

Multilateralism and Management of Public Health Emergencies: A Case Study of the Africa Joint Continental Strategy for COVID-19 Outbreak

Udoka Ndidiamaka Owie

<https://orcid.org/0000-0002-0741-6231>

York University, Canada

uowie@yorku.ca

Abstract

As the world continues to grapple with a pandemic that struck in January 2020, the responses of governments and international organisations to control and combat it varied albeit with different levels of success. Some responses gave rise to nationalist as well as anti-multilateral and -international sentiments and actions, including the politicisation of the pandemic and a retreat from multilateral and international institutions of cooperation. However, the African Union's response was a beacon of multilateralism as manifested by the adoption of an Africa Joint Continental Strategy for COVID-19 Outbreak. This instrument is a coherent and pervasive framework for combatting the pandemic and forms the basis of the continent's response by informing the responses of the regional economic communities and member states. Despite this important outline of policy articulation that is geared towards informing policy convergence, the Africa Joint Continental Strategy remains under-analysed and under-appreciated as an example of agency, effectiveness, leadership, multilateralism and indeed sagacity.

Keywords: African Union; Africa CDC; COVID-19; joint continental strategy; multilateralism; regional economic communities; regional coordinating centres; African agency

Introduction

On 30 January 2020 the World Health Organisation (WHO) declared the coronavirus a public health emergency of international concern, the sixth ever by the WHO, since its establishment in 1948.¹ On 11 March 2020 the WHO declared the virus (COVID-19) a pandemic, requesting states to develop comprehensive strategies to ensure the prevention of infection, saving of lives and minimisation of the impact of the virus.² Prior to this declaration, the African Union (AU) Bureau of Ministers of Health of Member States had, as far back as 22 February 2020,³ commenced with COVID-19 preparedness, which culminated in their endorsement of the Africa Joint Continental Strategy for COVID-19 Outbreak (Joint Continental Strategy), authored by the Africa Centres for Disease Control and Prevention (Africa CDC), and approved by the Assembly of AU Heads of State and Government on 5 March 2020.

This commentary advances a thesis of African agency, that seeks to counter the ‘otherness’ ascribed to Africa as being devoid of agency and capacity, riddled with poor leadership, poor democratic governance, corruption and a deficit of the necessary public assets for combatting public health emergencies. While the aforementioned continue to remain problematic in African states, the AU has risen to the challenge of leadership in its response to the pandemic.⁴ Yet, even in geo-political regions with established institutions of democratic governance and better infrastructure, the pandemic has exposed poor leadership and toxic nationalism. An example is the antagonistic approach of former United States of America (US) President, Donald J Trump, and his hostile attitude towards the WHO by withholding funds for the Organisation and re-directing them to fund US global health priorities.⁵ On 6 July 2020, at the height of the epidemic, he went so far as to notify the United Nations Secretary-General of the US’s intention to withdraw its membership.⁶ In contrast, the Joint Continental Strategy, in the face of

-
- 1 WHO, ‘Statement of the Second Meeting of the International Health Regulations (2005) Emergency Committee Regarding the Outbreak of the Novel Coronavirus (2019-nCov)’ <[https://www.who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-\(2019-ncov\)](https://www.who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov))> accessed 11 February 2022.
 - 2 WHO, ‘WHO Director-General’s opening remarks at the media briefing on Covid-19’ <<https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>> accessed 11 February 2022.
 - 3 AU, African Ministers of Health Emergency Meeting on the COVID-19 Outbreak, 22 February 2020 Report <<https://africacdc.org/download/report-of-an-emergency-meeting-of-africa-ministers-of-health-on-the-covid-19-outbreak/>> accessed 11 February 2022.
 - 4 Udoka Ndiidiamaka Owie and Babatunde Fagbayibo, ‘The African Joint Continental Strategy for COVID-19’ 05 March 2020, OXIO 0608: (accessed 06 January 2022); Babatunde Fagbayibo and Udoka Ndiidiamaka Owie, ‘Crisis as Opportunity: Exploring the African Union’s, Response to COVID-19 and the Implications for its Aspirational Supranational Powers’ (2021) 65 *Journal of African Law* 181.
 - 5 Lawrence O Gostin, Harold Hongju Koh and others, ‘US Withdrawal from WHO is Unlawful and Threatens Global and US Health and Security’ (2020) 396 *The Lancet* 293.
 - 6 Stéphane Dujarric (Spokesman for the Secretary-General), ‘Note to Correspondents in Answer to Questions Regarding the World Health Organisation’ 7 July 2020.

