



FUTURE AFRICA FORUM

POLICY BRIEF

An African Agenda for Pandemic Preparedness and Response

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Background

This policy brief presents practical and actionable recommendations aimed at enhancing pandemic preparedness and response capabilities and capacities for African policymakers at both regional and national levels. It was developed by Future Africa Forum in collaboration with Pandemic Action Network, anchored by their State of Play report, a systematic review of African regional policy documents and initiatives relating to pandemic preparedness and response and engagement of civil society stakeholders. This policy brief comes at a critical point in the evolution of the COVID-19 pandemic.

As the pandemic enters year three, the world has witnessed the flaws in multilateralism. One of the leading lessons for the African continent is that Africa cannot bank on the goodwill of wealthy countries for her health security. Reflexes of nationalism – such as hoarding of COVID-19 vaccines, restrictions on the export of COVID-19 related tools and discriminatory travel bans – have underlined the response to this pandemic and strained international relations between and among countries. This brief considers the lessons learned from recent epidemics, such as the Ebola outbreak, and takes into account responses to the COVID-19 pandemic so far. We hope that this brief will be useful in informing critical conversations and policy actions for improved national and regional health security amidst increasing demand for a New Public Health Order in Africa.

Lessons from recent epidemics and COVID-19

The COVID-19 pandemic has followed past pandemics in provoking reflection on and evaluation of the adequacy of efforts made to prevent, control and treat infection. But, as we have seen in past pandemics, just because lessons are documented, they are not necessarily applied with concerted advocacy for systems change.

COVID-19 has placed massive stress on health systems worldwide, but global responses have tended to deprioritize bolstering African capacity to deal with these stresses. This has necessitated deep introspection about Africa's pandemic preparedness and response as the social, economic and political aspects of life continue to be negatively disrupted. The failure of global solidarity, rise of nationalism and the clear realization that the continent cannot rely on the goodwill of wealthy nations in responding to pandemics, have brought Africa to a watershed moment. The COVID-19 pandemic has highlighted the urgency for Africa to fix her systems, structures, governance and financing to enhance pandemic preparedness and response capabilities and capacities for COVID-19 and by extension, existing diseases such as malaria, HIV and tuberculosis. In particular, COVID-19 demonstrated weaknesses in Africa's health financing and supply chains. For example, many African countries lack the funds to purchase needed supplies, and the means to rapidly and effectively deploy those that were purchased or donated.

The continent's long standing experiences with epidemics and health threats has exposed its political leadership to the importance of public health measures to protect the population. This and other lessons have more recently been reiterated by the 2014 West African and 2018 Central African Ebola epidemics and now COVID-19. These lessons include:

- **Maintaining a cadre of well trained, equipped and remunerated health workers is critical to building resilient public health systems.** The ability to respond to increased demand and specific needs of a large-scale disease outbreak depends on the individual and collective effectiveness of different parts of the system, from community health workers to referral hospitals. Part of this effectiveness comes from leadership and coordination, such as the implementation of Emergency Operations Centers and focal points. In addition, it stems from health workers' morale and support systems. Personnel at every level should be resourced to play their role in infection prevention, outbreak control, and treatment of serious cases. Budget allocations should not only cover routine personnel costs, which are themselves chronically underfunded, but also the investments in additional training, emergency reserves, surge capacity, and support services that make the difference between resilient and overwhelmed health systems during emergencies.
- **Specialized funding and effective coordination catalyze response efforts.** Beyond broad health budget allocations and general bureaucratic reporting and communication lines, pandemic-specific resources and health leadership have been major factors in prioritization and execution of actions. Emergency Operations Centers have been established for a variety of diseases such as cholera, dengue, and meningitis. Specialized funds have also been rolled out globally, including the World Bank Health Emergency Preparedness and Response Multi-Donor Fund (HEPRTF), the World Health Organization's (WHO) [Health Emergencies Programme](#) (HEP) and the [Contingency Fund](#)

[for Emergencies](#) (CFE). The HEP has helped countries increase their emergency preparedness, prevention and detection efforts and coordinated responses through joint incident management systems that emphasize a single program, workforce and budget to streamline international efforts. The CFE's quick disbursement capability has enabled rapid emergency responses that reduce the health and economic impacts of escalating outbreaks. CFE funds supported early case detection, first responder mobilization, contact tracing and the deployment of vaccination teams within four days of the 2020 Ebola outbreak in the Democratic Republic of Congo (DRC). CFE also supported the Pandemic Supply Chain Network (PSCN) and the COVID-19 Supply Chain System (CSCS) mitigation of competition and backlogs in COVID-19 supplies. Response funds are typically successful at mobilizing initial funding, but sustainability depends on navigating the politics of later replenishments or the transition of responsibilities.

