 2 - Promote an evidence-based public health practice for enhanced Prevention, Monitoring, and Treatment (PMT) of COVID-19.**

**2.1 PREVENT** the further spread of the disease by fostering the widespread uptake of safe and efficacious vaccines against COVID-19 and continued use of other countermeasures available including public health and social measures (PHSM); ensuring effective supply chain management for the distribution of vaccines, Personal Protective Equipment (PPE) and other critical supplies; developing risk communication campaigns; and deploying the community health workers (CHWs) necessary to support the campaigns.

**2.1.1 Vaccines:** Support Member States in achieving the continental goal of vaccinating at least 60% of the African population with safe and efficacious vaccines against COVID-19 as defined in the African COVID-19 Vaccine Development and Access Strategy, endorsed by the Bureau of Heads of State and Government on 20 August 2020. This includes work on the vaccine strategy's three objectives: (a) accelerate African involvement in the clinical development of a vaccine (driven by the Africa CDC Consortium for COVID-19 Vaccine Clinical Trials (CONCVACT), (b) ensure African countries can access a sufficient share of the global vaccine supply (managed by the African COVID-19 Vaccine Acquisition Task Team (AVATT)), (c) remove barriers to widespread delivery and uptake of effective vaccines across Africa (supported by the African Vaccine Delivery Alliance (AVDA) and the African Regulatory Taskforce (ART). **As of 24 May 2021**, 43.5 million doses of COVID-19 Vaccine have been received in Africa through the COVAX facility (18.5 million), AVATT (999,900) and bilateral (19.2 million) agreements between countries. 28.4 million of these vaccines have been administered which translates to 65% of the supply. Africa has fully vaccinated 0.5% of its populace with 1.7% of the population having received at least one dose. Seychelles, Morocco, and Mauritius have taken the lead for having the most people vaccinated (per 100 people) in each country - vaccinating 67%, 17%, and 9% of their population, respectively.

**2.1.2 Countermeasures:** Support Member States to implement evidence-based interventions at individual and population-level to reduce COVID-19 transmission while minimising socio-economic harms. High priorities include: (a) rapid isolation of symptomatic people, (b) rigorous identification, quarantine and follow-up of contacts of infected people, (c) shielding of persons at high risk of COVID-19 infection, (d) implementing PHSM such as rigorous hand and respiratory hygiene in all congregate settings, such as schools, prisons, stadiums, transportation hubs, offices, shopping malls, and large religious congregations; promoting individual and community physical distancing measures<sup>9</sup>; and use of masks<sup>10</sup>. The effects of PHSM on transmission should be continually monitored and adjusted as needed to ensure the pandemic poses minimal harm to the overall health, safety, and likelihoods of the population.

<sup>9</sup> Africa CDC - Guidance on Community Physical Distancing During COVID-19 Pandemic. <https://africacdc.org/download/guidance-on-community-social-distancing-during-covid-19-outbreak/>

<sup>10</sup> Africa CDC - Community use of face masks. <https://africacdc.org/download/community-use-of-face-masks/>

**2.1.3 Supply Chain Management and Logistics:** Establish and maintain supply chains for shared resources, including infection prevention and control (IPC) supplies like PPE, laboratory supplies and equipment, and, if available and necessary, medical countermeasures (e.g. vaccines, therapeutics, and equipment) while ensuring the supplies for non-COVID related conditions are reintroduced.

**2.1.4 Risk Communication and Community Engagement:** Work with media, key opinion leaders, and the Member States to provide guidance that is clear, comprehensible, evidence-based, culturally appropriate, and adapted to special populations and circumstances<sup>11</sup>. High priority activities include: (a) continuously engaging with the public through the traditional and social media to ensure reporting and dissemination of accurate information about COVID-19 as well as vaccines against the disease and their effects<sup>12</sup>, (b) monitoring of rumours and misinformation and countering them to dispel false information<sup>13</sup>, (c) conducting regular perception surveys on different public health interventions, including vaccine acceptance and public knowledge and behaviour regarding public health measures, (d) training of public health communication officers of African Union Member States to support risk communication in their countries, (e) fostering partnerships and networks of key opinion leaders and communicators to support public health information and campaigns on COVID-19 across the continent, (f) development of information, education and communication materials on COVID-19 and COVID-19 vaccines, (g) continue engaging communities on the need for PHSM to avoid recurring waves of the disease and build new processes and initiatives targeted at supporting the effective implementation of vaccination campaigns.

