

# Health Security in Africa: A National, Regional, and Global Imperative

Prof Gostin and Prof Oyewale give a narrative on the activities shaping up public health security in Africa.

Africa has historically faced major public health threats, often bearing disproportionate health burdens. From HIV/AIDS, tuberculosis, and malaria through to Ebola and tropical diseases, the continent has lost many lives that could have been saved, and has suffered unnecessary profound economic impact from preventable public health catastrophes like the West African Ebola epidemic.

Thus far, most of Africa has had lower death rates from COVID-19 compared with Europe and North America, but the continent has been shortchanged when it comes to global public goods, including diagnostics, personal protective equipment (PPE) (masks and gloves), vaccines, and now therapeutics. To date, the continent has fully vaccinated just 17% of its population compared with about 60% worldwide, and much higher in many high-income states. Further, Africa relies almost exclusively on imports of medical resources, and the entire region relies heavily on external assistance to stem existential threats such as the COVID-19 pandemic.

The World Health Assembly is taking up a global proposal to negotiate a pandemic treaty, and our Independent Panel for a Global Public Health Convention (PGHC) has proposed a bold path to address these gaps in the global health security architecture and strengthen pandemic prevention, preparedness and response systems through a new pandemic treaty or agreement. Many high-level recommendations call for a system governed at the heads of state level where compliance with agreed upon preparedness standards, alert protocols, and response efforts are overseen by an independent monitoring and assessment body at arm's length to the World Health Organization (WHO). While WHO's leadership is vital, an independent body is needed to ensure that countries are accountable for obligations under international law, chief among them: capacity building, public

health surveillance, and emergency response.

The COVID-19 pandemic is not the first instance where experts and political leaders have called for reform to strengthen regional capacity to detect, contain, and respond to infectious disease threats inside this continent. The present pandemic as well as other serious international health emergencies, like the 2014-2016 Ebola outbreaks in West Africa, have underscored the need for concerted action to build national health systems, strengthen surveillance systems and regional laboratory capacity, and develop effective cross-border coordination for preparedness and response.

The African Union (AU) is establishing vital regional collaborations like the AU COVID-19 Response Fund to strengthen the continent's response to COVID-19, and the African Vaccine Acquisition Taskforce to help countries vaccinate at least 400 million people. The WHO, coordinating with CDC Africa, also is supporting efforts like the South African mRNA technology transfer hub at Afrigen to build capacity in low- and middle-income countries to produce mRNA vaccines. These are the kinds of collaborations that are needed from a new pandemic treaty to ensure that global health security is established and maintained at the country, regional, and international levels.

Countries must be provided with the funds that they need. This requires a forward-looking vision that is well-tailored to individual countries and regions. Solutions to these problems cannot be viewed in a vacuum. They must integrate economic development, sharing technical knowhow and technology, training people on the ground, and most importantly, sustained political commitment to harness the resolve needed to implement long-term reforms that may not yield immediate results.

Predictable multilateral financing and funding is essential to ensure that countries

are able to adequately prevent, prepare for, and respond to infectious disease outbreak without incurring catastrophic debt. Countries must also be given access to tools and countermeasures necessary to effectively address major public health threats inside their borders. In addition to vaccines, equitable access to test kits, oxygen, PPE, therapeutics, and other tools must be ensured as part of a new global health architecture. Without access to these tools, countries are severely hindered in their capacity to address major health emergencies and, by extension, the entire ecosystem of nations is threatened as result.

It's important to stress that, beyond international financing, Africa must also play her role in ensuring robust health systems and equitable distribution of medical resources. African governments must contribute to, and invest equitably in, national and regional security. African leaders must make a sustained political commitment to build and maintain core health system capacities, including universal health coverage.

A new Pandemic Treaty provides a unique opportunity for nations to come together, set ambitious goals, and create mechanisms to ensure that governments remain accountable to their commitments over time. Working together to address existing gaps in the global health architecture is necessary to stop pathogens at their source. The stakes are too high, and the cost of half-measures is unacceptable in light of the lessons learned from the COVID-19 pandemic and other public health disasters of our time.

Mutual solidarity is required to achieve these objectives. Countries must be accountable at every stage: from prevention and detection through to response. No country will be safe from COVID-19, or future health crises, until all countries are safe. We can do better with a new international system that is anchored in transparency, accountability, and equity that is capable of enabling countries at every income level to detect, report, and respond to future outbreaks to prevent them from becoming pandemics.

<sup>1</sup> <https://www.afro.who.int/sites/default/files/2018-08/State%20of%20health%20in%20the%20African%20Region.pdf>

<sup>2</sup> <https://www.afro.who.int/news/covid-19-deaths-african-region-fall-nearly-94-2022-who-analysis>

<sup>3</sup> <https://ourworldindata.org/covid-vaccinations>

<sup>4</sup> <https://www.who.int/news/item/01-12-2021-world-health-assembly-agrees-to-launch-process-to-develop-historic-global-agreement-on-pandemic-prevention-preparedness-and-response>

<sup>5</sup> <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002042>

<sup>6</sup> <https://au.int/en/au/covid19responsefund>

<sup>7</sup> [https://www.uneca.org/stories/the-world-bank-and-the-african-union%E2%80%99s-covid-19-africa-vaccine-acquisition-task-team-\(avatt\)](https://www.uneca.org/stories/the-world-bank-and-the-african-union%E2%80%99s-covid-19-africa-vaccine-acquisition-task-team-(avatt))

<sup>8</sup> <https://theconversation.com/africas-first-mrna-vaccine-technology-transfer-hub-gets-to-work-171019>

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