- **Investing in research and development of tests, vaccines and treatments for these diseases prepositions countries to better control subsequent outbreaks.** Time and again, we see the dividends of investing in testing, treatments, and vaccines. For example, vaccines and drugs developed in response to the 2014 West African Ebola outbreak were deployed to combat the 2018 emergence of the disease in Central Africa. Improved testing technology can also contribute to faster identification, isolation, and tracing of cases, limiting the spread of infections. Advancing testing, vaccination and treatment capacity for other diseases requires more funding for African research and greater collaboration with global researchers. COVID-19 has exposed gaps in development, production and the distribution of tests, as well as the global collaboration on vaccine research and manufacturing. The lower degree of preparedness, the fragmented and competitive procurement of available stocks, and the resistance to knowledge transfer has contributed to a slower and less effective response to this pandemic.
- **Localized supply reserves and backup systems are necessary risk management measures for sustainable and pandemic-resilient response efforts.** National and regional health systems need to be able to continue functioning, despite such shocks in global markets and supply chains. The [crises](#) experienced across countries with various items of COVID-19 response equipment such as personal protective equipment (PPE), ventilators, and oxygen, brought to light the advantages of local manufacturing, distribution, and reserves of critical supplies. It also highlighted the important role of local industry in enabling system continuity. The response by manufacturing firms to repurpose industrial capacity to meet exceptional public health needs has played a large role in easing the demand for some of this equipment. African policymakers have also taken steps toward regional procurement. For example, the African Vaccine Acquisition Trust (AVAT) and the African Medical Supplies Platform (AMSP) coordinate the identification, purchase, and delivery of critical pharmaceuticals and equipment. In terms of manufacturing, the African Medicines Agency (AMA) and the African Medicines Regulatory Harmonization (AMRH) provide clarity, standardization, and biosafety guarantees to regional production and the movement of medicines. To support trade, the accelerated implementation of the African Continental Free Trade Area (AfCFTA) will further minimize legal and bureaucratic barriers to cross-border initiatives, both private and public. These mechanisms show what is required in order to build and sustain a resilient health supply chain.
- **Communities play a vital role in pandemic response efforts.** Effective on-the-ground efforts by local leaders and volunteers include case identification, contact tracing, and public health messaging. Further to this, we have found examples of emergency socioeconomic interventions, community knowledge sharing, and the power of relationships and resource sharing. The social

capital of trusted community leaders and the context expertise of community members have proved invaluable to the prevention and control of disease outbreaks and are increasingly recognized by major health actors as one of the most important assets in pandemic preparedness and response.

- **Pandemics have society-wide effects, and response extends beyond containment and control.** Both Ebola and COVID-19 have brought to light the reality of prolonged illness, enduring trauma, and economic difficulty that pandemic survivors often struggle with after recovering from a disease of concern. Survivors may need support and follow-up care for related physical and mental health issues, social stigma, or reduced incomes stemming from infection with different diseases. Pandemics also have society-wide effects such as economic depression and social dislocation. There is recent recognition among governments and health actors for the need for appropriate support to ensure full holistic recovery and readjustment. This has included follow-on treatment for related conditions, psychosocial support, and fiscal and monetary measures to offset the impact pandemics and public health restrictions deployed to control them. There is still insufficient recognition, however, of the differential impacts of health emergencies on women and youth, which has created a need for more gender-responsive approaches to pandemic preparedness and response, and more intergenerational leadership and decision making in health programming, more generally.

Recommendations for Africa's pandemic preparedness and response

In view of the above lessons and experiences with COVID-19 to date, we outline five strategic, practical, and actionable recommendations that we propose should constitute the agenda for pandemic preparedness and response in Africa. These recommendations align with the call for a New Public Health Order in Africa, which is being championed by Africa CDC and includes:

1. Strengthened continental public health institutions
2. Enhanced investment and support for local manufacturing of vaccines, drugs, and diagnostics
3. Strengthened public health workforce
4. Respectful local and international partnerships
5. Empowered regional organizations for pandemic governance

These recommendations are predicated on increased health funding through both domestic and international resources, such as increased national budget allocations, regional body commitments, and international partnerships.

