

AFRICA CDC TODAY

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A New Phase in Medical Management of **EBOLA Virus Disease** in the Democratic Republic of Congo?



Prof. Steve Ahuka

In August 2019, the Government of the Democratic Republic of Congo (DRC) approved for continued use mAb114 and REGN-EB3, two of the four drugs previously used for the treatment of Ebola Virus Disease (EVD) patients and terminated the use of two other drugs. Africa CDC Today spoke to Prof. Steve Ahuka, Senior Researcher at the National Institute for Biomedical Research, Kinshasa and Associate Professor at the Faculty of Medicine, University of Kinshasa, to explain why this decision was taken and what to expect.

Efficacy has been demonstrated for two of the four drugs used in the treatment of EVD patients in the DRC. Can you tell us more about this finding?

This outbreak has lasted a little over a year now, and as part of the response, we conducted a randomized study to evaluate the effectiveness of experimental drugs available since the beginning of the outbreak to help improve patient survival. The study began in November 2018 and has been of benefit to more than 700 Ebola survivors. After analysing the results on 499 patients who received the four molecules, the Independent Monitoring Committee gave an encouraging result: that mAb114 and REGN-EB3 are the most effective for the medical management of patients.

Does this mean that the other two drugs that have not been recommended are not effective?

That doesn't mean the other two drugs don't treat, no. What it means is that to provide quality care to EVD patients in our context, mAb114 and REGN-EB3 are better and more appropriate.

Why did the committee make such a decision at this time and what are the potential benefits?

For those who are used to clinical trials, and particularly those conducted in emergency situations and for new molecules, it is normal to evaluate at specific periods to clearly see the reality and effectiveness of treatments for patient care.

What is the difference between the current treatment and the one used before?

The difference is huge. EVD is no longer an orphan disease.

We know that there is no drug candidate, but there are effective drugs against the disease.

And that is the added value of this 10th outbreak. These selected drugs will be used just as the case is for the treatment of other common diseases with proven drugs. Moreover, it means that

if people seek treatment at an earlier stage of the infection, they have the chance to be completely healed.

This has the advantage of reducing stigma, facilitating care, and better controlling the disease. It will renew the confidence of the community in treatment, as a person's health is restored after being treated in a specialized institution before the disease spreads to relatives, neighbours or friends. This is one of the advances to capitalize on in the management of EVD.

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What should EVD patients expect with these two new recommended treatments (mAb114 and REGN-EB3)?

For all the people who have been healed, not just those who have been treated, there is a programme at the national level to monitor them. It consists of regular medical examinations at regular intervals, taking biological samples, psychological follow-up, and social re-integration. The programme aims to support people cured of Ebola and prevent new infections by them, because it is known that some EVD survivors, especially men, can harbour the virus in their genital tract for up to three months and re-infect their sexual partners during unprotected sex.

Is this now a universally accepted treatment for EVD or are there other treatments to be considered?

I think that's the lesson to learn. It is now a question of following patients who have received these drugs over a long term to see the effects, as with any new drug. But I believe that these drugs are making history as products that can treat EVD.

But how do you explain the re-infection of some people healed of EVD during this epidemic?

Of course, there have been a few cases that we are following. We do not yet have all the information we need. And that is the importance of scientific research, the collection of information and the search for interpretation before a declaration is made. What you must understand is that the treatment is recent and so are its consequences. It is therefore not necessary to anticipate some hypotheses but rather to remain vigilant by considering available elements in order to have good information. It would be necessary, for example, to determine if there has been re-infection, under what circumstances, and what were the enabling factors.

How do these drugs work in the body? What assurances can you give about them?

For mAb114, I can say that it is a natural product because the molecule is an antibody. It is a protein produced by a patient who survived EVD during the Kikwit epidemic in

1995. This antibody has been isolated, i.e. identified and reproduced in several copies by genetic engineering and it is given in such a way that it can mimic the immunity of the person receiving it. It is as if this person produces the antibody themselves to attack the virus and control the disease. And in the cases that received this product, we have seen a spectacular evolution.