**2.2 MONITOR** the continental situation by endorsing new monitoring tools and guidance for continued and enhanced surveillance, encouraging Member States' reporting, establishing and strengthening sequencing capacity for surveillance, Pharmacovigilance surveillance of Adverse Events Following Immunization (AEFIs) with COVID-19 vaccines enhancing diagnostic testing capacity, and estimating seroprevalence.

**2.2.1 Surveillance:** Collect, analyse, and disseminate accurate, timely data about the epidemiology of COVID-19 in the Member States, and encourage Member States' timely reporting of relevant information. High priorities include: (a) rapid case detection in the community, (b) high-quality screening at points of entry and other high-risk settings, (c) enhancing existing influenza-like illness, severe acute respiratory illness, rapid mortality surveillance, genomics and SARS-CoV-2 variant surveillance, surveillance for adverse event following immunization, and event-based surveillance systems, (d) supporting the complete and prompt investigation of cases and tracing of contacts, (e) understanding burden and other

11 Schwarzinger M, Luchini S. Addressing COVID-19 vaccine hesitancy: is official communication the key? *Lancet Public Health*. 2021 Jun;6(6):e353-e354. doi: 10.1016/S2468-2667(21)00108-0

12 WHO - Health worker communication for COVID-19 vaccination flow diagram. <https://www.who.int/publications/m/item/health-worker-communication-for-covid-19-vaccination-flow-diagram>

13 The Africa Infodemic Response Alliance (AIRA). *Infodemic trends reports*. <https://www.afro.who.int/aira>

research priorities through special studies like seroprevalence surveys, (f) adapting health information systems for managing case and contact data, (g) monitoring and reporting numbers, characteristics, and outcomes of cases that are both clinically diagnosed and laboratory-confirmed, (h) investigating rumours and supporting prompt communication to debunk false stories. Balance this with the restoration of surveillance systems for non-COVID-19 related conditions to assess the impact on any other public health programmes and to ensure other outbreaks and incidents are detected early and controlled rapidly.

**2.2.2 Laboratory:** Ensure sufficient quality-assured testing for COVID-19 diagnosis, genomics surveillance and special studies. High priorities include: (a) equipping and training public health laboratories at the national and sub-national level, (b) supporting timely, decentralised testing and diagnosis, (c) strengthening the Africa CDC/WHO-AFRO pathogen genomics surveillance network and open sharing of sequences, (d) strengthening reference laboratories and laboratory networks for specimen referral testing and quality assurance, including inter-laboratory comparison and proficiency testing, (e) facilitating biobanks and evaluation of new assays for diagnosis or special studies, particularly point-of-care technologies. Where possible, support the national laboratory systems to minimise the impact of COVID-19 on other laboratory services including routine monitoring of chronic diseases.

**2.2.3 Science, Standards and Regulations:** Act as an advisory body for the Member States and technical working groups using the latest science and policies available on COVID-19 globally and within the continent. Provides sound scientific advice fitted to the African context to support Member States pandemic response efforts. High priorities are (a) sharing scientific information as it emerges through summaries and rapid evidence review, (b) encouraging expert groups to build models adapted and relevant for Africa countries, (c) and working with scientists and institutions on the African continent to support access and opportunity to perform relevant research. Support Member States with sound scientific advice around unlocking restrictions and the continuous monitoring of effects on transmission and on any subsequent recovery.



**2.3 TREAT** those affected by COVID-19 rapidly and appropriately by ensuring essential medicines for COVID-19 are in ready supply, equipping Member States with appropriate supply of oxygen, and employing appropriate guidance and training to manage all COVID-19 manifestations.

**2.3.1 Healthcare Preparedness:** Strengthen the capacity of healthcare facilities in the Member States to manage surges in patient visits; effectively identify, isolate, and manage people with COVID-19 infection; as well as maintain other essential health services. High priorities include: (a) assessing, developing, and managing inpatient capacity, including the establishment of temporary shelters, where necessary, (b) implementing rigorous infection prevention and control measures at healthcare service points, including the use of respiratory hygiene monitors at entry points, handwashing, and appropriate use of personal protective equipment, (c) training physicians and other clinicians for the management of severe respiratory infection in both primary and referral settings, (d) developing strategies to enable essential health care services such as vaccination, maternal and child healthcare and chronic disease programmes to continue, (e) training healthcare workers on infection, prevention and control measures for COVID-19. We see an opportunity to build on and support these efforts by looking at how health system investments made as part of the COVID-19 response can build on African countries' existing health systems plans.