A new Fund for Global Health Security and Pandemic Preparedness can be a critical tool for mobilizing and directing new resources toward identified gaps in national and regional pandemic preparedness. A proposal to establish such a fund, structured as a financial intermediary fund (FIF) at the World Bank and mobilizing \$10 billion annually, continues to gain momentum. Through this fund, new and additional financing from a variety of government, multilateral, philanthropic, and private actors would be pooled and allocated to finance the closing of critical capacity gaps for pandemic preparedness at the national and regional levels. As proposed, the fund would be designed to work across sectors, drive whole-of-government prioritization of pandemic preparedness, mobilize grant financing, link progress to global preparedness indicators, and ensure diverse leadership and accountability. It would also promote sustained technical assistance, where appropriate, to ensure that activities are adequately integrated and capacitated. Resources for this fund could not only bolster cross-border collaboration on preparedness capacity and interventions, but also supplement and incentivize African national resource mobilization for domestic initiatives. Structuring the governance of the fund to elevate and prioritize global leadership and representation (e.g., regional authorities such as Africa CDC) is an opportunity to advance equitable global partnerships. Priority areas for the fund should include disease surveillance and laboratory networks, biosecurity research, public health workforce, and infrastructure.

Investment is required across all these pillars, albeit to differing degrees across countries, necessitating a mapping of capabilities and prioritization of assistance. Under each of these pillars there are places for national, regional, and continental policy action:

Strengthen continental public health institutions

African capacity for disease surveillance, policy, and program coordination can be vastly improved by the further establishment and interconnection of National Public Health Institutions (NPHIs) across the continent. This calls for increased funding to NPHIs and further harmonization of operations around Africa CDC guidelines. To achieve this, African countries should first develop a national pandemic preparedness agenda which articulates a set of priorities and actions for pandemic preparedness within national health policies, plans, and strategies to elevate and mainstream pandemic preparedness as a national issue. These agendas should then be owned and implemented by NPHIs with adequate funding and integration into all health services rather than rolled out as a siloed program. This additional funding can take the form of budget increments toward fulfilling the Abuja Declaration, continental commitments, and the channeling of international support through a Fund for Global Health Security and Pandemic Preparedness to NPHIs.

NPHIs should focus increased funding on diagnostics and surveillance, which are two areas that have proved instrumental in combating previous outbreaks and on which there is continental momentum toward regional collaboration and support. Finance and health ministries should make and ensure disbursement of appropriate budget allocations to laboratory facilities for diagnostic equipment, implementation and performance improvements for Integrated Disease Surveillance and Response (IDSR) and Community-based Surveillance (CBS). In addition, they should focus budget allocations on the establishment and maintenance of NPHIs with secure funding and that have integrated their mission into national health plans, such as predictable funding. Countries can reference the Africa CDC-developed '[Communiqué on Strengthening and Establishing National Public Health Institutes as part of a network of the Africa centers for disease control and prevention](#).'

Enhanced investment and support for regional manufacturing of vaccines, drugs, and diagnostics

Localizing production of medicines and equipment is necessary to reduce and share procurement costs and reliably ensure their continued availability. The current African dependence on off-continental medical supplies and limited participation in the development and trialing of those supplies pose a serious public health risk. For example, the unsuitability of medicines and delivery technologies for African populations and environments, and their inaccessibility due to supply chain disruptions and the inequitable allocation mechanisms become liabilities in emergencies. This calls for the elimination of barriers, African representation in global research and development and manufacturing efforts, and major public and private investments in regional manufacturing and distribution of essential medical supplies.

There is an urgent need for national governments to support regional manufacturing of drugs, vaccines, and supplies by signing, ratifying, adopting, and funding existing agreements for the roll-out and expansion of the AMRH and the AMA. They should also ensure appropriate legal frameworks and budget allocation for propagation of public-private partnerships and joint ventures in the production of basic medical supplies and PPE. Additionally, they should support the establishment of regional manufacturing plants for generic drug and licensed vaccine manufacturing, and medical equipment and supplies more broadly, using hub and spoke models administered by the AMA to boost African

production. African leaders, trade negotiators and the civil society should continue to mobilize support for temporary waiver of patents and sharing of proprietary knowledge on critical life saving vaccines and medicines by global pharmaceutical firms, especially where these are built on publicly funded research, partnerships, and investments.

