2018 Africa Centres for Disease Control and Prevention Annual Progress Report



### $\ensuremath{\mathbb{C}}$ Africa CDC 2019

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# **Our Vision**

A safer, healthier, integrated and prosperous Africa, in which Member States can efficiently prevent disease transmission, implement surveillance and detection, and always be prepared to respond effectively to health threats and outbreaks

# **Our Mission**

To strengthen Africa's public health institutions' capacities, capabilities and partnerships to detect and respond quickly and effectively to disease threats and outbreaks based on science, policy, and data-driven interventions and programmes



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# **Acknowledgements**

We thank the leadership of the African Union Commission, particularly the Chairperson, H.E. Moussa Faki Mahamat for their support and direction.

We thank the Governing Board of Africa CDC for their oversight function and for providing constant advice and direction.

Our thanks go to the Deputy Chairperson and Commissioner for Social Affairs for their highly valued advice during the year.

The African Union Member States, partners and donors provided enabling environment to make our work possible across the continent.

The contributions of all Africa CDC and African Union staff and consultants, including our Regional Collaborating Centres, are highly appreciated.



# Message from the Commissioner for Social Affairs

Africa is advancing in its globalization agenda as efforts are being made to establish the Continental Free Trade Area, the Open Sky Agreement and other agreements by Member Countries. With the free movement of persons and goods in view, these initiatives will certainly impact public health across the continent. We need not wait until there is an emergency before responding, our action now will determine the health outcome in Member States in the years ahead.

The increasing public health events and recurrent epidemics on our continent and their enormous socio-economic impact require strategic actions to deliver quality and accessible healthcare to everyone. Member States need to be prepared to face these emergencies through strong and resilient health systems that are capable of withstanding serious disease occurrences.

Regarding public health, the year 2018 was significant for African Union; one of our Member States, the Democratic Republic of Congo (DRC), showed strong leadership to control two Ebola outbreaks while trying to end hostilities and violent clashes in some parts of its territory. Through Africa CDC, our specialised technical institution for public health in Africa, the African Union supported the government of DRC's response efforts to limit the number of deaths and ensure that the outbreak does not spread any further. As summarized in this annual report, we also supported responses to other disease outbreaks such as Lassa fever, zika, chikungunya, cholera and monkey pox.

The lessons from these are enormous, we need to support each other to improve health security in Africa and achieve peace, security and good health for everyone in the continent as indicated in Agenda 2063. To achieve this critical goal, African Union Commission (AUC) fully endorses the new public health order championed by Africa CDC. Through Africa CDC, the AUC will continue to work with WHO and other partners to ensure that all our Member States have the capacity to implement the International Health Regulation and the Africa Health Strategy 2016 to 2030 to respond effectively to disease control and prevention on the continent.

H. E Amira Elfadil Mohamed Elfadil



Commissioner for Social Affairs African Union Commission

# Message from the Director Africa CDC

Two years ago, on 31 January 2017, Heads of States and Government in Africa officially launched the Africa Centres for Disease Control and Prevention (Africa CDC) as a specialized technical institution of the African Union. The resolution to establish a new continental African public health institution was visionary and timely as the continent strives to achieve the health goals stated in Agenda 2063, which is the roadmap for Africa's growth and development.

The Agenda calls for robust integrated systems to significantly reduce communicable and noncommunicable diseases. Importantly, Africa is at a pivotal moment as it moves towards greater integration, including the single African air transport market by the African Union to open the continent's skies; the African continental free trade agreement; and the free movement of people across borders. These initiatives are powerful boosters of economic growth but also have significant public health implications.

Therefore, to adequately position the continent to meet the public health challenges that will be associated with the economic and political integration of the continent, Africa CDC is calling for a New Public Health Order that focuses on: (1) advocating for and strengthening national public health institutes of Members States; (2) establishing Regional Integrated Surveillance and Laboratory Networks to pool all available public health assets that exist in each geographic region; (3) investing in public health workforce development; (4) advocating and enhancing the culture of data acquisition, storage, timely use, and sharing; (5) developing public-private partnerships to advance public health; and (6) enhancing coordination of partner and donor efforts to align with the health component of Agenda 2063.

As summarized in the 2018 annual progress report, Africa CDC continued to make remarkable progress in its programme implementation and administrative setup and in supporting Member States to prevent and control diseases. At Africa CDC we remain mindful of the words of Khalil Gibran that: "Progress is not in enhancing what is, but in advancing toward what will be."

In 2019, Africa CDC will continue to provide strategic direction and promote public health practice within African Union Member States through capacity building, minimization of health inequalities, promoting continuous quality improvement in the delivery of public health services, and in the prevention of public health emergencies and threats, through partnerships, science, policy, and data-driven interventions and programmes.

Dr John Nkengasong

Director

# **Our Signature Accomplishments** in 2018

- African Union (AU) Assembly of Heads of State and Government approved the organizational structure for Africa CDC during its annual summit in January 2018.
- Recruitment of senior leadership and full-time staff ongoing based on the approved structure.



