

COVID-19 PANDEMIC AND AU'S PUBLIC HEALTH GOVERNANCE

Wu Ka

Deputy Dean and Professor of School of Law of Zhejiang Normal University, China

Since its establishment in 2002, the African Union (AU) has led African countries to make remarkable achievements on the road to joint self-improvement, development and revitalisation, including in the field of public health governance. The outbreak of the COVID-19 pandemic in 2020 is a major event in the history of public health governance in Africa and the world at large. As the continent with the most concentrated developing countries, the heaviest burden of disease and very weak public health systems, Africa faces serious challenges. Based on the strong recognition of pan-Africanism, the AU has been coordinating the solidarity among African countries to fight against the COVID-19, promoting the development of African public health governance mechanisms, and strengthening legal supervision of public health. In the international arena, multilateralism has been practised and international cooperation strengthened to obtain material and technical assistance. As a result, an important defence line has been built for Africa to maintain pandemic prevention and control. In the context of the COVID-19 pandemic, the study of public health governance in the AU serves both as an important window to understand the practical operation of the AU mechanism and a necessary prerequisite for deepening China-Africa cooperation on public health governance against the backdrop of the major changes unseen in a century.

AU'S RESPONSE TO COVID-19 PANDEMIC

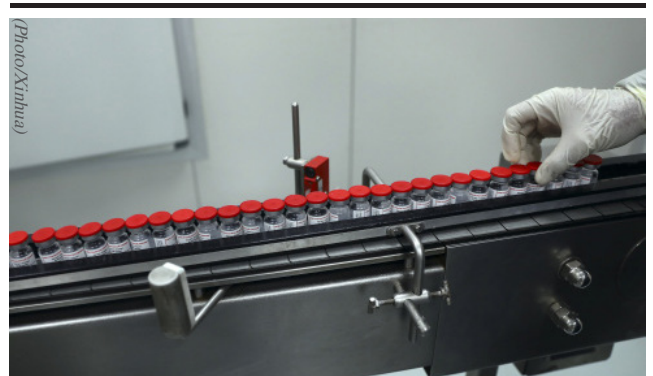
The COVID-19 pandemic has had a huge impact on public health governance systems in Africa. Since the first confirmed case was found in Africa on 14 February 2020, the outbreak has spread to 52 countries across the

continent in only 70 days. However, Africa has not lost control, which can be attributed to the AU's aggressive action against the pandemic.

I. Launching and dynamic adaptation of the Africa Joint Continental Strategy for COVID-19 Outbreak

In order to effectively respond to the COVID-19 pandemic, the AU developed a strategic plan as guidance at the continental level and has been readjusting and improving it in accordance with the pandemic situation. In the early stage of the COVID-19 outbreak in Africa, the AU adopted the strategy of early detection and early prevention. On the one hand, the AU launched a guiding strategy for the entire continent, namely the Africa Joint Continental Strategy for COVID-19 Outbreak (hereinafter referred to as the Strategy for COVID-19) to prevent the spread of the pandemic. On the other hand, the AU has put the detection focus on the individuals infected with the COVID-19, predicting the risk level and taking ap-

September 6, 2021, Egyptian Biologics and Vaccines uses COVID vaccine based on SINOVA C vaccine.



appropriate prevention and control measures according to their tracks of movement.

The COVID-19 pandemic has fluctuated in Africa with three peaks. During this period, the AU authorised the emergency use of vaccines through the African Regulatory Working Group and refined the Strategy for COVID-19 in accordance to changing situation. In other words, it has enhanced the prevention, monitoring and treatment (PMT), sent community health workers (CHWs) to its member states, and taken corresponding refined prevention and control measures based on specific quantitative indicators of virus transmission, namely the public health and social measure (PHSM). After the fourth peak of the pandemic in Africa, the AU adopted a regular pandemic prevention and control policy, decentralising the power of COVID-19 infection detection and advising its member states to incorporate the COVID-19 detection and management into regular medical service. An action framework of Partnership for Africa Vaccine Manufacturing (PAVM) has been built to support the localisation of African vaccine manufacturing.

II. Establishing a linkage and cooperation mechanism for regional disease prevention and control systems

The AU mainly relies on the Africa Centers for Disease Control and Prevention (Africa CDC) to link up with regional cooperation centres for pandemic prevention and control. The Africa CDC, as an AU-affiliated technical institution with a relatively complete structure of disease prevention and control, has played a significant role in containing the spread of the COVID-19 mainly in three ways. The first one is to collect information about the pandemic situation. The Africa CDC makes full use of the five regional cooperation centres and the Regional Integrated Surveillance and Laboratory Network (RISLNET) on the continent to collect and analyse laboratory data, so as to facilitate timely monitoring of COVID-19 infected people. The second is to provide technical and talent support. The Africa CDC launched the Partnership for Accelerated COVID-19 Testing (PACT) to improve the efficiency of virus testing in AU member countries. The third one is to enhance the publicity of prevention and control policies. The AU and Africa CDC had been raising the public awareness by distributing pamphlets on COVID-19 prevention throughout the continent before the pandemic spread to all countries in Africa.



