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AFRICA CDC TAKES SHAPE

In his address to Africa CDC staff during the first annual staff retreat in Hawassa, Ethiopia, 21-23 January 2019, the Director of Africa CDC, Dr John Nkengasong, described Africa CDC as an organization that is taking shape. “Africa CDC was an idea and it is heart-warming to see it taking shape,” he said.

Dr Nkengasong likened Africa CDC to a baby that has survived the first two critical years of its lifetime and is showing signs of a progressive growth. He reminded the staff that Africa CDC was established to advance the integration vision of African Union, he encouraged them to read and understand the vision and mission of Africa CDC and its five-year strategic plan.

“A lot of the things we’re doing at Africa CDC has implications in supporting the dream of our forefathers. Africa has a lot of public health assets, all we need do is bring them together to support the new Africa Public Health Order aimed to strengthen health systems and make them more effective in responding to disease control and prevention,” said Dr Nkengasong.

Forty-eight Africa CDC staff, including consultants, volunteers, fellows and interns, as well as representatives of China CDC, US CDC, Bill and Melinda Gates Foundation, and Emory University, participated in the retreat.

It was a time to reflect on the achievements of the Centre since inception, particularly the support to disease outbreak responses in 2018, establishment of partnerships and networking arrangements with frontline organizations and Member States, development of frameworks and other guidance documents on public health, and strategic engagements at the policy level.

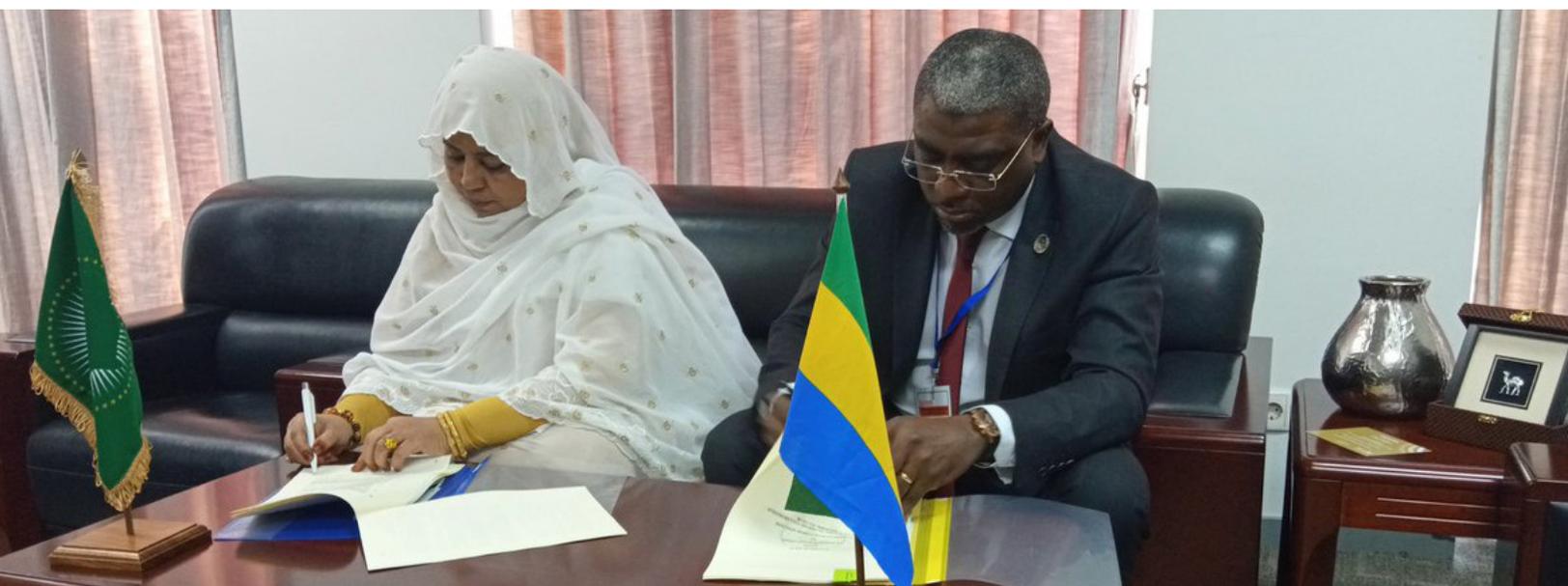


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The Director unveiled the new administrative structure approved by the Executive Council of the AUC and said operationalization would begin immediately. The new structure includes an Executive Office, a Science and Programme Office and a Public Health Diplomacy, Policy and Communications Office, all in the Director's Office, and five divisions: Division of Surveillance and Disease Intelligence, Division of Emergency Preparedness and Response, Division of Laboratory Systems, Division of Public Health Research and Institutes, and Division of Disease

Control and Prevention. Recruitment to fill the approved 65 full-time staff positions is ongoing.