**2.3.2 Special Populations, Settings, and Policies:** Work with the Member States to assess and manage issues related to special populations (e.g., refugees, internally displaced persons), analyse and guide on ethical and legal issues (e.g., quarantine, healthcare triage, travel, trade).

# OPERATIONS

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The strategy, initially published on 5 March 2020, has been implemented through Africa CDC's Incident Management System (IMS) with strategic and technical guidance from the Africa Taskforce for Coronavirus (AFTCOR). Details about AFTCOR are included in the Appendix. Africa CDC activated its IMS on Monday, 27 January 2020, to implement all activities that Africa CDC is directly responsible for. The major technical activities track to the priority areas described above. The IMS is supported by the African Volunteer Health Corps (AVoHC), a continental resource for surge staffing during public health emergencies.

AFTCOR is a continental mechanism endorsed by African health ministers at the Emergency Ministerial Meeting held on 22 February 2020 to respond to the COVID-19 pandemic. AFTCOR has been building upon and ensuring better coordination with the existing regional structure of Africa to support the Member States. Each of the five Regional Economic Communities of Africa has an Africa CDC Regional Collaborating Center (RCC) that was tasked with implementing continent-wide public health strategies in the Member States with due consideration of the different capacity, systems, and priorities in those regions. Working with and through the RCCs, AFTCOR has been and will continue to support Member States to adopt a parallel operational structure for COVID-19, including:

- An incident management system, ideally run by a National Public Health Institute or its equivalent that includes a dedicated emergency response group for liaison to all stakeholder government agencies.
- Coronavirus Task Forces that include critical government and non-government stakeholders to cover all essential technical areas, including surveillance, laboratory, countermeasures, healthcare preparedness, risk communication and community engagement, and supply chain management.

AFTCOR and the RCCs will continue to provide technical guidance and policy recommendations, support deployment of African subject matter experts for on-site technical assistance, particularly for complex or large outbreaks, and convene stakeholders to align strategies and tactics and exchange information about best practices.

Implementation is proceeding in a phased approach, such as:

1. Support training and other capacity enhancements in the Member States at highest risk for COVID-19 introduction and transmission.
2. Implement systems for continuous quality improvement in the Member States at highest risk for COVID-19 introduction and transmission. An essential component of quality improvement is simulation exercises, such as 'tabletop' exercises for high-level coordination, mock patients for countermeasures and healthcare preparedness, proficiency testing panels for laboratory testing, and stress tests for supply chains.
3. Expand training and other capacity enhancements to all Member States.
4. Implement systems for continuous quality improvement in all Member States.

A similar approach is recommended for the Member States to build capacity and ensure quality at the sub-national level.

# APPENDIX

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## **Africa Task Force for Coronavirus (AFTCOR)**

### **SCOPE**

AFTCOR is the Africa-wide collaboration for COVID-19 preparedness and response with a focus on seven technical areas:

1. Surveillance
2. Infection Prevention and Control (IPC)
3. Case Management
4. Laboratory
5. Risk Communication
6. Supply Chain
7. Science, Standards and Regulations

### **OBJECTIVES**

1. Discuss and achieve consensus on complex technical and policy issues.
2. Promote coordination of data collection, analysis, and sharing.
3. Effectively transmit critical information to key decision-makers in the Member States.
4. Identify urgent needs for training or other capacities within the Member States.

