



**Africa Joint
Continental Strategy for
COVID-19
OUTBREAK**

BACKGROUND

A novel coronavirus disease (COVID-19) has spread rapidly around the world since it was first identified in January 2020 in the People's Republic of China. Existing data from China and other countries with outbreaks suggest that COVID-19: transmits readily through person-to-person contact, likely respiratory droplets; causes death from severe respiratory illness in approximately 2 percent of infected persons; and may be transmitted by infected people who have no or minimal symptoms. Because no vaccine yet exists to prevent infection nor medication to cure infection, COVID-19 will likely spread rapidly in communities and healthcare facilities and cause severe illness and death. Although the case-fatality remains low, a high percentage of the African population could be infected in the next year, resulting in large number of deaths, particularly in people with advanced age and/or underlying illnesses

Although Africa was not directly impacted by the 2002–2003 severe acute respiratory syndrome (SARS) epidemic, COVID-19 will likely cause widespread illness and death in Africa. Since 2003, the volume, velocity, and variety of travel between the rest of the world and Africa has increased dramatically, which will result in initial and continuous introductions of infected persons from areas with COVID-19 transmission. Africa's baseline vulnerability is also high, given its relatively fragile health systems, concurrent epidemics of vaccine-preventable and other infectious diseases, inadequate water, sanitation, and hygiene infrastructure, population mobility, and susceptibility for social and political unrest during times of crisis. One factor that could mitigate deaths in Africa is demography; more than 50 percent of the population is under 20 years old, a group that has been relatively spared from illness and death in Asia.

In Africa, the primary strategy for COVID-19 will be to limit transmission and minimize harm. Given that transmission throughout the continent is inevitable, delaying and diminishing the peak of outbreaks can help health systems better manage the surge of patients and communities better adapt to the disruption of social, cultural, and economic activities. Tactics to achieve this include rapid diagnosis and isolation of infected persons, quarantine of people who had close contact with an infected person, and social distancing within the general population. Rigorous infection prevention and control practices will be needed in healthcare facilities and other high-risk congregate settings, including schools and prisons. Healthcare facilities will need to restrict hospital admission to infected persons who absolutely require a higher-level of care, such as intravenous antibiotics, oxygen, ventilatory or hemodynamic support, and/or management of complex co-morbid conditions.

Limiting transmission and minimizing harm from COVID-19 will require an all-of-government approach. Social unrest could result from healthcare facilities having insufficient capacity, stock-outs of essential food, medications, or other supplies, and resistance to social distancing policies that limit work, school, cultural events, and/or religious practice. Despite WHO guidance to keep borders open to people and commodities, travel and trade restrictions have become widespread since mid-January 2020. In Africa, similar closures could have devastating impacts on health, economies, and social stability in many African

countries which depend on trade with neighbors and non-African countries. All government agencies will need to be involved in implementing COVID-19 response activities, including, for example, finance, justice, trade, agriculture, education, and finance.

GOALS

1. Prevent severe illness and death from COVID-19 infection in Member States
2. Minimize social disruption and economic consequences of COVID-19 outbreaks

OBJECTIVES

1. Coordinate efforts of Member States, African Union agencies, World Health Organization, and other partners to ensure synergy and minimize duplication.
2. Promote evidence-based public health practice for surveillance, prevention, diagnosis, treatment, and control of COVID-19.

Objective 1 Coordinate efforts of Member States, African Union agencies, World Health Organization, and other partners to ensure synergy and minimize duplication.

- 1.1 African Union:** Collaborate across African Union to ensure high-level political commitment and leadership across all sectors involved in COVID-19 response, particularly Peace and Security, Trade and Industry, Economic Affairs, and Rural Economy and Agriculture.
- 1.2 Multilateral:** Ensure complementarity and synergy of guidance, advocacy, and Member State support with World Health Organization, including headquarters and regional offices for Eastern Mediterranean Region and African Region, and other multilateral partners.
- 1.3 Regional Economic Communities:** Partner with regional economic communities of Africa to promote implementation of Africa CDC guidance, particularly regarding borders and trade.
- 1.4 Member States:** Provide technical assistance and essential commodities to Member States to support an all-of-government approach to COVID-19, consistent with Africa CDC guidance.