On one hand, some patients have been able to regain their vital qualities, and it is a source of pride for the DRC to have contributed. On the other hand, it has produced survivors and research results that will help humanity.

You mentioned immunity, which can be confused with vaccination, also one of the innovations of this epidemic, can you explain?

The given product is an antibody already manufactured from outside the body. We speak of passive immunization, i.e. it is the antibody that is administered (serotherapy), while for vaccination an antigen is administered, which can be an attenuated virus, and the body itself will produce its own antibodies that will fight the potential virus.

Now that there is a scientifically proven treatment, how long should we expect to see a DRC without EVD victims?

We hope that all these innovations will help contain this EVD crisis, which has lingered for too long and has caused the loss of lives in our country. With all the strategies, including community engagement, cross-border and community surveillance, and others we dare to believe that this epidemic will be contained.

What more do you have to say about EVD in the DRC?

We ask the community to comply with the instructions of the intervention authorities, which are repeated all the time. Avoid handling dead bodies, wash your hands always, avoid any form of migration or travel when you have been listed as a contact, and engage effectively and actively, because

community prevention is the most effective weapon against EVD outbreak.

This interview was conducted originally in French by Cedric Mulumba, a volunteer communications specialist in Goma, DRC.



RISLNET

Makes Significant Progress in

CENTRAL AFRICA

The Regional Integrated Surveillance and Laboratory Network (RISLNET) is making significant progress in Central Africa. Since its launch by Africa CDC in October 2018, the network is increasingly gaining acceptance by Member States.

RISLNET has implemented some innovative initiatives to contribute to laboratory strengthening in Central Africa. In February 2019, a five-member bureau was inaugurated to coordinate and guide RISLNET activities in the region.

Following a laboratory mapping exercise, seven laboratories in seven Member States were selected to form the first cohort of reference laboratories enrolled for ISO 15189 accreditation. These laboratories have been assessed to identify their capacity gaps regarding quality management, equipment maintenance and calibration, and laboratory information systems.

RISLNET has conducted a series of training workshops to strengthen the capacity of senior laboratory personnel and Stepwise Laboratory Improvement towards Accreditation (SLIPTA) focal persons of the respective ministries of health of the seven countries. The training focused on strengthening laboratory management towards accreditation (SLMTA) 01, quality assurance and external quality assessment, basic laboratory information systems, quality management of point-of-care testing, and equipment maintenance and calibration.

“It is no secret that our subregion is experiencing an unprecedented health crisis. This SLMTA training marks the beginning of laboratory improvements in Africa. It will accelerate and lay the foundation for ISO 15189 accreditation and equip laboratory managers to carry out their tasks more effectively. This is important for improving the health and well-being of the African population.

The Ministry of Public Health of Chad fully supports RISLNET,”

said Mr Djimet Arabi, Chad Minister of Justice and Human Rights and Keeper of the Seals, during a SLMTA 1 training by RISLNET in Chad in July 2019.

In consultation with relevant stakeholders,

RISLNET has supported the development of three framework documents and five guidance documents for the improvement of laboratory services in Central Africa.

These include a framework and statute of RISLNET, a framework for sample transport systems, a roadmap and guidance document for the development of national laboratory strategic plans, guidelines for antimicrobial resistance testing, guidelines for point-of-care testing, quality manual for laboratory testing, guidelines for laboratory biosafety and biosecurity, and guidelines for equipment maintenance and calibration.

To enhance learning and exchange of knowledge on event- and laboratory-based disease surveillance and sample transport systems, public health laboratories in Central Africa are being linked to the Africa CDC ECHO platform, which facilitates weekly interactive sessions by Member States across Africa.

The activities implemented by RISLNET have set the stage for improvements and transformation of public health laboratory services in Central Africa.

RISLNET is an initiative of Africa CDC to promote networking, partnerships and collaboration for the advancement of a unified agenda for disease control and prevention at the regional level in Africa. The African Union cooperative agreement for RISLNET is currently being implemented in Central Africa by the Global Health Systems Solutions under close supervision by Africa CDC. ability to respond promptly to future outbreaks.