a diminution of international solidarity and multilateralism, merits an analysis, which has received scant attention in legal discourse. This analysis begins with an overview of the document, followed by an analysis of how its articulation and implementation have enhanced pan-African agency, the leadership of the AU and its agencies in the continental response to the pandemic, as well as the multilateralism embodied in the Joint Continental Strategy.

Africa Joint Continental Strategy for COVID-19 Outbreak: An Overview

Background

As early as July 2013, at a Special Summit on HIV, Tuberculosis and Malaria, the AU recognised the need for an Africa CDC as a platform for knowledge-sharing and capacity-building in response to public health risks and emergencies.⁷ Following the outbreak of the Ebola virus in West Africa in 2014, the AU Executive Council requested the AU Commission to see to the establishment and functioning of the Africa CDC and its regional coordinating Centres by mid-2015.⁸ This was endorsed by the AU Assembly in January 2015.⁹ The Africa CDC was eventually established in January 2016,¹⁰ but only launched in January 2017¹¹ as a specialised technical institution of the AU, to ensure preparedness for public health emergencies, support public health initiatives of member states and strengthen capacity-building of public health institutions of member states.¹² Included in the strategic objectives of the Africa CDC was the establishment of an early warning system and response surveillance system for timely and effective interventions in public health emergencies, promoting partnerships and collaborations

7 AU, Declaration of the Special Summit of the African Union on HIV/AIDS, Tuberculosis and Malaria 12–16 July 2013 <https://au.int/sites/default/files/documents/30729-doc-abuja_declaration_on_hiv_etc_special_summit_-_english.pdf> accessed 11 February 2022.

8 AU, Declaration 499 XXII (adopted at the 22nd Ordinary Sessions of the Assembly in January 2014) <https://amcomet.wmo.int/sites/default/files/field/doc/events/assembly_au_dec_490-516_xxii_e.pdf> accessed 11 February 2022); Executive Council 16th Extra-Ordinary Session, 08 September 2014> Ext/EX CL/Dec 1 (XVI): <https://www.ifrc.org/docs/IDRL/Final%20Decision%20Ext%20EX%20CL_E.pdf> accessed 11 February 2022.

9 AU, Declaration 554 XXIV (adopted at the 24th Ordinary Session of the Assembly January 2015) <https://au.int/sites/default/files/decisions/9665-assembly_au_dec_546_-_568_xxiv_e.pdf> accessed 11 February 2022.

10 AU, Declaration.589 XXVI para 2(vii), (adopted at the 26th Ordinary Session of the Assembly in January 2016) <https://au.int/sites/default/files/decisions/29514-assembly_au_dec_588_-_604_xxvi_e.pdf> accessed 11 February 2022).

11 AU, Africa CDC Official Launch (31 January 2017) <<https://au.int/en/newsevents/20170131/africa-cdc-official-launch>> accessed 11 February 2022.

12 CDC Statute of the Africa CDC Art 2 <https://au.int/sites/default/files/documents/30730-doc-africa_centre_for_disease_control_validated_and_clean.pdf> accessed 11 February 2022.

to address emerging and endemic public health concerns and harmonising disease control and prevention policies in member states.¹³

Having established the Africa CDC, the stage was set for continental COVID-19 preparedness, which commenced as early as 27 January 2020 when the Africa CDC activated its Emergency Operations Centre and Incident Management System (IMS). An Incident Action Plan was established and the Africa Task Force for Coronavirus (AFTCOR) saw the light on 3 February 2020.¹⁴ Continental preparedness preceded the declaration by the WHO of a COVID-19 pandemic. On 22 February 2020 the AU, summoning an emergency meeting of the health ministers of member states, which began preparations, with the Africa CDC, for the development of a guiding framework for combatting COVID-19 in Africa. Thus, resulting in the adoption of the Joint Continental Strategy which undergirds the response of the AU in this regard.