### **OPERATIONS**

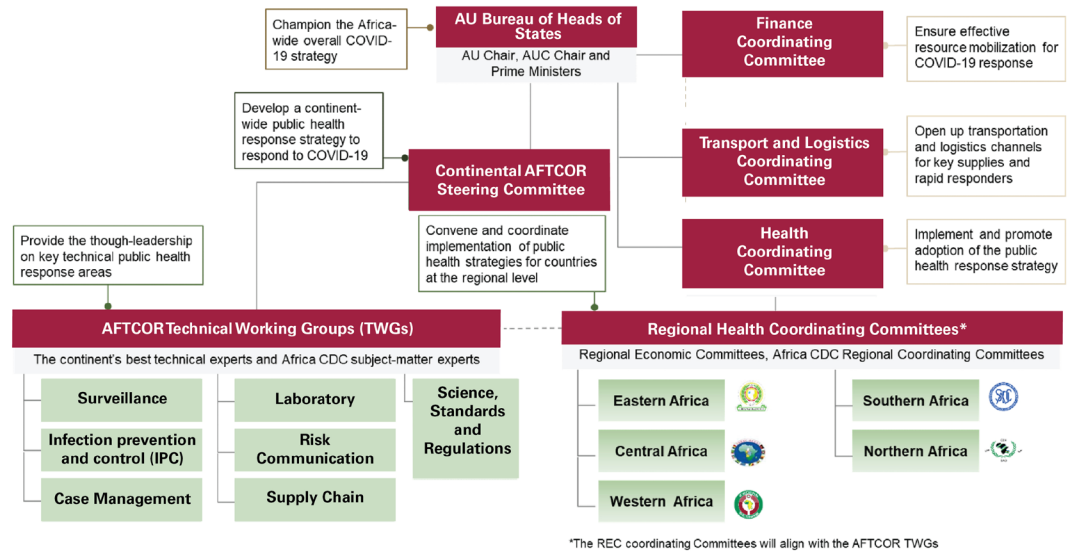
#### **Structure and Membership**

AFTCOR is led by a Steering Committee chaired by the Africa CDC Director. The Steering Committee is responsible for:

1. Assessing and revising the overall continent-wide strategy for COVID-19 to adapt to changing circumstances.
2. Coordinating and convening stakeholders across the continent to align with AFTCOR priorities.
3. Overseeing Technical Working Groups to ensure they are delivering on their objectives and removing any obstacles to their effectiveness.

AFTCOR is divided into Technical Working Groups that regularly report to the Steering Committee. Membership on Technical Working Groups includes representatives of Member States, Africa CDC, WHO - AFRO and WHO - EMRO.

Member States can nominate technical subject matter experts to join the Technical Working Groups, with the goal of having about ten members in each, ideally with participation from each of the five regions. Each Technical Working Group is co-chaired by one representative from Africa CDC and at least one representative of a Member State. The co-chairs are responsible for managing membership and participation in their group.



### ▲ Organisational Chart

## Meetings

AFTCOR convenes at least once per week remotely (e.g., teleconference or videoconference) until a decision is made to convene in person.

Technical Working Groups convene periodically according to a schedule set by the co-chairs. The co-chairs of the Technical Working Groups are responsible for distributing an agenda at least one day before each meeting that includes: (a) latest data or scientific references for the focus area, (b) specific high priority policy or capacity questions for the group to discuss and decide.

## Deliverables

Decisions and/or action items of the committee are sent to Africa CDC for inclusion in Africa CDC's periodic updates to the Member States about COVID-19.

## Leadership of the Technical Working Groups

Technical Working Group	Co-Chairs
<b>Surveillance</b>	<b>Dr Charles Okot Lukoya – WHO AFRO</b> <b>Dr Mohammed Moussif - Morocco</b> <b>Dr Mohammed Abdulaziz – Africa CDC</b>
<b>Infection Prevention and Control</b>	<b>Dr Chikwe Ihekweazu – Nigeria</b> <b>Dr Mohammed Abdulaziz – Africa CDC</b>
<b>Case Management</b>	<b>Dr Natalie Mayet – South Africa</b> <b>Dr Raji Tajudeen – Africa CDC</b>
<b>Laboratory</b>	<b>Dr Amadou Alpha Sall – Senegal</b> <b>Dr Yenew Kebede Tebeje – Africa CDC</b>
<b>Risk Communication</b>	<b>Dr Mohammed Moussif and</b> <b>Prof. Abderrahmane Maaroufi – Morocco</b> <b>Dr Djoudalbaye Benjamin – Africa CDC</b>
<b>Supply Chain</b>	<b>Dr Jean-Cédric Meeûs – UNICEF</b> <b>Dr Merawi Aragaw – Africa CDC</b>
<b>Science, Standards, and Regulations</b>	<b>Dr Joseph Chukwudi Okeibunor - WHO AFRO</b> <b>Ms Akhona Tshangela – Africa CDC</b>



## TECHNICAL WORKING GROUPS

Each Technical Working Group will build, test, and expand specific capabilities of Member States to prepare and respond to COVID-19 transmission. To ensure capabilities are truly improving, AFTCOR will work with the Member States to monitor and evaluate progress, including identifying gaps that can be addressed through guidance, technical assistance, supplies, or other means.