Participants in the training workshop on laboratory quality management system held in N'djamena, Chad



How Africa CDC Volunteers Support **EVD Outbreak Response** in DRC

For more than one year, the Government of DRC and partners have been working together to curtail the 10th EVD outbreak in the country, which has affected mainly Ituri and North Kivu Provinces, and recently spread to South Kivu.



Some Africa CDC volunteers shortly after their deployment

For more than one year, the Government of DRC and partners have been working together to curtail the 10th EVD outbreak in the country, which has affected mainly Ituri and North Kivu Provinces, and recently spread to South Kivu.

Shortly after the declaration of the outbreak on 1 August 2018, the African Union Commission, through Africa CDC, deployed experts to the DRC to support response. As of 30 September 2019, Africa CDC had a total of 36 active volunteers in the response. From contact tracing to laboratory services, these experts dare insecurity and hostility in some cases to support different aspects of the response in

the affected health zones, under four broad categories: infection prevention and control, laboratory services, epidemiological surveillance and risk communication.

Laboratory testing and diagnosis is critical for any successful medical intervention. As the starting point in the investigation and treatment of cases, particularly in this kind of outbreak, four Africa CDC biologists and laboratory technicians ensure prompt collection, management and analysis of samples.

They help analyze an average of 1455 samples per week, equivalent of about 200 samples per day.



This story was compiled by Lilas Belepe, a volunteer communication specialist in Butembo, DRC.

In addition to their routine activities, they train local technicians in the handling of the GeneXpert machines that were supplied and installed by Africa CDC for EVD specimen testing. They have trained 41 local laboratory technicians as of 15 September 2019.

The infection prevention and control (IPC) experts monitor and support healthcare providers to ensure that they identify and isolate suspected EVD cases promptly. They offer briefing and training in IPC, oversee distribution of IPC materials to healthcare facilities, accompany health care workers at health care facilities, and offer corrective actions when necessary.

Dr Nadine Aziza, IPC team leader, said: "The Africa CDC IPC team comprises four medical officers and wash technicians, who are responsible for monitoring a precise number of health care facilities and accompanying health care workers according to the weekly schedule. The team conducts follow-up and support visits to health facilities to ensure that standard safety precautions are observed in the context of IPC.

They hold briefing sessions to demonstrate the chlorination process, biomedical waste management, decontamination of premises and reusable objects; and how to wear and remove personal protective equipment including gloves, boots, masks, etc.

In addition to their routine activities, they support the Integrated Provider Capacity Building Project, which integrates infection prevention and control, risk communication and epidemiological surveillance."

The epidemiologists perform tasks related to epidemiological surveillance, including active investigation of EVD cases in the community and in health facilities, investigation of suspected cases, contact monitoring, as well as community-based and cross-border surveillance.

Dr Bibiche Matadi, leader of the monitoring commission in Butembo sub-coordination, said: "The volunteers are committed to active case finding. They review health care facility registers and records to look for cases that meet the case definition for EVD, and with the information they obtain they generate alerts. The investigators retrieve the alerts and go into the communities to conduct investigations around suspected cases. They then validate the alerts that meet EVD case definitions for transfer to a treatment centre, and invalidate those that do not meet the case definition.

Africa CDC volunteers, who have been assigned for contact follow-up, visit the listed contacts daily for 21 days during which they take their temperature and monitor their general health."

"The insecurity in our areas of intervention and the uncontrolled movement of contacts have made these activities very difficult for us," said Dr Tresor Makumbu, team leader for surveillance.

The communication experts support risk communication, social mobilization and community engagement to dispel rumours. They conduct awareness-raising and sensitization sessions with community members and opinion leaders, journalists, influential individuals, and the public to counter misinformation and reluctance to present for follow-up or treatment, which are key challenges to the success of the current outbreak. They sometimes conduct home-based awareness sessions to mobilize community members for vaccination. In addition to these, they support the production and distribution of information materials in the communities and send updates on major activities and events to Africa CDC headquarters in Addis Ababa for dissemination to stakeholders.