The division heads presented priority activities for 2019, with primary focus on activities to support public health workforce development in Member States and strengthen the Regional Collaborating Centres (RCCs), the National Public Health Institutes (NPHIs) and the Regional Integrated Surveillance and Laboratory Network.



African Union Commissioner for Social Affairs (left) signs Africa CDC Central Africa hosting agreement with the Minister of Foreign Affairs of Gabon

GABON AND ZAMBIA SIGN AGREEMENTS TO HOST AFRICA CDC REGIONAL COLLABORATING CENTRES

On 8 February 2019, during the Summit of Heads of State and Government in Addis Ababa, Gabon and Zambia signed an agreement to host the Africa CDC RCCs for Central and Southern Africa regions, respectively. H.E. Mrs Amira Elfadil Mohamed, Commissioner for Social Affairs, signed on behalf of African Union while the Foreign Affairs Ministers signed on behalf of their countries.

To implement its strategy, Africa CDC works with the National Public Health Institutes of Member States through five RCCs located in Gabon (Central Africa), Egypt (Northern Africa), Kenya (Eastern Africa), Nigeria (Western Africa), and Zambia (Southern Africa).

The agreement outlines basic requirements for the operation of the RCCs and the responsibilities of African Union and the host countries. It provides guidelines for the procurement and use of facilities, infrastructure, funds, assets, employees, vendors and consultants.

The offices provided by the Governments of Zambia and Gabon for the RCCs in Lusaka and Libreville, respectively, have been equipped by Africa CDC and are already functional. Hosting agreements for the other three RCCs are expected to be signed during the year.

OUTBREAK RESPONSE UPDATE

Africa CDC monitors disease outbreaks and public health events across the continent to ensure that Member States receive required support. Current support efforts cover the Ebola Virus Disease outbreak in the DRC, chikungunya outbreak in Sudan and Rift Valley fever in Kenya.

Ebola Virus Disease outbreak response in DRC

Since August 2018, Africa CDC has been supporting the response to the Ebola outbreak in DRC. As of the end of March 2019, more than 1000 infections had been recorded, with 620 deaths (62 percent fatality rate) across 23 health zones in North Kivu and Ituri Provinces.

Although there have been threats of insecurity and violence, including attacks on volunteers and treatment centres, Africa CDC's team of 48 multidisciplinary experts continue to support disease surveillance, contact tracing, laboratory testing and diagnosis, risk communication, community education, and training of local health workers. Africa CDC has provided six diagnostic testing machines (GenXpert machines) with 3000 test cartridges and infection prevention supplies. Support has been provided for the distribution of infection prevention supplies to 13 health facilities. Over 470 healthcare workers and community leaders have been trained in infection prevention, 350 healthcare workers trained in cross-border screening, and 250 community education sessions conducted.

Rift Valley fever in Kenya

Africa CDC is supporting training, surveillance and laboratory diagnosis to contain the outbreak of Rift Valley fever in Kenya, in coordination with African Union Inter-African Bureau for Animal Resources (AU-IBAR). Efforts have focused on establishment of an event-based surveillance system to support community-based surveillance nationally and in the counties.

Africa CDC supported the establishment of an Event-Based Surveillance (EBS) system to report human cases nationally and at the county level and trained 20 individuals to operate the system. Training on EBS was provided to 130 individuals, including surveillance officers, health education officers, clinicians, and veterinary service representatives from the counties and sub-counties.

Chikungunya Outbreak in Sudan

In September 2018, an outbreak of chikungunya virus was reported in Kassala State of Sudan, affecting more than 11,000 people with 11 deaths recorded. The outbreak later spread to other states. Africa CDC deployed a team of epidemiologists to support surveillance, outbreak control and training, and provided laboratory reagents for use in seven states.

Cyclone Idai in Southern Africa Region

Following the occurrence of Cyclone Idai in Mozambique, Zimbabwe, and Malawi, Africa CDC deployed an expert to support rapid assessment of the public health impact and needs, and setting up of disease surveillance systems in the affected regions.