- 1.5 Private Sector:** Support airlines and airports in screening for and management of COVID-19 cases and collaborate to maintain supply chains for shared resources, including personal protective equipment, laboratory supplies and equipment, and, if available and necessary, medical countermeasures.
- 1.6 Donors, Foundations, and Other Stakeholders:** Collaborate with donors, foundations, academic institutions, and other stakeholders to strengthen public health capacity for COVID-19 control.

Objective Promote evidence-based **2** public health practice for surveillance, prevention, diagnosis, treatment, and control of COVID-19.

- 2.1 Surveillance:** Collect, analyze, and disseminate accurate, timely data about the epidemiology of COVID-19 in Member States. High priorities include: (a) ensuring high-quality screening at points of entry, among contacts of cases, and other high-risk settings, (b) enhancing existing influenza-like illness, severe acute respiratory illness, and event-based surveillance systems¹, (c) supporting complete and prompt investigation of cases and tracing of contacts; (d) adapting health information systems for managing case and contact data; (e) monitoring and reporting numbers, characteristics, and outcomes of cases that are both clinically diagnosed and laboratory confirmed, (f) investigating rumors and supporting prompt communication to debunk false stories.
- 2.2 Laboratory:** Ensure quality-assured testing for COVID-19 diagnosis, genotyping, and special studies. High priorities include: (a) equipping and training public health laboratories at the national and sub-national level, (b) supporting selected laboratories to perform next generation sequencing on COVID-19 specimens and open sharing of sequences, (c) strengthening reference laboratories and laboratory networks for specimen referral testing and quality assurance, including inter-laboratory comparison and proficiency testing, (d) facilitating biobanks and evaluation of new assays for diagnosis or special studies, particularly point-of-care technologies and serology.
- 2.3 Countermeasures:** Support Member States to implement evidence-based interventions at individual and population-level to reduce COVID-19 transmission. High priorities include: (a) assessment, monitoring, and movement restrictions in contacts of and other persons at high risk of COVID-19 infection, (b) implementing rigorous hand hygiene in all congregate settings, such as schools, prisons, stadiums, transportation hubs, offices, shopping malls, and large religious congregations, (c) supporting limited, respectful social distancing, such as closure of schools, in settings at high risk of widespread transmission.

¹ Africa CDC Event-Based Surveillance Framework, available at: <http://www.africacdc.org/resources/strategic-framework/Strategic%20Framework/Africa%20CDC%20EBS%20Framework%20-%20EN.pdf/download>

- 2.4 Healthcare preparedness:** Strengthen capacity of healthcare facilities in Member States to manage surge in patient visits and to effectively identify, isolate, and manage people with COVID-19 infection. High priorities include: (a) assessing, developing, and managing inpatient capacity, including the establishment of temporary shelters, where necessary, (b) implementing rigorous infection prevention and control, including the use of respiratory hygiene monitors at entry points, handwashing, and appropriate use of personal protective equipment, (c) training physicians and other clinicians for management of severe respiratory infection in both primary and referral settings.
- 2.5 Risk Communication and Social Engagement:** Work with media, key opinion leaders, and Member States to provide guidance that is clear, comprehensible, evidence-based, culturally appropriate, and adapted to special populations and circumstances. High priority activities include: (a) continuous engagement with traditional and social media, (b) monitoring of rumors and rapid counter-programming to dispel false information, (c) training of government officials across all sectors in proven methods of risk communication.
- 2.6 Supply Chain Management:** Establish and maintain supply chains for shared resources, including personal protective equipment, laboratory supplies and equipment, and, if available and necessary, medical countermeasures.
- 2.7 Special Populations, Settings, and Policies:** Work with Member States to assess and manage issues related to special populations (e.g., refugees, internally displaced persons), analyze and guide on ethical and legal issues (e.g., quarantine, healthcare triage, travel, trade), and develop plans for continuity of essential public health operations (e.g., maternal child health programs, immunizations).

OPERATIONS

The strategy will be implemented through two major operational units: (a) Africa Task Force for Coronavirus (AFTCOR), (b) Africa CDC's Incident Management System. Details on AFTCOR are included in the **Appendix**. Africa CDC activated its IMS on Monday, 27 January 2020 to implement all activities that Africa CDC is directly responsible for. The major technical activities track to the priority areas described above. The IMS is supported by the African Volunteer Health Corps (AVoHC), a continental resource for surge staffing during public health emergencies.