Visitor Monitoring is Critical in the Control of Ebola Virus Disease Outbreaks

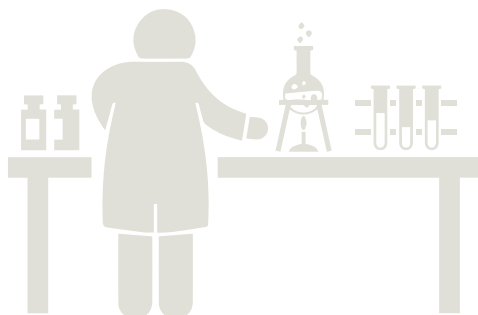
Visitor monitoring in the community is an important aspect in the control of EVD outbreaks. Africa CDC volunteers supporting EVD response in DRC have developed a strategy to monitor the movement of visitors in outbreak hotspots.

When the presence of a visitor is reported by community members, they meet with the individual and other members of the household to educate them on the need to observe the usual preventive measures. They include such visitors in their monitoring list and maintain vigilance around them for at least two weeks. During this period, they document the individual's body temperature daily and watch for any signs and symptoms of a disease. Visitors who show any signs and symptoms are quickly taken to the isolation centre and tested. If the test is positive for EVD the person is treated and a vaccination ring is formed around the contacts.

"This strategy allows us to quickly and easily identify suspected cases in the community and stop the chain of transmission. It increases the chances of survival for the infected person. But sometimes we have cases where the visitor or contacts go into hiding and this makes monitoring and follow-up more difficult," said Dr Bibiche Matadi, Africa CDC Volunteer and Chair of Beni Monitoring Sub-committee.

Visitor monitoring is done with the strong support and involvement of the cell chiefs, district and local leaders, and the political and administrative authorities, who help raise awareness about EVD prevention at the household level.

Draft story written by Amina Kayisavera, Africa CDC volunteer in DRC.



Up-Close with an Africa CDC Volunteer Marie-Jeanne Fuanda



Marie-Jeanne Fuanda, a medical epidemiologist with more than 10 years of work experience as a general practice physician, has been an Africa CDC volunteer supporting the 10th EVD outbreak response in Beni, North Kivu, since October 2018. She currently coordinates response activities, including surveillance, psychosocial support, risk communication, vaccination, and secure and dignified burial of victims, in Ngongolio Health Area.

Marie-Jeanne Fuanda, a medical epidemiologist with more than 10 years of work experience as a general practice physician, has been an Africa CDC volunteer supporting the 10th EVD outbreak response in Beni, North Kivu, since October 2018. She currently coordinates response activities, including surveillance, psychosocial support, risk communication, vaccination, and secure and dignified burial of victims, in Ngongolio Health Area.

Marie-Jeanne's team consists of 11 volunteers (seven epidemiologists, three infection prevention and control, and one communication expert) who cover the nine villages or cells of over 34,000 people that make up the Ngongolio Health Area. Despite several security challenges and attacks, the team continues to conduct its activities in the community.

One key innovation that has helped the team in their work is the use of GO DATA for contact tracing.

GO DATA is a contact tracing software that allows you to monitor contacts using a mobile device and to check if the community relays are following them up.

It also helps in following the chain of transmission from the source case to their contacts.

In addition to their routine duties, the Africa CDC surveillance team has developed a joint strategy with the vaccination team managed by WHO. They mobilize community members for vaccination and support the creation of vaccination rings around confirmed cases.

Marie-Jeanne is fascinated about the opportunity to interact with community members daily and carry out investigation around suspected cases. She is concerned about the insecurity and community reluctance, which have undermined the results from response efforts. She, however, believes that with more engagement they can change community perspectives about EVD and gain the support needed to end the outbreak as soon as possible.