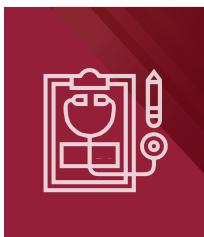
### Surveillance

- Convene and facilitate multi-sectoral port-of entry surveillance training events, bringing together national surveillance units, port health leads, airlines, and airport authorities across Africa to strengthen detection of COVID-19 cases.
- Convene and facilitate training in event-based surveillance to strengthen the ability to detect potential COVID-19 clusters in healthcare facilities and community settings through tactics such as hotlines and media scanning and conduct effective contact tracing protocols.
- Provide on-site technical assistance as needed to support case investigations, contact tracing, and coordination across stakeholders, e.g., standardisation of methodologies.



### Infection Prevention and Control

- Convene and facilitate training for national IPC focal persons and port health IPC focal persons to strengthen IPC at points of entry and in healthcare facilities.
- Provide on-site technical assistance as needed to the Member States for the development and implementation of protocols in healthcare facilities.
- Develop and update readily comprehensible, practical IPC guidance based on evolving evidence and guidance from WHO.



### Case Management

- Expand the network of clinicians who meet regularly online to exchange information and provide consultation on clinical management of COVID-19 patients.
- Develop and promulgate training materials via online courses, online case studies, and social media vignettes to support evidence-based care of COVID-19 patients.
- Convene and facilitate case management training of trainers for clinicians (in-country and face to face) and cascade the training to the sub-national levels.
- Develop and update clinical care management guidelines based on evolving evidence.
- Implement longitudinal surveys for post-acute COVID-19 syndrome.



## Laboratory

- Convene and facilitate training of laboratory diagnostic professionals at national and sub-national levels for primary diagnosis of COVID-19.
- Coordinate supplies of reagents to trained laboratories and connect countries with manufacturers to guarantee a regular supply.
- Develop and revise guidelines, SOPs, manuals and training materials to advance laboratory diagnosis and monitoring for COVID-19.
- Implement and monitor internal and external quality assurance programs at diagnostic laboratories.
- Strengthen network for next-generation sequencing and biobanking of SARS-CoV-2 across the continent.
- Roll out point of care diagnostics for COVID-19 such as rapid antigen tests to increase access to COVID-19 tests.
- Identify key research areas related to COVID-19 Laboratory diagnosis and monitoring.



## Risk Communication

- Convene and facilitate training and simulations for government officials in multiple sectors in proven methods of risk communication to manage public information flow during a potential outbreak.
- Develop and continuously update COVID-19 informational materials that are clear, comprehensible, and evidence-based that in-country communications staff can tailor based on cultural context and disseminate to inform the general public and dispel false information in the event of an escalating outbreak.
- Continue to prepare, update, and release timely information to the Member States through the Africa CDC website, social media channels, and directly to NPHIs on disease spread, new science, and updated policy guidance.
- Collaborate with influential private sector actors in Africa (celebrities, businesses, community leaders and civil society campaigners) to engage with member states through informative campaigns to counter misinformation and hesitancy about COVID-19 vaccines, thereby encouraging behavior change for vaccine acceptance and uptake in the local community and among health workers.



## Supply Chain

- Work with existing supply chain systems to set up functioning regional lab referral networks to help countries without diagnostic capacity find a suitable, timely option for testing.
- Build and manage relationships with reliable manufacturers, and connect the Member States who either have depleted stockpiles or who are anticipating meaningful needs given positive cases.
- Build out a stockpile and manage supply chains for shared continental resources such as personnel protective equipment, laboratory supplies and equipment, and if necessary, medical countermeasures.
- Work with Member States and public private partnership to encourage local manufacturing of essential medical supplies, diagnostics, and vaccines within the continent.
- Work closely with the continental and national regulatory authorities to strengthen local capacity for drug and medical equipment evaluation and approval processes, prevent and control circulation of poor quality and counterfeit products across the continent.



## Science, Standards and Regulations

- Review and advise the Africa CDC Secretariat on the existing state of knowledge on COVID-19 as a disease and the etiological agent, the SARS coronavirus 2 (SARS-CoV-2).
- Update the AFTCOR on the disease's course on the continent to include introduced interventions such as vaccines and PHSM.
- Advise the other working groups under AFTCOR on any recent research and science that could lead to reviewing existing policies and guidelines for Africa.
- Work to ensure standardisation and coordinated efforts among the different stakeholders providing clinical trials and treatment research.
- Collaborate with other initiatives working on similar frameworks.