Normative Expressions

The Joint Continental Strategy is an instrument of the AU and the key soft law document for the AU's response to COVID-19 which sets out the primary strategy of the AU for addressing the pandemic, informing the decisions, policies and practices of the AU as well as of its member states and provides for the coordination of public health efforts in partnership with AU member states, AU agencies, Regional Economic Communities (RECs) and other international organisations.¹⁵ It is contextualised against the backdrop of certain competencies of the AU and obligations of AU member states as provided in two key legal instruments. The first is the Constitutive Act of the AU which provides for the promotion and defence of African common positions on issues of interest, the eradication of preventable diseases and the promotion of good health in Africa.¹⁶ The second is the African Charter on Human and Peoples' Rights, which recognises the right to the best attainable state of physical and mental health by obligating states parties to take necessary measures to protect the health of their people.¹⁷

In adopting the Joint Continental Strategy, the AU acknowledges Africa's vulnerability in the face of poor socio-economic infrastructure and transport of goods—factors that have contributed to a fragile health system with which member states have to contend. This exacerbates concurrent infectious diseases and other endemic illnesses, adding to the the potential for political and social disruption, especially during crises periods. However, from a public health perspective, Africa has fared better than predicted, in part, owing to its young demography as well as other factors including epidemiological competence in Africa from hard lessons learnt in the management of endemic and

13 *ibid* Art 3.

14 Africa Joint Continental Strategy for COVID-19 Outbreak 7 <<https://africacdc.org/download/africa-joint-continental-strategy-for-covid-19-outbreak/>> accessed 11 February 2022.

15 Fagbayibo and Owie (n 4).

16 Constitutive Act of the AU 2000, 2158 UNTS 3, Art 3.

17 African Charter on Human and Peoples' Rights 1986, CAB/LEG/67/3 rev 5, (1982) 21 ILM 58, Art 16.

pandemic diseases including HIV/AIDS and the Ebola viruses.¹⁸ Nevertheless, addressing the pandemic must extend beyond the composition of African populations by addressing its socio-economic ramifications, whether primarily from infections or secondarily as a result of measures such as national lockdowns and closures of borders. The Joint Continental Strategy as a reflection of agency, effectiveness, leadership, multilateralism and indeed sagacity is a key component in the management of the COVID-19 pandemic in Africa.

The Joint Continental Strategy sets out its goals as follows: firstly, the prevention of severe illness and death from the virus in member states; and second, the mitigation of social disruption and economic consequences as a result of the pandemic.¹⁹ The achievement of the stipulated goals of the limiting transmission and harm requires, and depends on an all-of-government and all-of-society approach which the Strategy envisages in its objectives. There are two objectives in this regard.

The first relates to the coordination of efforts of member states, AU agencies, the WHO, and other partners to ensure synergy and minimise duplication. The second objective speaks to the promotion of evidence-based public health practice for surveillance, prevention, diagnosis, treatment and control of COVID-19.

The multilateral collaborative efforts envisaged under the first objective is multi-level, including the AU itself, particularly in areas of peace and security, trade and investment, economic affairs, rural economy and agriculture.²⁰ This is with a view towards the cross-sectoral and multi-sectoral nature required by any comprehensive response to address and combat such a pervasive pandemic as COVID-19.

The first objective also provides for the partnership between the AU and the RECs to promote the implementation of Africa CDC guidance, especially with regard to borders and trade.²¹ The unique relational dynamic between the AU and the RECs, at continental and sub-regional levels respectively, on integrative aims and mechanisms is imperative not only with regard to borders and trade, but is a key factor in the operational matrix of the Joint Continental Strategy. It is expected of the AU to provide technical assistance and essential commodities, including medical supplies like personal protective equipment (PPE) to member states in order to support an all-of-government approach to the pandemic. This is in line with the Joint Continental Strategy. Further collaborative efforts include partnership with the private sector by supporting airlines and airports in the screening and management of COVID-19 infections and to maintain supply chains;

18 Fagbayibo and Owie (n 4).

19 *ibid* 3.