- Developed and launched a framework for Event-Based Surveillance (EBS) to help Member States improve detection of outbreaks and other public health threats.
- Deployed personnel, supplies, equipment, and other resources to the 9th and 10th Ebola outbreaks in the Democratic Republic of Congo (DRC) and five other outbreaks in Africa.
- Launched and began implementing an antimicrobial resistance (AMR) plan. which outlines key strategies to improve diagnosis, treatment and collection of accurate data on AMR pathogens and antimicrobial consumption.
- Developed a laboratory mapping tool in collaboration with African Society for Laboratory Medicine (ASLM) and used it to map level three and some level two laboratories in 10 countries (7 in Central Africa and 3 in Southern Africa).



awaiting signature.

- Trained 54 personnel to serve as Africa CDC first-line Epidemic Response Team members for health emergencies in Africa.
- Established governance structure and procedures for the Regional Integrated Surveillance and Laboratory Network (RISLNET) in Central Africa. RISLNET is an initiative of Africa CDC to harness and enhance existing public health assets to support effective prevention, rapid detection and resolute response to current and emerging public health threats in Africa.
- · Worked with the Peace and Security Council of the African Union to build understanding of public health events as an economic and security threat in Africa.

• Host agreements for the Regional Coordinating Centres (RCCs) finalized and





# **Our Programme Impact**

Support to National Public Health Institutes (NPHIs): Unity of Purpose

Hosted a meeting at Africa CDC in Addis Ababa, in partnership with the International Association of National Public Health Institutes (IANPHI) to advocate for and strengthen the NPHI network in Africa, and issued a communique for Member States to commit to establishing NPHIs.

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**Developed three documents, in partnership with IANPHI, to support and strengthen the establishment of NPHIs in Africa:** (1) NPHI Development Framework, (2) NPHI Score Card, and (3) NPHI Legal Framework.

**Provided support to four East African countries** for the establishment of their NPHIs: Kenya, Madagascar, Somalia and South Sudan.



**Trained 30 researchers from 14 NPHIs** and began mentoring them in scientific writing and research reporting.

**Trained 35 laboratory managers** from Chad, Congo Brazzaville, Central Africa Republic, Democratic Republic of Congo, Equatorial Guinea, and Gabon in laboratory quality management systems, as part of RISLNET.



**Developed short- and long-term plans** for data acquisition, warehousing, use and sharing for NPHIs.

Awarded scholarships to 10 (8 accepted) young African scholars to strengthen NPHIs in Africa in partnership with Wits School of Public Health, Johannesburg, South Africa.

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### Surveillance and Disease Intelligence Capacity Building for Member States



Published the first-ever international guidelines for implementing EBS in African countries.



**Established in two RCCs Extension for Community Healthcare Outcomes (ECHO)**, a platform for communication, teaching, learning and experience sharing, in partnership with the University of New Mexico.



Received **US\$ 2.6 million grant from Bill and Melinda Gates Foundation** to develop a mortality surveillance programme for Africa and support initiatives to improve mortality surveillance in selected Member States.



Completed a continent-wide assessment on next generation sequencing.



**Collaborated with UNAIDS and Member States to adapt the UNAIDS Situation Room platform** for collecting and analyzing acute infectious disease surveillance data directly from countries' District Health Information Systems (DHIS).

### Africa CDC Partners for Strengthening Whole Genomic Sequencing Sites in Africa

### West Africa

Institut de Recherche en Santé, de Surveillance Epidémiologique et de Formation (IRESSEF), Dakar, Senegal

(Malaria, HIV, Ebola)

Noguchi Memorial Institute for Medical Research, Accra, Ghana

### Southern Africa

1. South African National Bioninformatics Institute, Cape Town

- 2. National Institute for Communicable Diseases, Johannesburg
- 3. South Africa Medical Research Council, Cape Town
- 4. H3 Africa Bionet, University of Cape Town, Cape Town

### **East Aftica**

Ethiopian Public Health Institute (EPHI), Addis Ababa, Ethiopia

1. Uganda Medical Informatics Centre- (UVRI-MRC-Wellcome Sanger-Cambridge), Entebbe, Uganda

2. Makerere University, School of Health Science, Kampala, Uganda

(TB, Malaria, HIV)

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# **Response to Disease Outbreaks**

### EBOLA IN DEMOCRATIC REPUBLIC OF CONGO

- Participated in national response coordination.
- Trained and deployed 46 healthcare workers, volunteers and staff.
- **Contributed significantly as a major partner** in surveillance and contact tracing, infection prevention and control and risk communication.
- Supported investigation of alerts within 24 hours of notification and contact tracing once contacts are listed.
- Trained over 300 healthcare workers in Ebola standard precautions, case definition, hygiene and sanitation, integrated disease surveillance and response, rapid response, case management, infection prevention control, contact tracking and follow-up, communication, and logistics.
- **Procured and supplied** six GeneXpert machines, 3000 cartridges, testing kits and other laboratory consumables.
- Set up three new laboratories in Beni, Butembo and Goma and equipped them with GeneXpert machines.
- Strengthened cross-border surveillance between Uganda and DRC in collaboration with African Field Epidemiology Network (AFENET). Supported screening of over 18 million travellers at points of entry.
- Conducted decontamination and briefing sessions at 15 health facilities to stop infections among healthcare workers.
- Supported community dialogues to provide accurate and timely information about Ebola, dispel rumours and gain support of community leaders – a total of 224 engagements in Butembo.