Marie-Jeanne Fuanda

Supporting Establishment of Strong National Public Health Institutes IN SOUTHERN AFRICA

National Public Health Institutes (NPHIs) play a critical role in accelerating implementation of the International Health Regulations and in actualizing health security at the country level. However, NPHI is a relatively new concept in Africa, and limited human capital, lack of a legal mandate, and resistance to change are common challenges experienced by Member States in the early stages of establishment.

National Public Health Institutes (NPHIs) play a critical role in accelerating implementation of the International Health Regulations and in actualizing health security at the country level. However, NPHI is a relatively new concept in Africa, and limited human capital, lack of a legal mandate, and resistance to change are common challenges experienced by Member States in the early stages of establishment.

To address these problems, the Southern Africa Regional Collaborating Centre hosted a workshop for the 10 Member States in the Southern Africa region from 11 to 13 September 2019. Organized



Some participants in the workshop on NPHIs for Southern Africa Member States

with support from the International Association of National Public Health Institutes (IANPHI) and US CDC, the workshop aimed to increase understanding of the role of NPHIs, including its potential contribution to health security in Africa.

In his welcome address to participants, Dr Kennedy Malama, Permanent Secretary Technical Services, Zambia Ministry of Health, said:

“The aspiration of Africa to invest more in the health of its populations can only be actualized by building strong institutions like the NPHIs.”

Member States that already have an established NPHI in the region, particularly Mozambique, South Africa, and Zambia, shared lessons from the establishment of their institutes, including the challenges and how to overcome them. Other issues discussed during the workshop included roles and responsibilities, legal frameworks, resourcing, and advocacy for NPHI establishment.

“The drivers of a strong and efficient NPHI are, a long-term vision, a mid-term strategic plan and a strong relationship with the Ministry of Health and other government institutions,

which must be based on trust,” said Dr Ilesh Vinodrai, Director, Mozambique National Institute of Health.

Participants identified the need for political goodwill, alignment of the vision of the NPHI to the national public health priorities, partnership with like-minded institutions, and networking, as imperatives in accelerating the establishment of a strong NPHI that can address disease burdens sustainably.

The Africa CDC operational model aims to strengthen and facilitate the establishment of NPHIs in the 55 African Union Member States as a core coordination organ for national health systems.

Behaviour Change, Risk Communication and Outbreak Response A BEST-PRACTICE WORKSHOP

In July 2019, Africa CDC and Public Health England (PHE) co-organized a two-day training entitled *Behaviour change, risk communication and outbreak response: a best-practice workshop*, for representatives of public health institutions of 17 African Union Member States and staff of Africa CDC.

Behavioural scientists and communication officers from PHE, led by Prof. Richard Amlôt, facilitated the workshop as part of a new partnership between the African Union, Africa CDC and the Government of the United Kingdom.

“The relationship between Africa CDC and PHE is a really new element in our partnership with the African Union, which includes interesting subjects such as climate change, demography, organized crime, sexual exploitation, and cybercrime across Africa. It’s about sharing our experiences with the African Union and the wider Africa, and learning from Africa’s experiences,” said Mr Jason Grimes, Deputy Permanent Representative of the United Kingdom to African Union.

Risk communication is a core element of public health and an essential part of disease outbreak and emergency response. Effective communication can help communities adopt preventive measures and become resilient in mitigating the effects of disease outbreaks.

“Behaviour science is a key component of the emergency management cycle.

We all wish to be understood by the public and be trusted while trying to understand the whole context of a ravaging emergency. A lot has been done in this area but much more needs to be done as an integral part of emergency response and as part of the requirements of the International Health Regulation,” said Dr Merawi Aragaw, Head, Emergency Preparedness and Response Division at Africa CDC.

“This is all about behaviour science and its importance. Indeed, the PHE chief executive said at the organization’s conference last year that

the future is behaviour science.

PHE tries to imbibe behaviour science across the public health landscape in the UK and they are keen to do that across Africa too,” said Mr Grimes.