AFTCOR will build upon the existing regional structure of Africa to support Member States. Each of the five Regional Economic Communities of Africa has an Africa CDC Regional Collaborating Center (RCC) that is tasked with implementing continent-wide public health strategies in Member States with due consideration of the different capacity, systems, and priorities in those regions. Working with and through the RCCs, AFTCOR will support Member States to adopt a parallel operational structure for COVID-19, including:

- a. Incident management system, ideally run by a National Public Health Institute or its equivalent that includes a dedicated emergency response group for liaison to all stakeholder government agencies.
- b. Coronavirus Task Forces that include critical non-government stakeholders to cover all essential technical areas, including surveillance, laboratory, countermeasures, healthcare preparedness, risk communication and social engagement, and supply chain management.

AFTCOR and the RCCs will provide technical guidance and policy recommendations, support deployment of African subject matter experts for on-site technical assistance, particularly for complex or large outbreaks, and convene stakeholders to align strategies and tactics and exchange information about best practices.

Implementation will proceed in a phased approach, such as:

1. Support training and other capacity enhancements in Member States at highest risk for COVID-19 introduction and transmission.
2. Implement systems for continuous quality improvement in Member States at highest risk for COVID-19 introduction and transmission. An essential component of quality improvement is simulation exercises, such as 'table top' exercises for high-level coordination, mock patients for countermeasures and healthcare preparedness, proficiency testing panels for laboratory testing, and stress tests for supply chain.
3. Expand training and other capacity enhancements to all Member States.
4. Implement systems for continuous quality improvement in all Member States.

A similar approach is recommended for Member States to build capacity and ensure quality at the sub-national level.

APPENDIX

Africa Task Force for Coronavirus (AFTCOR)

Scope

AFTCOR will be the Africa-wide collaboration for COVID-19 preparedness and response with a focus on six technical areas:

1. Surveillance, including screening at points-of-entry
2. Infection prevention and control (IPC) in healthcare facilities
3. Clinical management of persons with severe COVID-19 infection
4. Laboratory diagnosis and subtyping
5. Risk communications
6. Supply chain and stockpiling medical commodities

Objectives

1. Discuss and achieve consensus on complex technical and policy issues.
2. Promote coordination of data collection, analysis, and sharing.
3. Effectively transmit critical information to key decision makers in Member States.
4. Identify urgent needs for training or other capacities within Member States.

Operations

Structure and Membership

AFTCOR will be led by a Steering Committee chaired by the Africa CDC Director. The Steering Committee will be responsible for:

1. Assessing and revising the overall continent-wide strategy for COVID-19 to adapt to changing circumstances;
2. Coordinating and convening stakeholders across the continent to align with AFTCOR priorities
3. Overseeing Working Groups to ensure they are delivering on their objectives, and removing any obstacles to their effectiveness

AFTCOR will be divided into Working Groups that will regularly report to the Steering Committee. Membership on Working Groups will include representatives of Member States, Africa CDC, WHO/AFRO, and WHO/EMRO. Any member state can nominate technical subject matter experts to join each of the Working Groups, with the goal of aiming for about 10 members in each, ideally with participation from each of the five regions. Each Working Group will be co-chaired by one representative from Africa CDC and at least one representative of a Member State. The co-chairs of the will be responsible for managing membership and participation in their group.

Meetings

AFTCOR will convene at least once per week and be conducted remotely (e.g., tele or video conference), unless a decision is made to convene in person.

Working Groups will convene periodically according to a schedule set by the co-chairs. The co-chairs of the Working Groups will be responsible for distributing an agenda at least one day before each meeting that includes: (a) latest data or scientific references for the focus area, (b) specific high priority policy or capacity questions for the group to discuss and decide.

Deliverables

Decisions and/or action items of the committee will be sent to Africa CDC for inclusion in Africa CDC's periodic updates to Member States about COVID-19.