20 *ibid* 3–4.

21 *ibid*.

as well as collaboration with relevant stakeholders including donors, foundations, and institutions to strengthen capacity to control the virus.²²

The second objective of the Joint Continental Strategy for the promotion of evidence-based public health practice involves: the surveillance of COVID-19 epidemiology in member states; quality-assured testing for diagnosis; genotyping and research of COVID-19; implementation of evidence-based interventions to reduce transmission; strengthening healthcare preparedness and capacity to manage infections; risk communication and social engagement with relevant stakeholders; supply chain management; assessment and management of issues related to vulnerable African populations (eg refugees or internally displaced persons); guidance in ethical and legal issues (eg quarantine, healthcare triage, travel, trade); and the development of plans for the continuity of essential public health operations (eg maternal child health programmes and immunisation).²³

The multi-lateral and multi-level collaborative efforts and partnerships outlined in the first objective are imperative for the achievement of the second objective. Thus, capacity- building and strengthening of public health involves not only the Africa CDC working with member states but also partnering with multilateral organisations and institutions. Likewise, the surveillance of COVID-19 in member states requires information-sharing and communication by member states through their designated national public health institution as well as Regional Collaborating Centres (RCCs) within the RECs. A vast network of partnerships and agreements with governments, agencies, institutions and the private sector, including donors and foundations, are critical to the ensuring supply chain management.

Operational Matrix

The Joint Continental Strategy requires two major operational units of the Africa CDC for its implementation: the Africa Taskforce for Coronavirus (AFTCOR) and the Incident Management System (IMS).²⁴ The IMS was activated on 27 January 2020 to implement activities of the Africa CDC and is supported by the African Volunteer Health Corp (AVoHC), a continental resource network set up in 2015 to meet staffing needs during public health emergencies.²⁵ The AFTCOR was established by the Africa CDC on 3 February 2020 as a continent-wide collaboration to oversee preparedness for, and response to COVID-19. The AFTCOR focuses on six technical areas, namely:

- surveillance, including screening at points of entry;
- infection prevention and control in healthcare facilities;

22 *ibid* 4.

23 *ibid* 3–4.

24 *ibid* 6.

25 *ibid*.

- clinical management of severe infections from COVID-19;
- laboratory diagnosis and subtyping;
- risk communications; and
- supply chain and medical commodities stockpiling.²⁶

It is divided into six Working Groups with representation from member states, the Africa CDC, the WHO and UNICEF. The Africa CDC, which is at the heart of the coordinative matrix of the AU response to COVID-19,²⁷ chairs the steering committee of the AFTCOR.

To ensure the implementation of continent-wide public health policies and strategies in member states' structures, specifically National Public Health Institutions, the Statute of the Africa CDC provides for the selection of RCCs, which serve as hubs through which the Africa CDC coordinates its activities at regional and sub-national levels.²⁸ To this end, RCCs were established for Central, Eastern, Northern, Southern and Western Africa. The AFTCOR is mandated under the Joint Continental Strategy to build upon the existing regional structures and dynamics, albeit with due consideration of the needs and priorities of each region, to support member states, including the adoption of a parallel operational structure comprising an incident-monitoring system and coronavirus task forces to address COVID-19 within member states.²⁹

Articulation and Implementation of the African Joint Continental Strategy

The Africa CDC is founded upon African agency, leadership and ownership which is geared towards credibility, competence and value-addition. It is an African-owned institution, run by Africans and managing public health emergencies in Africa while building not only the capacity of African states and institutions, but also their credibility and confidence in them.³⁰

In the face of the politicisation of the pandemic, nationalistic proclivities in combatting the virus and a lack of solidarity in addressing this global challenge, the Joint Continental Strategy has been a beacon of multilateralism and an 'island of internationalism'³¹ in its response to the pandemic, as evidenced by the Joint Continental

26 *ibid* 7.