Following presentations by the facilitators, participants in the training worked together in groups to share experiences and design a risk communication strategy based on a hypothetical infectious disease outbreak emergency. They are expected to apply the knowledge acquired from the training to the design of emergency communication plans in their countries. They will be part of a behaviour science team being set up by Africa CDC to support emergency responses in Africa.

“We hope lessons from this workshop will help participants in developing tailored communication strategy for emergency response in their countries. Africa CDC will maintain a roster of the participants and continue to work with them through their national public health institutes,” said Dr Aragaw.



Dr Benjamin Djoudalbaye (right) presented certificates of participation to participants in the workshop

AMR Containment Can Produce Significant RETURNS ON INVESTMENT

Antimicrobial resistance (AMR) causes an estimated 700,000 deaths globally each year. It could result in over 10 million deaths per year and a loss in output of over US\$ 100 trillion by 2050 if the current trend continues.

“The US Centres for Disease Control and Prevention estimates that AMR causes up to US\$ 55 billion loss every year: more than US\$ 20 billion loss on direct health costs and US\$ 35 billion loss on productivity,” says Dr John Nkengasong, Director, Africa CDC.

Research has shown that AMR is a major cause of deaths among individuals infected with HIV, malaria, tuberculosis, typhoid, cholera, meningitis, gonorrhoea, and dysentery in Africa.

“The magnitude of AMR has been challenging and the consequences have been very high, particularly in developing countries,” says Tenaw Tadege, from the Food and Agricultural Organization. “A World Bank report estimates that if the current situation continues without targeted interventions the livestock sector could decline by 11 percent, resulting in around 3.8 percent reduction in the Gross Domestic Product,” he added.

As AMR poses a huge threat to public health, its control can produce significant returns on investment.

“The good thing is that AMR containment can produce good returns. One dollar investment in AMR containment can produce about US\$ 4–13 returns, and one dollar investment in preparedness can produce about US\$ 5 dollars reduction in AMR,” says Tenaw.

Recognizing the threat AMR poses to public health in Africa, in 2017, Africa CDC, in consultation with African Union Member States and partners, began the process of developing a framework to help African countries

control the occurrence of AMR in the continent. The Africa CDC Framework for Antimicrobial Resistance Control, 2018–2023 (<http://www.africacdc.org/resources/strategic-framework/strategic-framework/africa-cdc-amr-framework-eng/download>) was launched in October 2017 and shared with the Member States.

However, because the framework focussed mainly on human health, Member States requested Africa CDC to amend it to include plant and animal health and upgrade it to an African Union strategy for the control of AMR in Africa across all sectors. Consequently, an Africa Union Task Force on Antimicrobial Resistance Control was created to review the framework.

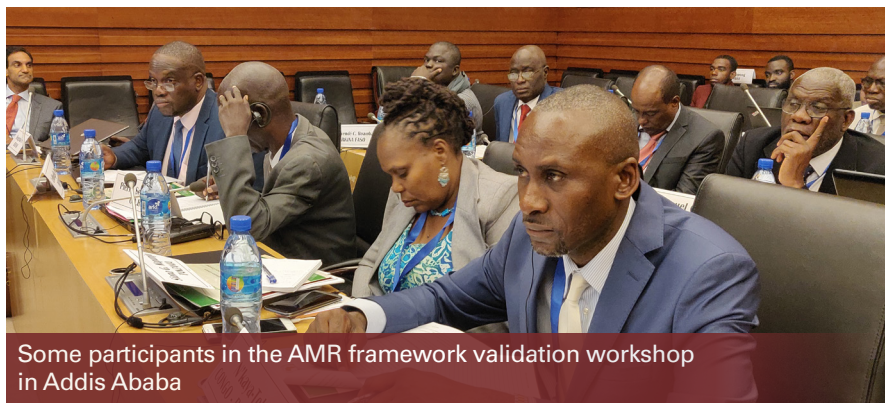
“This framework was originally focused on human health and did not address all other components necessary for a true One Health intervention. Since the task force was created in 2018, we’ve been working with colleagues in other departments and agencies at the African Union

to review the framework and make it more responsive to every issue regarding AMR in Africa,” said Jay Varma, Senior Advisor for Science at Africa CDC.