December 8, 2022, Goma, DRC, inside a treatment center operated by Médecins Sans Frontières.

III. Establishment of the African Medicines Agency

Africa has long faced a fragmentation of legislation in the field of public health. Although the AU Assembly of Heads of State and Government approved the African Union Model Law on Medical Products Regulation in 2016 as a tool for AU member states to review existing laws and provide policy and technical guidance, as a non-regulatory document, the law has not been localised effectively. Therefore, there is an urgent need to establish a unified and effective drug regulatory body on the African continent.

In fact, the African Union adopted a treaty to set up the African Medicines Agency (AMA) as early as February 2019, which needed the notification of at least 15 African countries before the Agency could officially operate. With AU's unremitting efforts, Cameroon as the 15th country to deposit the instrument of ratification of the



AMA Treaty with the AU Commission. On November 5, 2021, the Treaty entered into force and the AMA was officially established. The AMA is the second AU dedicated continental health agency, after the CDC, which aims to harness the continent's institutional, scientific and regulatory resources to improve access of local people to safe, effective and quality medicines.

IV. Deepening special cooperation with international organisations on African pandemic prevention and control mechanisms

Faced with the onslaught of COVID-19, the AU strengthens its international health cooperation with a view to obtaining material and technical support. On the one hand, the AU has established the African Vaccine Acquisition Trust Fund (AVAT), through which the AU has strengthened its docking with the COVID-19 Vaccine

Implementation Programme (COVAX) led by the World Health Organisation (WHO) and the Global Alliance for Vaccine and Immunization (GAVI) jointly, among others, to provide timely access to vaccines. On the other hand, six African countries, namely Egypt, Kenya, Nigeria, Senegal, South Africa and Tunisia, became the first countries to receive the production and technical licences needed to produce the COVID-19 vaccines (mRNA), with the joint assistance of WHO and the EU.

RESPONSE TO COVID-19 PANDEMIC AND PROGRESS OF THE AU PUBLIC HEALTH GOVERNANCE SYSTEM

As the newly infected population in Africa continued to rise, the AU has played a central role as regional leadership and made an outstanding contribution to the prevention and control of the pandemic on the continent.

I. Enhancing Africa's indigenous medicine and vaccine production capacity

With the COVID-19 pandemic, the disparities in the development of indigenous medicines in Africa were exposed. In 2020, there are around 600 pharmaceutical companies in Africa, 80% of which are located in eight countries, and as many as 22 African countries have no indigenous production capacity at all. Africa's weak pharmaceutical manufacturing capacity has increased its dependence on imported medicines.

Although external imports can also meet the needs of local people, in the context of Africa's response to the COVID pandemic, there is a risk of supply chain disruption from external imports. Strengthening indigenous pharmaceutical production capacity is therefore the source of solving the contradiction between supply and demand for medicines on the African continent. In view of this, the AU has gradually increased its support for the development and production of vaccines. The AU accelerated the vaccine test based on Africa through the Africa CDC Consortium for COVID-19 Vaccine Clinical Trials (CONCVACT), and then set the goal to develop, produce and supply over 60% of the total demanded vaccine doses in Africa by African vaccine industry. To this end, the AU and the Africa CDC have jointly launched the Action Framework of Partnership for Africa Vaccine Manufacturing (PAVM), with an estimated US\$30 billion in dedicated funding. In view of this, the indigenous African pharmaceutical and vaccine manufacturing industry

enjoy good opportunities for development.

II. Strengthening the capacity for collaborative regional public health governance

Different from the previous way of coping with diseases, it is difficult to prevent and control the pandemic this time. Therefore, the AU has focused on regional health cooperation. On the one hand, the AU uses the Africa CDC to transmit the continent's unified response strategy to all countries through the regional cooperation centres, while at the same time feeds back the first-hand information collected through the regional cooperation centres to the Africa CDC. On the other hand, the AU keeps close contact with public health institutions and other public health stakeholders in member states through the Africa CDC to explore public health resources in the regions. This will enable the Africa CDC to understand the real situation in each region of Africa and to invest more in drugs, funding or personnel for weak areas of prevention and control.