27 Owie and Fagbayibo (n 4).

28 Statute of the Africa CDC (n 12) Arts 5, 24 and 25.

29 Africa Joint Continental Strategy (n 14) 6.

30 See the Statute of Africa CDC (n 12) Arts 4 and 5.

31 Antonia Witt, 'An Island of Internationalism: The African Union's Fight Against Coronavirus' (April 7, 2020) <<https://blog.prif.org/2020/04/07/an-island-of-internationalism-the-african-unions-fight->

Strategy. The AU has been able to leverage the Joint Continental Strategy, as well as the existing continental and sub-regional framework for the harmonisation of policies and standards, in continental agenda-setting, capacity-building, resource mobilisation, the combatting of COVID-19, and cooperation with various entities geared towards complementarity and synergy of guidance, advocacy and support of member states. To this end, the AU secured contributions, both outside and within Africa, to the Coronavirus Response Fund for the implementation of the Joint Continental Strategy from the European Union (EU), Department for International Development (DFID) (now Foreign, Commonwealth and Development Office), the Eastern and Southern African Trade and Development Bank, to mention a few. The AU also established the Africa CDC Consortium for COVID-19 Vaccine Clinical Trial (CONCVACT) to secure late-stage vaccine clinical trials in Africa and to ensure the effective rollout of vaccines by removing impediments to clinical trials while ensuring widespread delivery and uptake of vaccines across Africa,³² including adopting a COVID-19 Vaccine Development and Access Strategy;³³ the launching of the Africa Medical Supplies Platform (AMPS), as a ‘single online marketplace to enable the supply of COVID-19-related critical medical equipment in Africa.’³⁴ These are in addition to a myriad of multi-sectoral interventions undertaken.³⁵ For example, the AU in partnership with the Food and Agricultural Organisation of the United Nations, set up a Taskforce on COVID-19 impact on Food Security and Nutrition in Africa to implement the recommendations adopted by the African ministers of agriculture.³⁶ The membership of this Taskforce includes the African Union Development Agency (AUDA-NEPAD), African Development Bank (AfDB), European Union (EU), World Bank, International Fund for Agricultural Development (IFAD), the World Food Programme (WFP) and was recently joined by the Organisation of African Caribbean and Pacific States

against-corona/> accessed 11 February 2022. See also Alfonso Medinilla, Bruce Byiers and Philomena Apiko, ‘African Regional Responses to COVID-19’ (2020) <<https://ecdpm.org/wp-content/uploads/African-regional-responses-COVID-19-discussion-paper-272-ECDPM.pdf>> accessed 11 February 2022.

- 32 AU, ‘African Union Commission Launches Consortium for COVID-19 Vaccine Clinical Trial’ (9 July 2020) <<https://africacdc.org/news-item/african-union-commission-launches-consortium-for-covid-19-vaccine-clinical-trial/>> accessed 11 February 2022.
- 33 COVID-19 Vaccine Development and Access Strategy (August 2020), <<https://africacdc.org/download/covid-19-vaccine-development-and-access-strategy/>> accessed 11 February 2022.
- 34 South African Government, ‘President Ramaphosa launches the Africa Medical Supplies Platform to Help Fight COVID-19 Coronavirus Pandemic’ (19 June 2020) <<https://www.gov.za/speeches/president-ramaphosa-launches-africa-medical-supplies-platform-help-fight-covid-19>> accessed 11 February 2022.
- 35 AU Report on the Implementation of Africa Joint Continental Strategy for COVID-19 Response, AU Doc. EX.CL/1256 (XXXVIII), 38th Ordinary Session, Addis Ababa, 03-04 February 2021.
- 36 FAO, ‘Task Force Focusing on Impacts of COVID-19 on Africa’s Food Security Begins Work’ (4 May 2020) <<http://www.fao.org/director-general/news/news-article/en/c/1274052/>> accessed 11 February 2022.

(OACPS), as observer.³⁷ In addition, the Joint Continental Strategy provides for engagement with the WHO in the implementation of the Strategy.