A cross-section of Africa CDC staff and partners during the retreat

HEALTH IS CENTRAL TO AFRICA'S DEVELOPMENT AGENDA



The Deputy Chairperson of the African Union Commission (AUC), H.E. Kwesi Quartey, has said that health remains at the centre of Africa's continental development agenda. In his opening address to a joint technical Conference on Ebola Virus Disease (EVD) at

the AUC headquarters in Addis Ababa, Ethiopia, on 21 February 2019, he assured participants of AUC's commitment to control and prevent the spread of EVD across the continent.

"Diseases know no borders. Hence we need an integrated and comprehensive approach to the health challenges facing Africa if we are to achieve our health goals in the Agenda 2063," said H.E. Quartey. The conference, organized jointly by Africa CDC, other departments of the African Union Commission and the World Health Organization (WHO), was attended by representatives of African Union Member States, other governments outside Africa, the World Bank, United Nations agencies, Ebola vaccine developers, donor and development organizations, pharmaceutical and drug development organizations, and the media. It was the first of its kind facilitated by Africa CDC.

"Diseases know no borders. Hence we need an integrated and comprehensive approach to the health challenges facing Africa if we are to achieve our health goals in the Agenda 2063,"

- H.E. Quartey

"Ebola Virus Disease has become more widely spread geographically, causing major social and security crisis. This is the first scientific conference organized by Africa CDC on Ebola virus," said Dr Yankuba Kassama, Director of Medical Services, African Union Commission.

The conference provided participants with updates about diagnostics, vaccines and therapeutics preparedness for EVD in Africa and lessons by Member States and partners across the continent.

"This meeting is an excellent platform for Member States to receive updates and share experience on efforts towards preparedness to prevent and contain EVD outbreaks in Africa," said H.E. Dr Amir Aman, Ethiopia Minister of Health and Chair of the Governing Board of Africa CDC.

There were presentations of experiences and lessons from Ebola control initiatives in West African countries and the Democratic Republic of Congo, as well as preparedness in Ethiopia, Rwanda, Uganda and Zambia.. There were also presentations on the development, availability, use, regulation and perspectives on EVD vaccines and therapeutics. For example, presentations by the WHO highlighted the Ebola research preparedness, candidate therapeutics, vaccines in the process of development, and experiences in using some of the vaccines and therapeutics.

Extensive discussions were held on current trends in the production, distribution and stockpiling of EVD vaccines and drugs for effective preparedness and response. Participants identified the need for dialogues and sensitization to increase understanding of the meaning and implications of stockpiling of Ebola control vaccines.

AFRICA NEEDS ACCURATE MORTALITY DATA TO REDUCE AVOIDABLE DEATHS

Participants in a workshop organized by Africa CDC concluded that Africa requires timely, accurate and reliable data to reduce the occurrence of avoidable deaths in the continent.

"By increasing the volume and accuracy of mortality data, we can reduce avoidable deaths, increase the effectiveness of investments in health, improve how ministries track results and advance health

outcomes for millions," said Jay Varma, Senior Advisor for Science at Africa CDC.

Held on 26 and 27 February 2019, the workshop was attended by

representatives of 35 Member States, WHO, Bill and Melinda Gates Foundation, Global Fund, Gavi Alliance, and other partners.

Participants discussed existing mortality surveillance initiatives around the continent, lessons from the initiatives, the needs of Member States, available expertise and resources, plans for Africa CDC mortality surveillance programme, and the development

of a continental framework on mortality surveillance.

Despite the increasing population and prevalence of socio-economic challenges impacting on health in Africa, most countries do not have accurate mortality data to inform important policy and other health decisions.

The meeting provided a platform for discussing shortcomings in

mortality surveillance in Africa and plans to address them, and for developing a roadmap for the new mortality surveillance programme funded by the Bill & Melinda Gates Foundation. The plans will be further refined by Member States during two other regional meetings holding later this year.

FACTS, NOT FEAR, CRITICAL TO CONTROLLING EBOLA VIRUS DISEASE IN AFRICA

The Director of Africa CDC, Dr John Nkengasong, has said that facts, and not fear, is critical in controlling EVD in Africa. In his presentation to participants in a special conference on EVD in Addis Ababa, Ethiopia, on 21 February 2019, he said: “Ebola is an old disease, we have known it since 1976 and we have the right tools to tackle it. What we need to control it in Africa is facts not fear.”