Leadership of the Working Groups

Working Group	Co-Chairs
1. Surveillance, including screening at points-of-entry	Dr Lyndah Makayotto – Kenya Dr Justin Maeda – Africa CDC
2. Infection prevention and control in healthcare facilities	Dr Chikwe Ihekweazu – Nigeria Dr Mohammed Abdulaziz – Africa CDC
3. Clinical management of persons with severe COVID-19 infection	Dr Natalie Mayet – South Africa Dr Raji Tajudeen – Africa CDC
4. Laboratory diagnosis and subtyping	Dr Amadou Alpha Sall – Senegal Dr Yenew Kebede Tebeje – Africa CDC
5. Risk communications	Dr Moussif Mohammed & Prof. Abderrahmane Maaroufi – Morocco Dr Djoudalbaye Benjamin – Africa CDC
6. Supply chain and stockpiling medical commodities	Dr Rene Ekpini – UNICEF Dr Merawi Aragaw – Africa CDC

Working Groups

Each Working Group will build, test, and expand specific capabilities of Member States to prepare and response to COVID-19 transmission. To ensure capabilities are truly improving, AFTCOR will work with Member States to monitor and evaluate progress, including identifying gaps that can be addressed through guidance, technical assistance, supplies, or other means.



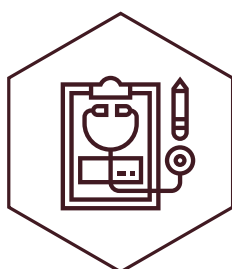
1. Surveillance, including screening at points-of-entry

- Convene and facilitate multi-sectoral port-of entry surveillance training events, bringing together national surveillance units, port health leads, airlines, and airport authorities across Africa to strengthen detection of COVID-19 cases.
- Convene and facilitate training in event-based surveillance to strengthen ability to detect potential COVID-19 clusters in healthcare facilities and community settings, through tactics such as hotlines and media scanning and conduct effective contact tracing protocols.
- Provide on-site technical assistance as needed to support case investigations, contact tracing, and coordination across stakeholders, e.g., standardization of methodologies.



2. Infection prevention and control in healthcare facilities

- Convene and facilitate training for national IPC focal persons and port health IPC focal persons to strengthen IPC at points of entry and in healthcare facilities.
- Provide on-site technical assistance as needed to Member States for development and implementation of protocols in healthcare facilities.
- Develop and update readily comprehensible, practical IPC guidance, based on evolving evidence and guidance from WHO.



3. Clinical management of persons with severe COVID-19 infection

- Develop network of clinicians who meet regularly online to exchange information and provide consultation on clinical management of COVID-19 patients.
- Develop and promulgate training materials via online courses, online case studies, and social media vignettes to support evidence-base care of COVID-19 patients.
- Supply member states with up-to-date information from clinical trials regarding COVID-19 treatment.



4. Laboratory diagnosis and subtyping

- Convene and facilitate training of laboratory diagnostic professionals at national and sub-national levels for primary diagnosis of COVID-19.
- Coordinate supplies of reagents to trained laboratories and connect countries with manufacturers to guarantee a regular supply. Create and manage an emergency stockpile of additional reagents at Africa CDC headquarters, rapidly deploying as needed to member states as positive cases emerge.
- Implement and monitor internal and external quality assurance programs at diagnostic laboratories.
- Strengthen network for next generation sequencing and biobanking of SARS-CoV-2 across the continent



5. Risk Communications

- Convene and facilitate trainings and simulations for government officials in multiple sectors in proven methods of risk communication to manage public information flow during a potential outbreak
- Develop and continuously update COVID-19 informational materials that is clear, comprehensible, and evidence-based that in-country communications staff can tailor based on cultural context and disseminate to inform general public and dispel false information in the event of an escalating outbreak
- Continue to prepare, update, and release timely information member states through the Africa CDC website, social media channels, and directly to NPHIs on disease spread, new science, and updated policy guidance



6. Supply chain and stockpiling

- Work with existing supply chain systems to stand up functioning regional lab referral networks to help countries without diagnostic capacity find a suitable, timely option for testing
- Build and manage relationships with reliable manufacturers, and connect member states who either have depleted stockpiles or who are anticipating meaningful needs given positive cases
- Build out a stockpile and manage supply chains for shared continental resources such as personnel protective equipment, laboratory supplies and equipment, and if necessary, medical countermeasures



Africa Centres for Disease Control and Prevention (Africa CDC), African Union Commission
Roosevelt Street W21 K19, Addis Ababa, Ethiopia

+251 11 551 7700

[✉ africadc@africa-union.org](mailto:africadc@africa-union.org)

[🌐 www.africadc.org](http://www.africadc.org)

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