

The COVID-19 pandemic in Africa and the coordinating role of WHO

Greetings to Mr Carlos Trindade, President of the African, Caribbean and Pacific and European Union partnership and to my fellow speakers, to our moderator, and to all the partners and colleagues joining this network meeting.

It is my **pleasure to join you** for this important event to speak about the COVID-19 pandemic in Africa and the coordinating role of WHO.

There have now been more than **3.9 million COVID-19 cases in Africa and 104,000 lives sadly lost**. Some countries, including South Africa, Algeria, Kenya and Ghana have been severely affected.

So far there have been two **epidemic waves**, with the second wave overwhelming health systems in some countries, including hot spots in South Africa, Malawi and Zimbabwe. There is still the risk of further waves as countries ease restrictions amid mounting pressure and fatigue. So, the roll out of the vaccines is incredibly important.

Overall, we have seen **fewer cases and deaths in African countries than the modelling initially projected** – in part because countries led rapid and determined response efforts, building on lessons from past severe epidemics of Ebola, cholera and other diseases. There was strong continental and sub-regional collaboration, with cross-border information sharing on positive cases and points-of-entry screening.

We were also lucky to have less mobile rural communities and young populations that helped to limit the spread and severity of COVID-19 in African countries.

Cases on the African continent **account for only 3.5% of the global total**, whereas the continent makes up around 16% of the global population. This is good news, but it also reflects the dire **struggle countries faced in accessing test kits** to detect cases.

To contain the spread of the virus most African countries took action early. They restricted movement and gathering, including closing borders, schools and businesses. This has had **devastating impacts on livelihoods, particularly among the most vulnerable**. African economies have been pushed into recession for the first time in 25 years, and the IMF projects that Africa will be the slowest-growing large-region in 2021.

So, the **recovery from this crisis will require our collective and sustained attention for years to come**.

Looking back at the response to COVID-19, this time last year WHO convened the **first partnership coordination meetings** in Africa. Although there were only a few cases in Egypt, Algeria and Nigeria at that time, there was **recognition** that **we needed immediate action** to coordinate our efforts and make the most of scarce resources to save lives. We brought together civil society groups, international agencies, bilateral partners and donors and we agreed how to work together on the key intervention areas of the response.

We worked with Africa CDC to expand diagnostic capacities for COVID-19 from two to 40 African countries in a matter of weeks. We also worked with sub-regional professional associations to **train health workers** in surveillance and infection prevention and control, first in-person and then online, with time reaching over 200,000 health workers.

Our **country offices** in every African country are positioned as the **closest advisers to ministries of health**, and we **convened health partners** regularly to coordinate the response, as well as supporting high-level multisectoral taskforces established by national authorities.

The response in African countries benefited greatly from the intense campaign led by the **private sector**, philanthropists and business leaders who mobilized themselves to fill critical gaps, including facilitating access to essential supplies and providing services like testing, transportation and critical care.

Communities and their networks have also played central roles. Civil society groups got the message out about wearing masks, physical distancing and washing hands and delivered health kits to remote communities.

There were home-grown **innovations** across the continent, and at WHO we supported this with seed funding for several new tools that were scaled-up in countries.

Infrastructure was expanded in different ways. Some countries repurposed existing facilities, others built temporary structures and others constructed new buildings. This led to a dramatic scale-up of **hospital bed capacity** – more than tripling from 13,000 to 44,000 beds. Access to medical oxygen has also greatly improved, with the number of **oxygen plants** in the Region almost doubling from 68 to 126.

To overcome global supply chain disruptions, WHO worked with partners to create the COVID-19 **supply portal**. This platform has facilitated delivery of more than 3400 oxygen concentrators, 70 million items of personal protective equipment and 14 million test kits to African countries.

Countries are now embarking on a new phase in the response, with the roll out of **massive immunization drives** – and this too will require active civil society engagement to combat misinformation around the vaccines, and investments in infrastructure, including cold chain capacities.

The **COVAX Facility** has been established by WHO, Gavi and the Coalition for Epidemic Preparedness Innovations, towards ensuring equitable distribution of COVID-19 vaccines. COVAX is aiming to deliver 2 billion doses globally in 2021, including around 600 million doses to African countries.

We have spent the past months working intensely with countries to prepare for the roll out of COVAX vaccines and were overjoyed that the first deliveries started last week. We expect all eligible African countries to receive their first COVAX doses in the coming month, subject to pre-shipment requirements being completed.

Now the work with immunization partners, like UNICEF, and community-based groups is being scaled-up to roll out vaccination campaigns.

We have also established the **Africa Infodemic Response Alliance**, with partners like the Red Cross, Africa CDC and organizations that do fact checking, like AFP and Africa Check, to track and respond to misinformation around COVID-19, and particularly around the vaccines.

The vaccines are a life-saving tool in our response to COVID-19 but sustained public health measures, including community adherence to the preventive measures, is still crucial to bring about the end of this pandemic.

Looking ahead, our collective support to countries needs to **apply the lessons** COVID-19 has taught us, to build more resilience into health systems and societies.

Good practices, like the **impressive work done by the private sector**, should be become part of the new normal in partnerships for health and development.

We have seen that when disaster strikes, countries need to be able to **mobilize additional capacity, including infrastructure, quickly, temporarily, and affordably**. Innovation is needed to consider how this can be done in ways that contribute to building local capacities for the next crisis.

At the same time, COVID-19 has reaffirmed the need for investment in **strengthening basic infrastructure**, like access to water and sanitation for health facilities, schools and communities. This would help immensely to improve infection prevention and control practices and to prevent seasonal outbreaks of cholera and other diseases.

The pandemic has **reignited discussion on expanding manufacturing capacities** in Africa, including in the pharmaceutical sector, so that when essential supplies are needed, they can be produced locally at an affordable price. The Africa Continental Free Trade Area can create an enabling environment for accelerated action in this area.

There are also opportunities to **invest in appropriate technologies that offer a return on investment**. Support is needed in particular to market innovations so that they can be scaled-up.

At WHO, we are seeing the **benefit of new partnership mechanisms like the Supply Portal and COVAX**, and we will continue to work on these platforms, so that they can be activated when they are needed.

We will also **advocate for greater civil society participation** in emergency preparedness and response and in other priority areas, towards supporting and enabling communities to play their roles.

In the recovery from COVID-19, partnerships and the **support of networks, like the EU–Africa Economic and Social Stakeholders Network**, will be vital to restoring livelihoods and advancing sustainable development.

So, I look forward to our conversation today and to our continued collaboration going forward.

Thank you for your attention.