Dr Nkengasong said population increase, climate change and migration contribute to the increase in disease outbreaks in Africa, as people encroach into new areas and as a result contact new pathogens. He said African Union Member States need to build resilient health systems that can handle Ebola and other disease threats.

“Ebola has been occurring across many African countries and it’s important to know that Ebola will continue to emerge. We need health systems that can handle these threats effectively,” said Dr Nkengasong.

“We were punched in the face by the weaknesses in the health system and the limited capacity to respond effectively to the Ebola outbreak in West Africa in 2014. We need to intensify support for stronger health systems and stronger capacity,” said Dr Olusoji Adeyi, Director Health, Nutrition and Population Global Practice at the World Bank.

“Member States are the first responders. It is therefore important to continue to build their capacity to detect



Dr Nkengasong addressing participants during the special conference on Ebola

capacity is important for sustainability and we need domestic investment by our countries,” said Soce Fall, Director of Emergency Programme at WHO AFRO.

Dr Nkengasong emphasized the need for partnerships and active involvement of all stakeholders in the preparedness and control of Ebola. “The key message is that Ebola is everybody’s business,” said Dr Nkengasong.

“Africa’s response to epidemics should not only be about treatment but also about preparedness and capacity strengthening. Strategic partnerships are critical to finding solutions to the health challenges in Africa,” said Giovanni Biha, Deputy Executive Secretary, Economic Commission for Africa.



Investigation of an Ebola alert by Africa CDC epidemiologists

RELUCTANT CONTACTS, MIGRATION, INSECURITY FUELLING EBOLA SPREAD IN THE DEMOCRATIC REPUBLIC OF CONGO

Eight months after the Ebola outbreak was declared in North Kivu Province of the Democratic Republic of Congo (DRC), response workers are still recording new confirmed cases.

“Recently the number of cases has increased and this is due to insecurity and high mobility. The army and police provide security but the situation is not always the same,” Dr Jacques Mokange, Epidemiologist at Africa CDC.

Officials say the majority of new confirmed cases identified are reluctant contacts who refuse vaccination and follow-up. Other factors fuelling the spread are high population density and constant mobility of the population.

“The main difficulty in Katwa is reluctance of relatives of confirmed cases. The majority of new confirmed cases identified in the zone are reluctant contacts who refused decontamination, hygiene measures, vaccination and contact follow-up,” said Dr Polydore Ngoma Phoba, Leader of the Infection Prevention and Control Team in Butembo.

To dispel rumours and misinformation and create a more favourable environment for response, Africa CDC continues to work with partners and the Ministry of Public Health in facilitating dialogues and education sessions at the community level.

“Admittedly, the difficulties are enormous with all the rumours, resistances, reluctance and attacks on response teams, but with the contribution of every stakeholder, including the community, we are certain that the chain of transmission will be cut in North Kivu,” said Dr Jacques Mokange, Epidemiologist at Africa CDC.

RISLNET TO SUPPORT MEMBER STATES IN IMPLEMENTING IHR

The Regional Integrated Surveillance and Laboratory Network (RISLNET) needs to support Member States of the Central Africa Region in implementing the International Health Regulations (IHR), said Dr Anne Marie Antchouey, representative of the Gabon Ministry of Health, during a meeting of RISLNET Central Africa bureau members in Libreville, Gabon, on 4 February 2019.

“RISLNET must take responsibility as a credible and powerful partner by ensuring that their work plan aligns with national objectives and by strengthening the capacities of countries in Central Africa Region to implement the IHR,” said Dr Antchouey.

RISLNET is a programme of Africa CDC to harness and integrate public health assets of African Union Member States and make them more effective in supporting prevention, rapid detection and response to current and emerging public health threats in Africa. The programme facilitates close networking among public health organizations, including the National Public Health Institutes (NPHIs), academic institutions, private and public laboratories, civil society organisations, and veterinary networks.

Africa CDC will support RISLNET at the RCCs in Cairo, Gabon, Kenya, Nigeria and Zambia. RISLNET Central Africa was launched in November 2018 and will serve as a pilot to provide lessons for the other four regions.

“This network will be set up in the five regions of Africa and Central



RISLNET Central Africa bureau members with other participants in the meeting

Africa is the first, whatever happens here will be very useful as lessons for other regions,” said Dr Benjamin Djoudalbaye, Head Public Health Diplomacy, Policy and Communications at Africa CDC.

