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HEAD OF POLICY, HEALTH DIPLOMACY AND COMMUNICATION FOR THE AFRICA CENTERS FOR DISEASE CONTROL AND PREVENTION SAYS TESTING AND SUPPLIES REMAIN AFRICAN COUNTRIES' TOP CHALLENGES IN FIGHTING COVID-19

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The GFO sought to understand the Africa CDC's immediate role in the continent's response to the COVID-19 pandemic. In our interview with Dr Djoudalbaye, our overarching question was for him to describe in concrete terms what the CDC's capacity-building role looks like, practically, as part of the pan-African response to COVID-19.

The interview took place in late April via Zoom, with an email follow-up.

GFO: What are the biggest challenges you are seeing, from a continental perspective, in Africa's response to COVID-19?

Dr Djoudalbaye [BD]: Challenge number one is shortages in terms of global supplies – it is not only to do

with ventilators. This is a global challenge. If you look at the treatment trends, not everybody will need ventilators. It's more likely to be 3–5% depending on the local epidemic. But we have to have basic supplies, like infection-control materials, masks, personal protective equipment (PPE), etc. Even if countries have [financial] resources, the issue is where to procure supplies.

Another challenge is the closure of the borders because of travel bans. It is very difficult to move supplies. Unless cargo contain only supplies for the response, cargo flights do not allow all shipments to go. From our perspective, we have three things to do: limit infections, limit deaths, and limit social harm. These are the three things in our continental strategy, but if you can't move supplies and responders, it's very difficult. The private sector and the pharmaceutical industry are coordinating a response to the challenges we are facing, but we have established our own procurement system.

Testing is also a challenge. When this was declared a public health emergency of international concern (PHEIC) by the World Health Organization (WHO) on 30 January, there were only two laboratories in Africa that were able to diagnose COVID-19 – the National Institute of Communicable Diseases (NICD) in South Africa and the Institut Pasteur de Dakar in Senegal – but we quickly expanded the [continent's] testing capability. In three weeks, we were able to train 48 countries within their own facilities.

Another challenge is the limited capacity for production of some items. Kenya started producing enough PPE for Kenya and the East African region, and Morocco is producing a high number of masks. Many countries, including Ethiopia, are producing the basic things that we need to face COVID-19. This will be the trend since we may not have the capacity to produce specialized items on the continent.

GFO: What about the issue of health systems that, as we know from the Global Fund's experience of funding countries' responses to AIDS, TB and malaria, often need strengthening in order to be able to deliver effective care for a range of diseases?

BD: It is a fact that African health systems are weak and that African countries have high disease burdens. Apart from COVID-19, we have other conditions: HIV, maternal and child health issues, malaria and many more. The challenge is in ensuring the continuity of care for these conditions, and maintaining the supply chain for ARVs, TB and malaria medicines, and commodities.

GFO: Can you expand on the issue of testing and the related challenges that countries have?

BD: There are bottlenecks at different levels. We are using polymerase chain reaction (PCR) tests; we need to have the capacity and equipment. In terms of the test itself, nobody knew how to develop a test for this coronavirus before January. A small company with very limited capacity, in Germany, was the first to develop it; everybody was going to the same source to procure it. It was very difficult. Then the Chinese started production that is still very limited.

In order to do diagnostic tests, you need transportation, swabs, consumables, and other materials. The biggest company that was manufacturing swabs in Europe was closed for many weeks, which halted production. [Then in some cases] even if you scale up the testing capacity you can't test because, for example, you don't have transport. There are many challenges.

[Editor's note: At the time of the original interview in late April, Dr Djoudalbaye said the CDC was launching an initiative to expand testing in Africa by 1 million tests in the following four weeks, and by ten million in 24 weeks.]

GFO: What are the best approaches you have seen in countries, and what are the most problematic areas?

BD: It is too early to say what is being done best. The situation is evolving, and we are learning. The

continental strategy is very clear: limit deaths, limit infections, and limit harm. This means some lockdowns, expanding curfews, and expanding testing.

In terms of problematic areas, the shortage of supplies is a challenge across the globe. From one country to another the challenges are different; for example, if you have a big network of labs, the challenges are different [for example, needing greater volumes of supplies, and technical expertise].

GFO: Are governments coordinating the management of foreign nationals on a very practical level, for example, if foreign nationals test positive in a country, are there bilateral agreements in place to manage that?

BD: Coordination happens at many levels, from the heads of state down through the Africa Task Force for Coronavirus (AFTCOR) [established on 3 February]. The task force meets online every Tuesday, with one person at country level from all 55 states sharing updated information with the Africa CDC.

At the Head of State level, the AU Bureau of Heads of States (a coordination mechanism) meets online every week. Then we have established three other layers: three ministerial committees focusing on public health measures, procurement of commodities for the continent, and resource mobilization, as follows.

The first committee is the Health Coordinating Committee, focusing on the public health response strategy. The second committee is the Transport and Logistics Coordinating Committee – to focus on issues relating to transport and opening humanitarian corridors to enable us to move goods. Third is the Finance Coordinating Committee – what we call the F15 – focusing on both domestic financing and external resources, because many countries are establishing COVID-19 funds in their countries.

Our continental strategy is underpinned by coordination, collaboration, cooperation, and communication. This is our mandate. We are implementing the continental strategy through seven working groups [AFTCOR Technical Working Groups] intended to provide thought leadership on key technical public health response areas: surveillance, clinical management, infection prevention and control, supply chain and stockpiles, laboratory diagnosis and subtyping, risk communications, and science, standards and regulations.

GFO: Can you describe the CDC's coordination with Geneva-based organizations, including the Global Fund, to procure necessary commodities?

BD: We are aware of efforts to coordinate with organizations in Geneva, but Africa is a continent of 1.3 billion people, and we cannot rely on Geneva for our procurement. We, as Africans, have to take our destiny into our hands. We have established a platform for procurement in Addis Ababa in collaboration with Ethiopian airlines; there's a hub that we are using for procurement, mostly from China.

[Editor's note: On 14 April, the first United Nations 'solidarity flight' left Addis Ababa, from where it began to transport critical medical supplies to countries in Africa. Supplies included one of a series of donations from the Jack Ma Foundation and the Alibaba Foundation. As of this writing, there have been three such donations so far, with the most recent on 27 April including 4.6 million face masks, 500 000 swabs and test kits, 300 ventilators, 200 000 sets of protective clothing, 200 000 face shields, 2 000 temperature 'guns', 100 body temperature scanners, and 500 000 pairs of gloves. The Africa CDC is providing technical support and coordination for the distribution of supplies.]

For the last five weeks we have been in discussion with groups that are trying to coordinate the procurement of diagnostics, but no one has been able to place an order through them. Let me put it frankly: others are trying to encourage us to go through them, but we have established our own system and we will sort it out. All the initiatives are helpful, but even now, when countries have money to procure, they don't know where to source supplies from. Imagine, ministers don't know who to talk to. So that is

why we are having this continuous coordination; at least we are taking this burden out of their hands.

The Africa Centers for Disease Control and Prevention provides daily updates on the COVID-19 crisis in Africa on their website, africacdc.org, including a daily dashboard showing the number of cases, deaths, and recoveries at a continental level. (This is also available at a country level on the same page.) In addition, there are resources, guidance notes, and weekly scientific and public health policy updates available for download.

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