On 22 and 23 August 2019, Africa CDC convened a meeting of Member States and partners working on plant, animal, human and environmental health to review and validate the new framework.

The framework has three primary goals: (i) improve surveillance of AMR organisms among human, animals and plants; (ii) delay the emergence of AMR; and (iii) mitigate harm among patients infected with AMR organisms.

Participants in the meeting worked in groups to discuss and revise different sections of the framework to ensure that they are appropriate for purpose. The revised version will be presented to the African Union Technical Committee for official endorsement in October 2019.



Some participants in the AMR framework validation workshop in Addis Ababa

STRENGTHENING EVD OUTBREAK PREPAREDNESS in South Sudan and Uganda



The current EVD outbreak in the DRC has lasted more than one year. However, the outbreak has been contained within three provinces – Ituri, North Kivu and South Kivu. Among the nine countries that share borders with the DRC, Burundi, Rwanda, South Sudan, and Uganda are closest to the three affected provinces. There has been a confirmed case in Uganda and another one at its border crossing with the DRC. As of 30 September 2019, there have been no reported cases in Burundi, Rwanda, and South Sudan, but there have been cases in Goma, a city that is about 2 km from Rwanda, and a case in Ariwara, north east Ituri, bordering the Yei River State in South Sudan.



Visit of Africa CDC team to an isolation centre in Juba, South Sudan, to assess the level of preparedness

As part of its response activities, Africa CDC has deployed two of its staff each to South Sudan and Uganda to support preparedness.

In South Sudan, Africa CDC staff are supporting the strengthening of public health emergency operation centre (PHEOC) operations, GeneXpert pre-installation assessment in Yei River and Maridi States, EVD alert investigation, and development of a resources monitoring tool. They participate in several planning and coordination meetings. The team is working with in-country stakeholders to organize training in PHEOC operations, laboratory support for EVD, surveillance, and other emergency preparedness activities for personnel of the relevant institutions and agencies.

Similar assessments and tools development have been supported in Uganda to strengthen preparedness efforts. In addition, Africa CDC supported a training on the principles of public health emergency operations management for senior officials of the Ministries of Health Agriculture, Animal Industry and Fisheries, Water and Environment, and the Uganda Virus Research Institute. Africa CDC is also supporting orientation and training sessions for health care workers on EVD surveillance and contact tracing in the health districts.

Considering the high risk and possibility of a cross-border transmission, all the neighbouring countries have strengthened preparedness through cross-border surveillance at the land, sea and air borders, activation and strengthening of emergency operation centres, vaccination of border workers, procurement of relevant laboratory and medical equipment and supplies, and training of health care workers and other relevant personnel on EVD outbreak preparedness and response.



Member States Approve Common African Position **ANTIMICROBIAL RESISTANCE CONTROL**

Health Ministers of African Union Member States adopted a Common African Position (CAP) on Antimicrobial Resistance (AMR) during the Third Specialized Technical Committee (STC-3) on health meeting held in Cairo, Egypt, from 29 July to 2 August 2019. This followed the review and endorsement of the document by AMR experts and stakeholders.



Some ministers and participants in the STC-3 meeting in Cairo

“The sooner we prepare for problems like AMR the better our response as a continent,” said H.E. Alpha Wurie, Minister of Health, Republic of Sierra Leone.

Presenting the document to the ministers, Dr Jay Varma, Senior Advisor at Africa CDC, said AMR threatens the achievement of the Sustainable Development Goals and African Union’s principal policy, Agenda 2063 (The Africa We Want), hence the need to tackle it at all levels of the health system.

“AMR is a threat to global health security, universal healthcare, food security, and economic growth in Africa. If nothing is done about it, AMR could cause over 4 million deaths per year in Africa by 2050,” said Dr Varma.