There is also a need to improve regional procurement and distribution capacity aligned to and taking advantage of the African Continental Free Trade Area (AfCFTA). Addressing the cross-border infrastructure deficits and regulatory differences that hinder the potential of the AfCFTA will address access issues connecting African healthcare facilities to both regional and global supplies. A relevant case is the delay in deploying and administering donated COVID-19 vaccines across African populations. This calls for accelerated investment in cross-border infrastructure, the reduction of trade barriers, the harmonization of standards, and the championing of trade partnerships between local suppliers, which are led and coordinated by regional actors such as the AMA, PAVM, the African Union (AU), African Development Bank (AfDB), Afreximbank and Regional Economic Communities (RECs).

Strengthen public health workforce

Health workers form the backbone of Africa's public health systems and play essential roles in pandemic preparedness and response. However, their effectiveness depends heavily on adequate funding for training, equipment, deployment, and support. Increasing national budget allocations to health, and specifically to health workers, is therefore an urgent priority for improving African health security. Action must be taken to keep skilled professionals within local systems, which will reduce attrition from burnout, withdrawal, and emigration. Beyond resourcing health workers with needed medicines and supplies, governments should address inadequate compensation levels, training and progression opportunities, and workload issues. Policy reforms that should be considered by national governments and the proposed AU task force on health workforce gaps should include the adoption of, and adherence to, national and regional guidelines on minimum standards of working conditions, the provision of administrative and psychological support, and the harmonization of certifications. In addition, it should include licenses and standard operating procedures across countries to enable further collaboration and contribution to regional initiatives among health workers.

The COVID-19 pandemic has placed additional pressures on already stretched health systems, to the physical, emotional, and mental detriment of frontline health workers. Community health workers, nurses, doctors, laboratory technicians, and epidemiologists all contribute in different ways and at varying levels to public health emergencies. Therefore, part of a strategy for maintaining sufficient staff for routine needs, and for surges in demand, must be to evaluate the roles played by different types of health workers in normal and emergency situations and reallocate resources accordingly across geographies, facilities, and health worker categories. This analysis should be conducted in a gender-responsive manner, taking account of the specific needs, challenges and disparities faced by [female health workers](#), especially community health workers, in terms of [power dynamics](#) and [working conditions](#) from compensation and advancement to adequate [personal protective equipment](#).

Efforts put towards establishing strong pandemic preparedness and response systems should work in alignment with existing and upcoming systems. Primary health care is at the core of addressing community health challenges as they arise, providing the earliest, most accessible, and possibly least expensive interventions along the continuum from health promotion and disease prevention to treatment, rehabilitation, and palliative care. Public healthcare systems therefore lend themselves to outbreak prevention, early detection, and response roles. Furthermore, their existing infrastructure and resources should be marshaled toward related initiatives such as vaccination and surveillance.

Similarly, expanding universal healthcare coverage and improving the conditions of health workers can go a long way in pandemic prevention as worthwhile, proactive investments that may reduce the financial and human cost of pandemics further along the healthcare continuum. Despite the critical role that [community health workers](#) play in essential services such as health promotion, basic treatment, and referral, they are typically categorized as volunteers and therefore not adequately remunerated or integrated into the formal health systems. This situation should be addressed through revised legal frameworks and budget allocations to ensure the appropriate contribution of first points of care to pandemic prevention and response, as well as [systematic efforts](#) to recognize and integrate the contributions and perspectives of CHWs.

Respectful local and international partnerships

The shared threats that pandemics present to the world highlight the need to build trusting engagements between nations and sectors to produce equal partners. There is also a need to recognize and reduce historical inequities and avoid nationalistic competition. This means aligning global policy, funding, and partnerships with African aspirations and common objectives.

Global donors and development partners should [fund existing initiatives](#) that address inequities in response and capabilities and ensure that their operations reflect national and regional priorities. Global policy discourse should move away from reproducing power imbalances between nations and paternalistic or neocolonial attitudes towards certain regions, instead emphasizing a dynamic of global solidarity founded on equality and respect for local expertise. This means building interrelated theories of change across sectors and issues and recognizing the intersectionality of health risks and challenges. It also means recognizing that health inequities and outcomes do not exist in a vacuum but are embedded in broader social contexts and geopolitical realities. National and regional authorities should do more to improve the diversity and representation of their decision making structures, especially in increasing the number of qualified women in senior [decision making roles](#). Policy actors across geographic groupings must keep this bigger picture in mind when doing their part to ensure equity, support, and collaboration toward a fairer, more balanced, and multilateral system.