### CHOLERA IN CAMEROON AND ZIMBABWE

- Deployed three Africa CDC and one African Union staff to support response in Zimbabwe.
- **Conducted three training workshops in Zimbabwe** on integrated disease surveillance and response, rapid response, case management, and infection prevention control.
- Procured laboratory kits, consumables and five modular DNA/RNA sequencers, flow cells and sequencing kits for Zimbabwe.
- Supported a situation analysis in Cameroon.
- Supported the Cameroon Ministry of Health in developing and implementing a response plan in line with the joint support strategy for cholera outbreak in the Lake Chad Basin area.
- **Supported strengthening** of internal and cross-border collaboration and capacity building for event-based surveillance and response in Cameroon.
- **Trained 135 national and regional healthcare workers** in public health emergency management and rapid response team as priorities identified by the Cameroon Government.

### **CHIKUNGUNYA IN SUDAN**

- Deployed two Africa CDC epidemiologists to support response.
- Supported coordination and disease monitoring through the Africa CDC Emergency Operations Centre (EOC).
- Supported health promotion and surveillance system strengthening.
- Supported mobilization of additional resources for response efforts.

### **RIFT VALLEY FEVER IN KENYA**

- Supported surveillance and preparedness efforts.
- Supported laboratory diagnostic capacity strengthening.
- Supported better prevention and control plan through One Health initiative with AU-IBAR and other partners.
- Supported preparedness activities in the region, particularly in Uganda and South Sudan.

# **New Initiatives in 2018**



- Public Private Philanthropic Partnerships Initiative (PPPPI) to develop innovative approaches that would help accelerate and scale-up access to disease surveillance, detection and response in Africa.
- Launched a mortality surveillance programme, funded by Bill & Melinda Gates Foundation, seeking to generate statistically valid national and sub-national mortality estimates across Africa.
- Launched African Collaborative Initiative to Advance Diagnostics (AFCAD), aimed to bridge the current gap in the use of laboratory diagnostics for the control of diseases of high public health importance in Africa.
- Acquired the Journal of Public Health in Africa (JPHIA) to contribute to the realization of Africa CDC mandate of establishing easily accessible platforms for timely sharing of critical health and research information in Africa.





# **Regional and Global Engagements**

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Held high level



**Collaborated with IANPHI** to develop the Africa CDC development and legislative frameworks the AU Inter-African and scorecard for NPHIs during the annual IANPHI networking meeting in London, UK.



**Collaborated with Bureau for Animal Resources (IBAR) to** establish an AU-wide committee to develop a comprehensive **One Health approach** to AMR policies and practices and collaborated with WHO on development of its AMR strategy for Africa.

meetings with permanent secretaries, health secretaries, principal secretaries, directorsgeneral, and directors of medical services of the Southern Africa and Eastern Africa regions.

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Held an inaugural technical advisory committee meeting for the Southern Africa RCC.



Held a workshop to strengthen operationalization of **One Health** in East Africa in partnership with the Center for Global Health Security, Chatham House, UK.



# Human Resource and Administration

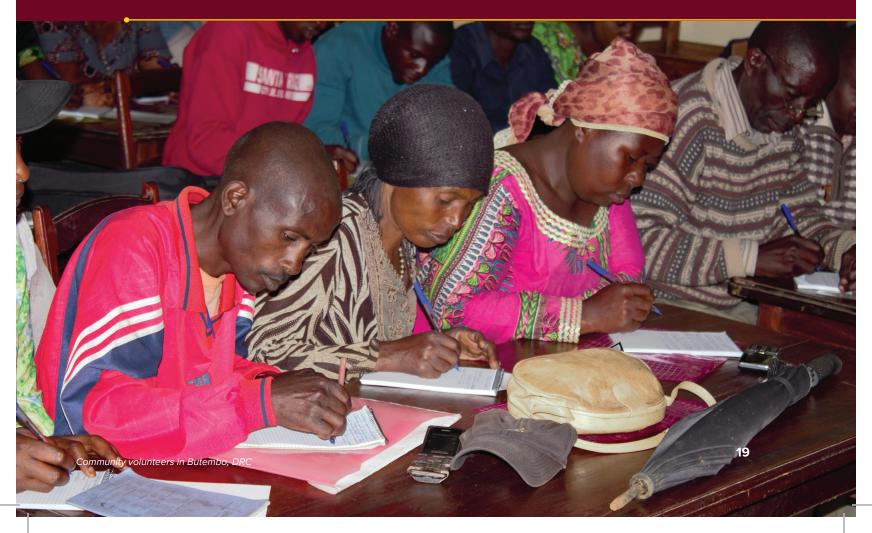
Administrative structure approved by the African Union Executive Council; 65 regular positions approved, recruitment being done in phases.



# **Partnerships and Collaboration**









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