III. Improving the emergency capacity of public health legal supervision

The AU, through the AMA Treaty, acts as the AMA to promote the coordination of legal policies between countries and regions, advance the process of joint review of medical products, strengthen the supervision of medicines and reduce the circulation of counterfeit medicines in the market. The African continent has long been plagued by a shortage of supply to meet the demand for medicines, which, combined with the differences among the regulatory laws of medical products in African countries, has led to a proliferation of substandard medicines. In particular, during the COVID-19 pandemic, substandard medicines were prevalent in the African market in the face of a global shortage of vaccines, leading to a decrease in trust in the medicines available on the market and thus affecting the promotion of qualified vaccines. As a health agency on the African continent, the AMA can both pass on information from international partners about national medicine regulators to African countries and work better with African national medicine regulators to effectively limit the entry into circulation of substandard medical products.

AU FACES DIFFICULTIES IN PUBLIC HEALTH GOVERNANCE

In response to the COVID-19 epidemic, the AU has assumed the role of coordinator, organizer and resource integrator on the African continent, and has made important contributions to curbing the spread of the epidemic. However, the AU in the meantime has been faced with many challenges in public health governance.

I. Public health governance effectiveness needs to be improved.

The AU is of special nature. Firstly, still at a low level of integra-

tion, it is far from being as supranational as the EU. Secondly, lacking coercive power, the AU does not have broad jurisdictional powers over its member states. Thirdly, the AU has a prominent political characteristic. As AU's highest decision-making body, the AU Summit is composed of Heads of State and Government or their officially appointed representatives, and its decision-making power may exceed the influence of relevant laws and regulations.

Looking at the AU's response to the COVID-19 pandemic, due to the above characteristics, there is some room for the AU to improve its public health governance effectiveness. First, there are deviations in policy implementation. The AU's Strategy for COVID-19 emphasises the need for greater collaboration across all regions to reduce duplication of effort, but in practice there is still repeated establishment of the funds for combating the disease. Second, AU relies on the strong support from various regions and the member states for effective advancement of its policies. During the pandemic, even though the Strategy for COVID-19 was unanimously adopted at the continental level, African countries suffered from a lack of accuracy in reporting data on domestic outbreaks. In addition, the mismatch between the design of prevention policies and the actual situation is one of the causes for the low governance efficiency. The AU has advocated that African countries take such measures as self-isolation and regional control that have been taken by other countries around the world, yet it is in fact difficult to fully implement them. That is because nearly half of Africa's population is in extreme poverty according to international standard and live in poor housing conditions that make it difficult to achieve self-isolation.

II. Inadequate operational capacity of the public health system

Affected by the global pandemic, African countries have suffered from increased fiscal deficits and current account deficits. Although

many African countries have responded to the AU's call to take action to stop the COVID-19 spread, the financial expenditure related to the fight against COVID-19 is far below the standards of developed countries due to excessive financial pressure. Underfunding of public health has exacerbated the vulnerability of the health systems in African countries, causing the failure of African countries in making full efforts to combat COVID-19. For example, at the peak of the outbreaks, large-scale testing was regarded as the best way to break the spread of the virus, but it was difficult for African countries to carry out multiple large-scale testing. As for the reason, in addition to the lack of basic medical equipment, there was a lack of laboratories capable of COVID-19 virus testing. Furthermore, in sub-Saharan Africa, the number of doctors, nurses and midwives per 10,000 people was 2.2 and 10 respectively before the COVID-19 spread to the continent, far below the standards set by the WHO to meet daily needs.

III. Inadequate international Assistance in public health

On the one hand, the international community's financial assistance to Africa can only temporarily relieve the pressure on health governance in the AU. Under the impact of the global pandemic, the AU encountered challenges to its autonomous funding and was in urgent need for international assistance. According to official AU data, the EU is AU's largest financial supplier. Moreover, some African countries have been granted debt suspension, such as the G20's Debt Service Suspension Initiative (DSSI). While it is true that the above-mentioned external assistance has to some extent relieved the financial pressure on African countries to deal with the pandemic, there is also the potential for funders to use their influence to interfere with the AU's agenda or planning, thus failing to address the root causes of Africa's failure to upgrade the resilience of its public health systems.