# Ministerial Coordination Committees

The Bureau of the African Union Heads of State and Government established three ministerial coordination committees on Health, Finance, Transport and Logistics to support the implementation of the Joint Continental Strategy on COVID-19. The objective of the Coordinating Committees is to guide the continental strategy in the following priority areas:

- Enhanced coordination, collaboration, cooperation, and communication-related to the COVID-19 response in Africa
- Resource mobilisation
- Procurement of equipment and commodities for the COVID-19 response
- Deployment of rapid response teams

**The Coordination Committee on Health** is composed of:

1. The Minister of Health of the Republic of South Africa, co-chair of the coordinating committee
2. Department of Health, Humanitarian Affairs & Social Development (HHS), co-chair of the coordinating committee
3. 10 Ministers of Health representing the five AU regions and currently serving as Africa CDC governing board members: Egypt, Morocco, Sudan, Kenya, Cameroon, Gabon, Togo, Senegal, Zambia, Namibia and Mozambique
4. Minister of Health of Ethiopia as the outgoing chair of the Africa CDC governing board
5. Ministers of Health of Countries hosting Africa CDC Regional Collaborating Centers: Nigeria, Egypt, Gabon, Zambia and Kenya.
6. President of ECOWAS; Secretary Generals of ECCAS, EAC, COMESA; Executive Secretaries of SADC, IGAD, UMA, CENSAD

**The Coordination Committee on Finance** is composed of the Ministers of Health of F15 (Financing of the Union) countries plus the Commissioner of Economic Affairs.

**The Coordination Committee on Transport and Logistics** is composed of:

1. Bureau of the Specialized Technical Committee on Trade and Industry
2. Bureau of the Specialized Technical Committee on Transport
3. Commissioner for Trade and Industry and Commissioner for Infrastructures, transport and Energy

# Operational Milestones

The following targets have been developed to track progress and concretely guide operations to meet the 2<sup>nd</sup> objective of this strategy: to promote evidence-based public health practice for the enhanced **prevention, monitoring, and treatment** of COVID-19. These indicators are divided into three key functional categories to combat COVID-19: **Prevent, Monitor, and Treat (PMT)**.

## PREVENT:

### Distribute vaccines and personal protective equipment (PPE) to the Member States and launch vaccine campaigns

- TARGET 1: 25-35% of the African population vaccinated by December 2021
- TARGET 2: 1 million PPE kits (e.g. surgical masks, respirators, gloves, gowns, apron, face shields, alcohol-based hand rubs, disinfectant, etc.) to 30 Member States by December 2021

### Develop risk communication tools

- TARGET 1: Three quarterly messages to support vaccination campaigns and PHSM by December 2021
- TARGET 2: Organise at least three community engagement events for vaccine uptake by December 2021
- TARGET 3: Engage with at least three Member States with high COVID-19 vaccine hesitancy to develop country-specific vaccine acceptancy campaigns to improve uptake in those countries by December 2021

### Deploy community health workers (CHW) to support monitoring on the ground

- TARGET: Increase CHW to 30,000 in 30 Member States by December 2021

## MONITOR:

### Endorse new monitoring tools and guidance

- TARGET: Alert level dashboard with public health and social measures (PHSM) guidance by July 2021

### Encourage Member State reporting

- TARGET: 95% of Member States reporting key indicators weekly to Africa CDC by September 2021



## **Establish and strengthen sequencing capacity for surveillance**

- TARGET 1: 50,000 SARS CoV-2 sequences sequenced by December 2021
- TARGET 2: Establish pathogen genomics sequencing capacity in 20 countries by December 2021

## **Enhance diagnostic testing capacity**

- TARGET 1: 100 million SARS-CoV-2 tests (both PCR and antigen tests) per million population of 75,000 by December 2021
- TARGET 2: Optimal testing capacity (>10 test/case ratio) in 90% of Member States by December 2021

## **Estimate seroprevalence**

- TARGET: 15 countries performed seroprevalence surveys by September 2021

## **TREAT:**

### **Ensure essential medicines for COVID-19 are in ready supply**

- TARGET: 95% of Member States have access to essential medicines for COVID-19 by December 2021

### **Equip Member States with an appropriate supply of oxygen**

- TARGET: 75% of Member States are supported with medical oxygen and pulse oximeters by September 2021

### **Employ appropriate guidance and training to manage all COVID-19 manifestations**

- TARGET 1: Develop guidance regarding the long-term effects of coronavirus (Long COVID) by July 2021
- TARGET 2: 10,000 frontline healthcare providers to be trained on COVID-19 home-based isolation and care with a training of trainers by September 2021
- TARGET 3: 50% of Member States are trained on critical care, including medical oxygen therapy use by September 2021



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