The CAP was developed through a consultative process by an AMR task force consisting of several African Union organs, including Africa CDC, Inter-African Bureau for Animal Resources, African Union Pan-African Veterinary Vaccine Centre, Inter-African Phytosanitary Council, and AU Pan-African Tsetse and Trypanosomiasis Eradication Campaign.

It recommends that African Union Member States develop policies, implement programmes, and provide financing and training to improve monitoring of AMR, delay

its emergence, limit transmission, and mitigate harm occurring from AMR. It also recommends that regional economic communities in Africa develop harmonized documents for regulating the use of antimicrobial agents in humans and animals, and protocols for recording and reporting AMR and antimicrobial use.

Ministers present in the meeting congratulated Africa CDC for initiating the development of the document and for its achievements in the first two years of active operations. They encouraged the leadership to build and strengthen partnerships to improve health security in Africa.

“With such significant progress made in just two years, Africa CDC can do more if African Union Member States increase their support to health

with a focus on achieving Universal Health Coverage by 2030,” said H.E. Dr Hala Zaid, Minister of Health and Population, Arab Republic of Egypt.





First Consultative Meeting of **AFRICA COLLABORATIVE** to Advance Diagnostics Holds in Addis Ababa

The first consultative meeting of the Africa Collaborative to Advance Diagnostics (AFCAD) was held in Addis Ababa, Ethiopia, 24–25 September 2019. Over 200 experts from African Union Member States and other parts of the world who participated in the meeting discussed how to strengthen partnerships, advocacy, as well as political and financial support for increased uptake and manufacturing of diagnostics in Africa.

The first consultative meeting of the Africa Collaborative to Advance Diagnostics (AFCAD) was held in Addis Ababa, Ethiopia, 24–25 September 2019. Over 200 experts from African Union Member States and other parts of the world who participated in the meeting discussed how to strengthen partnerships, advocacy, as well as political and financial support for increased uptake and manufacturing of diagnostics in Africa.

In his opening address, Mr Tordeta Ratebaya, Deputy Chief of Staff, representing the Chairperson of the African Union Commission said:



Some participants in the AFCAD meeting in Addis Ababa

“Health care is essential for the success of the continental agenda, and diagnostics and medicines are essential for setting up quality health care services in Africa.

This is why the African Union Commission and Africa CDC launched AFCAD to lead innovations for the development of diagnostics in Africa.”

Various gaps exist in accessing quality diagnostics in Africa; they either do not exist, are inaccessible, or costly. And the slow introduction of innovative diagnostics is a huge limitation to disease control and emergency response to outbreaks. This meeting was, therefore, held to discuss expedited processes for assessing and updating diagnostics, enabling conditions for local production of diagnostics in Africa, and foster partnerships for financing of diagnostics in Africa.

“Laboratory systems in the continent are still far from smoothly accessing and acquiring quality diagnostics.

This first meeting of AFCAD is timely and crucial in developing a workable action plan for evidence-based improvements in access to quality and affordable diagnostics and manufacturing in Africa,”

said Dr Lia Tadesse Gebremedhin Minister of State for Health, Ethiopia.

A major highlight of the meeting was the launch of the Africa Viral Load Movement by the Director for Social Affairs, African Union Commission, Madame Cisse Mariama Mohamed. The Movement will support African Union Member States to rapidly scale up access and uptake of HIV viral load testing at all levels of the health care delivery system.

In his closing presentation, Dr John Nkengasong, Director, Africa CDC, highlighted the major next steps following the meeting. These include establishment of a Diagnostics Expert Committee, determination and assessment of the centres of excellence, development of a standardized protocol for the evaluation of diagnostics in Africa, and finalization of the declaration on the HIV Viral Load Movement.

Africa CDC will support the establishment of the Diagnostics Expert Committee, which will provide guidance for the selection, evaluation, validation/verification, and adoption of laboratory diagnostics technologies. The committee will facilitate data sharing, determine and assess the centres of excellence for the evaluation of in vitro diagnostics, and develop the standardized protocols for the evaluation of diagnostics in Africa.



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