On the other hand, vaccine aid from developed countries and international organisations to Africa lacks timeliness and longevity. Due to the weak pharmaceutical production capacity in Africa, the global vaccine production gap and the rush for vaccines by some developed countries, the COVID-19 Vaccine Implementation Plan has not been fully implemented and there is a shortage of vaccines in most African countries. The AU has been somewhat successful in seeking vaccine supplies. For example, it reached an agreement with Pfizer Biotech for access to vaccines. But the agreement is not a finalised sales contract and is therefore fraught with uncertainty in its implementation. Moreover, not all of the aid vaccines received on the continent are necessarily of good quality and effective, the alternative model of external vaccine procurement for stress transfer does not fundamentally help African countries to address barriers to public health governance

AU'S PATHWAY TO IMPROVING PUBLIC HEALTH GOVERNANCE

Although the AU has led its member states in the fight against COVID-19, pandemic is not yet over. Meanwhile, the variant strains appear constantly, bringing more pressure on the AU to respond to the pandemic. The joint efforts of the AU and its member states are needed to better enhance the AU's public health governance capacity.

I. Promoting institutional reform and optimising policy design

Faced with ineffective governance in public health, the AU on the one hand could deepen its institutional reforms, prioritise public health governance among the continent's top agendas and acquire greater disciplinary powers, while on the other hand needs to strengthen cooperation with its member states in public health governance and enhance their cohesion, so as to drive the AU's develop-

January 11, 2023, China-aided African Union African Center for Disease Control and Prevention headquarters project officially completed.



Photo/Xinhua

ment into a strong supranational institution. In addition, the AU could pursue pandemic data modelling for optimised policy design. The AU needs to take a prudent approach and promote consensus among its member states on principles and systems for data sharing in health emergencies. A shared data space at national, regional and continental levels in Africa can be built to form epidemiological data models that provide a dynamic guide for policy makers, predict the range of plausible scenarios that may arise under existing policy options, which will be helpful for the policy makers in developing scientific guiding strategies.

II. Enhancing health system defencing capacity

The Africa CDC serves as a key institution in the functioning of public health governance systems in Africa. The AU could work on three aspects to respond more effectively to public health emergencies and increase the resilience of public health systems. The first one is to give greater authority and responsibility to the Africa CDC. At the 2022 AU Summit, African leaders decided to make the Africa CDC the autonomous health body of the AU, which means its increased recognition in Africa and the need for it to take on more responsibility for the whole process of coordination, including health communication strategies and implementation across Africa. The second one is to increase the flexible stock of medical supplies. Due to the unpredictable nature of disease outbreaks, the Africa CDC can store an appropriate amount of medical supplies in case of emergency to guarantee emergency supplies during an outbreak. The third one is to enhance the development of human resources in health. In view of the serious shortage of African healthcare personnel in the response to COVID-19, the Africa CDC can, on the one hand, carry out long-term cooperation with renowned universities on the African continent to build a supply chain of talents, while on the other hand, keep close contact with health institutions in its member states to improve the skills of medical teams in practice.

III. Optimising models for international health cooperation

The AU may take a “multi-wheel driving” strategy to reduce its dependence on external funding: Firstly, it can continue with the autonomous funding model. Secondly, the partnership with the IMF, the EU and other international

organisations could be consolidated to reduce sovereignty debt burden. Thirdly, it could carry out health diplomacy to upgrade local medical productivity. The AU can further deepen its cooperation with China in public health governance. Since the outbreak of COVID-19, the AU and China have played an active role in the medical supplies and experience sharing in fighting the pandemic. However, in the context of the gradual normalisation of COVID-19 prevention and control, China and the AU can further optimise the mode of public health cooperation by changing from “hard” cooperation to “both hard and soft”, and deepening public health technical cooperation, such as the development and production of vaccines to deal with sudden diseases. In addition, the Africa CDC can strengthen its precise cooperation with the Chinese CDC in national public health policy planning, disease prevention and control system and norms to explore the public health governance institutional mechanism suitable for Africa itself, and enhance the comprehensive pandemic management capacity.

CONCLUSION

At present, the global crisis caused by COVID-19 has not relieved, and there is always the possibility that the virus could mutate and accelerate its spread. There have been outbreaks of monkeypox in several countries around the world since May 2022. The WHO declared on July 23 monkeypox outbreak as a “public health emergency of international concern”. With the simultaneous spread of multiple major pandemics such as COVID-19 and monkeypox, African countries will undoubtedly face more complex public health governance pressures. As seen in the fight against the COVID-19, the AU is increasingly aware of the need to address these issues and to give Africa a greater role in major global issues. Apart from the continued strengthening of solidarity and cooperation with the international community, it is more important to accelerate the improvement of Africa’s own governance capacity. The AU needs to continuously promote the construction of the continent’s Free Trade Area (FTA) and to take into account factors such as the pandemic, in order to optimise the allocation of resources and restructure the FTA, promote the development of digital economy and achieve inclusive economic growth in Africa, in order to more effectively help African countries to build public health capacity while addressing issues such as the economic crisis and climate change. ■