“We want to ensure that our decisions count in improving public health in Central Africa Region, we are working on a plan of action for 2019 and once this is finalized we will forward it to Africa CDC for support.”

- Dr Jean Akiana, Chair of the Bureau

“We’re using Central Africa as a pilot, and experts from Central Africa may be requested to support establishment of RISLNET in other regions,” said Dr Mohammed Abdulaziz, RISLNET Programme Officer and Medical Epidemiologist at Africa CDC.

Central Africa RISLNET bureau members held their first meeting in Libreville, Gabon, 4-7 February 2019, to discuss their roles and responsibilities and work plan for 2019. They discussed how to support activities of the Central Africa RCC and align their activities to the public health objectives of the Economic Community of Central African States (ECCAS).

Bureau members began the process of taking full responsibility for the activities of RISLNET including finalization of all the draft documents and the website.

“We want to ensure that our decisions count in improving public health in Central Africa Region, we are working on a plan of action for 2019 and once this is finalized we will forward it to Africa CDC for support,” said Dr Jean Akiana, Chair of the Bureau.



MEDIA ROUNDTABLE FOR HEALTH REPORTERS IN SOUTHERN AFRICA

Africa CDC held its first interactive session with health reporters during a media roundtable in Lusaka, Zambia, 11-13 March 2019. Representatives of nine of the 10 Member States in the Southern Africa region participated.

The roundtable was the beginning of a long-term partnership between Africa CDC and health reporters to support productive, accurate and timely reporting of health issues in Africa.

“Africa CDC acknowledges that media professionals play a key role in strengthening health-related surveillance and, therefore, aims to build a network of health reporters who can champion the reporting of public health issues in a professional, ethical and transparent manner in Africa,” said the Honourable Minister of Health of Zambia, Dr Chitalu Chilufya, in his message to participants in the roundtable.

“Africa CDC is one of the institutions established to help African Union achieve its Agenda 2063 and we reiterate our willingness to support the media in

amplifying Africa CDC voice on various public health issues in Africa,” said Dr Benjamin Djoudalbaye, Head of Policy and Health Diplomacy at Africa CDC.

There were presentations and discussions on several issues relating to the reporting of health issues in Southern Africa region and the continent, including the challenges and opportunities.

Participants agreed to continue networking among themselves to enhance communication of health information in the region and to involve more journalists by replicating the roundtable in their respective countries.

“The media is very important for us and we’re committed to help them tell our stories. To do this we have formed a network to communicate regularly and clearly with each other,” said Mazyanga Mazaba, Head of Information and Communication at Zambia NPHI and Focal Person for Southern Africa RCC.

TECHNICAL WORKSHOP ON DIGITAL DISEASE SURVEILLANCE IN AFRICA

From 28 February to 1 March 2019 in Addis Ababa, Africa CDC held a technical workshop on Digital Disease Surveillance for Africa in collaboration with the US National Institutes of Health. Experts in different fields of public health and representatives of Member States participated in the workshop.

There is a growing interest in using internet-based approaches (such as Google trends, Twitter and other social media, news alerts, mobile phone, weather) for early detection, monitoring and forecasting of infectious disease outbreaks. In high-

income settings, digital approaches have assisted public health agencies when combined with traditional surveillance systems to monitor respiratory, enteric and vector-borne diseases.

Participants were introduced to the concept of digital disease surveillance with illustrations from cases that used disease-related Google search and tweets for early outbreak detection and monitoring of cholera, Ebola, influenza, plague, and yellow fever. They discussed the design of digital disease surveillance approaches specific to Africa, including indicators and

parameters that would be most useful in the continental context.

Representatives of Member States recommended further research in this area in Africa and training of healthcare workers in digital disease detection.

Following the workshop, three countries or more will be selected to pilot the programme. They will identify up to three priority infectious diseases each that are suitable for the pilot and develop an action plan for their countries.

CONSULTATIVE MEETING ON AFRICA CDC PUBLIC HEALTH SITUATION ROOM

Quality data that is accessible is a critical element in improving response to health emergencies and strengthening early warning and surveillance systems. It is important for decision-making, expanding scientific inquiries and advancing public health.

“Public health is about people, about information sharing and about data. We cannot know our epidemic without data,” said Dr John Nkengasong, Director of Africa CDC.

From 19 to 20 February 2019, representatives of African Union Member States met at the African Union headquarters in Addis Ababa to discuss how to

establish an Africa CDC Health Situation Room that can connect health information systems from different African countries.