Empower regional organizations for pandemic governance

There is a clear need for more coherence and efficiency of collaboration between national, regional, and global bodies, which has been lacking in part due to the under-involvement of regional bodies in coordinating and communicating across levels to ensure a functional ecosystem. Regional organizations play a crucial role in contextualizing public health solutions beyond the general

guidelines of global institutions, while providing a forum for collaboration beyond limited national perspectives and capacities. Africa CDC could play a central role in aligning the efforts of national and regional agencies toward the vision of a New Public Health Order for Africa.

This requires elaboration of a regional coordination framework in place of varied, disconnected national response efforts. Continental-level strategies should build on existing collaboration templates and international frameworks to improve coordination between national, regional, and global institutions. Examples of integrated frameworks include the East African Community's (EAC) Regional Contingency Plan for Epidemics, which articulates a joint crisis management structure, and the WHO Africa Regional Office (AFRO) 's COVID-19 Strategic Preparedness and Response Plan (SPRP), which serves as a regional guide for holistic public health response.

Regional bodies should support greater integration of funding flows by expanding the use of joint grant and loan structures to incentivize collaboration among recipient states and organizations on regional programs and bodies instead of national or isolated initiatives that incentivize collaboration between recipient countries. Regional financiers – multilaterals, donors, and agencies – should develop and prioritize grant and loan structures suited to RECs or country consortia as the recipients and implementers, over a primarily national approach to project design and disbursement. A pandemic preparedness and response focused fund is a financial mechanism that could fulfill these objectives by aggregating diverse sources of funds and channeling them into joint initiatives that address regional gaps and priorities.

African countries should consider the adoption or adaptation of international templates such as the WHO International Health Regulations (IHRs). They should further consider assessment processes such as the Global Health Security Agenda (GHSa) and the WHO Joint External Evaluations (JEEs) as steps toward regional consistency and mapping of capacity gaps. In addition, African countries should also move toward regional joint strategies rather than only national strategies for controlling outbreaks. A step in this direction would be the endorsement of associated standardized scorecards. Lastly, African countries should provide WHO AFRO and Africa CDC with the financial and technical capacity to coordinate regionalized responses, working closely with continental health bodies, and commit to funding regional implementation initiatives such as the Regional Integrated Surveillance and Laboratory Network (RISLNET). There is some initial momentum towards a number of these goals with AU Heads of State agreeing in February 2022 to establish a new continental fund and authority, and expanding the mandate of Africa CDC from a specialized technical institution to a public health agency.

Conclusion

The widespread loss of life, enduring disability, and broader economic and social fallout of the COVID-19 crisis has made pandemic preparedness an urgent imperative. With momentum around the call for a New Public Health Order for Africa, there is a temporary window of opportunity for substantial policy reform at national, regional, and global levels. This is a window that must not be wasted.

African policymakers should seize this opportunity to show ambitious, united, and committed leadership to improve continental and global health security. At home, this means significantly increasing funding for health systems and interventions, updating strategies and protocols, diversifying leadership, and intensifying regional collaboration. Abroad, this means pressing international partners to make and follow through on commitments to global health equity, especially as it relates to the production and distribution of critical medicines and vaccines. Maximizing the extent and effectiveness of funding through a Fund for Global Health Security and Pandemic Preparedness ties the two arenas together. Close coordination and collaboration are required to ensure complementarity of national, regional, and global efforts. Furthermore, the harmonization of regulations, standards, and capacity evaluations will be important in making and assessing progress.

The recommendations in this brief pinpoint the priority areas for immediate action and draw on the lessons of recent health emergencies and persistent weaknesses in the current public health order. We urge policymakers and health actors to move swiftly in converting emerging insights and proposals into concrete commitments and initiatives while political will and appetite for innovation and collaboration remains high. Upcoming policy fora and budget cycles should be used to effect the changes that will ensure adequate capacity to prepare for, and possibly prevent, the next global public health emergency.

Credits

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