“Public health is about people, about information sharing and about data. We cannot know our epidemic without data.”

*- Dr John Nkengasong,
Director of Africa CDC*

The Situation Room is a software application developed by UNAIDS, which directly accesses HIV/AIDS information systems within Member States and

produces flexible and readily comprehensible reports for decision-making by health officials.

“The Situation Room is a concept initiated by UNAIDS to make data revolution a reality in the AIDS response. We want to take the initiative forward in driving data for improving health in the whole continent,” said Taavi Erkkola from UNAIDS.

The Situation Room has already shown success in some African countries in translating HIV/AIDS data into decision-making. It has been adopted to aggregate surveillance and programme data for a few additional health conditions in Ivory Coast, Kenya,

Lesotho, Namibia, Uganda, Zambia and Zimbabwe.

Africa CDC and UNAIDS anticipate that expanding the situation room to cover other diseases in more African countries can help improve disease prevention and control. It can help standardize the way public health information is collected and presented by Member States and maximize the success of response efforts.

“The Situation Room is an innovative tool that has been applied successfully to HIV, but the

mandate of Africa CDC is beyond HIV/AIDS, therefore, we want to see how to expand the Situation Room to cover all other diseases,” said Dr John Nkengasong, Director Africa CDC.

Presentations were made during the meeting on experiences and lessons from Member States that are already using the Situation Room. Participants discussed how to enhance collaboration on data for the situation room between the different health programmes at the country and regional levels. They discussed how to secure

commitment of country leadership for the Situation Room and improve internet connectivity, ownership of data and the platform, and data quality.

Member States will consult with policy- and decision-makers in their respective countries on the use of Health Situation Room for HIV/AIDS and other emerging public health threats. Following this, they will develop, with assistance from Africa CDC and UNAIDS, concept notes and action plans to operationalize the Situation Room.

TAKING EVENT-BASED SURVEILLANCE ONE STEP FORWARD

Africa CDC took its EBS programme one step forward during a workshop in Nairobi from 25 to 29 March 2019 where stakeholders developed draft sections of a training manual for the programme. Participants in the workshop included representatives of eight African Union Member States, World Health Organization, US Centres for Disease Control and Prevention, Food and Agriculture Organization, United States Agency for International Development, China Centres for Disease Control and Prevention, and International Federation of the Red Cross and Red Crescent.

The representatives of Member States shared experience of implementing EBS in their countries and the partners made presentations on their EBS training manuals and activities, emphasizing the need for Integrated Disease Surveillance and Response (IDRS) and strategies to incorporate Indicator-Based Surveillance (IBS), International Health Regulations (IHR) and Epidemic Intelligence over Sources Initiatives (EIOS).

Participants worked in groups to develop draft sections of the manual and formed a technical working group to



Participants in the EBS materials development workshop

collate the inputs and produce a document that would be applicable to the different strata of the health system in Africa.

“This workshop is extremely useful for countries that have started implementing EBS, it will make their training manuals inter-operational across Africa Union Member States. I strongly think having a structured document will help improve our early warning systems and the ability to respond faster and curtail the spread of any disease,” said Dr Amabo Frank Chi representing Cameroon in the workshop.



Participants in the Africa CDC evaluation workshop

AFRICA CDC EVALUATION RETREAT

On 25 and 26 March 2018, Africa CDC held an evaluation retreat in Zanzibar, Tanzania, to review progress and accomplishments since its inception in 2017. Representatives of Africa CDC, Department of Social Affairs, other African Union departments, China CDC, and US CDC participated in the retreat.

“Africa CDC is now functioning and responding to health threats in Africa by strengthening health systems. An institution like Africa CDC needs to respond very fast to issues, and we’re here to see how to make that happen and make Africa CDC function more effectively,” said H.E. Amira Elfadil Mohamed Elfadil, African Union Commissioner for Social Affairs.

Participants discussed several issues relating to the operations, management and governance of Africa CDC, particularly how to make the institution more effective in carrying out its mandate as stated in its Statute.

One of the key resolutions from the meeting was the establishment of a working group to support Africa CDC in aligning its strategic frameworks to the African Union reform agenda and to strengthen its operational and administrative effectiveness.

“It is important that this dialogue is taking place. It is the first formal engagement of the new bureau of the chairperson with the work of Africa CDC and it takes place in the context of the ongoing institutional reform of the African Union Commission,” said Lindiwe Khumalo from the Bureau of the AUC Chairperson.