The relational dynamic between the AU and the RECs further underscores the African response to the pandemic. This speaks to agenda-setting at the continental level, and also at the regional level, with the Economic Community of West African States (ECOWAS), Intergovernmental Authority on Development (IGAD), Southern African Development Community (SADC), East African Community (EAC) and Economic Community of Central African States (ECCAS) having all adopted regional strategies implemented alongside the continental strategy. The lack of specificity and non-regulation of the relationship between the AU and the RECs complicates the articulation of the nature, as well as the efficiency of multi-level coordination of policies and strategies, based on their envisaged roles under the Joint Continental Strategy. This does not optimize efforts at effectively addressing COVID-19. However, this has not stopped multilateral engagements with international organisations, AU member states, non-AU states like Japan and multilateral development institutions like the World Bank, IMF and AfDB in furtherance of the goals and objectives of the Joint Continental Strategy.

Being part of a resource tool kit developed by the AU and Africa CDC, the Joint Continental Strategy has proven critical in the AU's capacity and capability for surveillance of public health as well as responsiveness to, and management of, issues of public health concern. The Africa CDC in its very short period of existence has been able to fashion itself into the formidable technical and operational powerhouse that it has become, and in the process, gained recognition and accolades for its critical role in the response to the COVID-19 pandemic at sub-regional, regional and international levels.³⁸ Despite its success in articulating a continental policy response that is responsible, among other factors, for the mitigation of the public health consequences of COVID-19 in Africa, the Joint Continental Strategy and its accompanying Covid-19 Vaccine Development and Access Strategy (Vaccine Strategy) have not fared well in ensuring the vaccination of the continent's population, owing to Africa's dependence on the Global North for the supply of vaccines.³⁹ This is the result of unacceptable inequality, global dissipation and negligence regarding international cooperation in the face of a global crisis which has seen the vaccination (two doses) of only about seven per cent of eligible Africans compared to forty-seven per cent globally, not to mention

37 FAO, 'OACPS to join the FAO-AU Task Force on the impact of COVID-19 on Food Security and Nutrition in Africa' (21 October 2020) <<http://www.fao.org/brussels/news/detail/en/c/1317310/>> accessed 11 February 2022.

38 Bill & Melinda Gates Foundation, 'Gates Foundation Honors Director of Africa CDC with 2020 Global Goalkeeper Award' (21 September 2020) <<https://www.gatesfoundation.org/ideas/media-center/press-releases/2020/09/gates-foundation-honors-director-of-africa-cdc-with-2020-global-goalkeeper-award>> accessed 11 February 2022.

39 Christian T Happi and John N Nkengasong, 'Two Years of COVID-19 in Africa: Lessons for the World' (2022) 601 *Nature* 22.

the administration of booster doses (third and fourth shots, in some cases) in countries in the Global North.⁴⁰

As a policy instrument, the Joint Continental Strategy has been able to allow and ensure the AU, its members, partners and global health stakeholders the collaboration, coordination, cooperation and communication of efforts imperative in dealing with the global health crisis brought about by the pandemic. Its nature as a soft law document establishing an operational matrix for synergistic responses to COVID-19 is definitive. Thus, the question of the legal bindingness of the Joint Continental Strategy for AU member states with respect to the determination of sovereign claims and rights of states for the protection of human and individual rights does not arise; with the result that the Strategy, per se, would have minimal impact on the development of the public law of Africa. However, the agency and leadership by the AU and the Africa CDC as well as the innovative implementation of the Strategy by the Africa CDC, RCCs and national health institutions (NHIs) portends the development of health governance in Africa with implications for public law. Rising to the challenge of the goals of the Joint Continental Strategy beyond the public health component of the pandemic demands the mitigation of the social and economic consequences of the pandemic including, but not limited to, rising poverty, income equality, lack of access to education, human rights infractions, poor democratic governance, threats to regional peace and security as well as threats to vulnerable and at-risk groups.

Conclusion

In declaring COVID-19 a pandemic, the WHO Director-General stated that the term ‘pandemic’ mattered less than ‘prevention,’ ‘preparedness,’ ‘political leadership,’ ‘public health’ and ‘people’ which are more actionable terms.⁴¹ The Joint Continental Strategy in providing a template for collaborative and multilateral engagements with critical stakeholders has ensured Africa pride of place as an important player in informing and shaping the global response to the COVID-19 pandemic. The Strategy depicts the institutional aspects of the AU framework for dealing with the pandemic, and it is instructive on how the AU can use, and has used, its normative instruments and

40 *ibid* 23. More specifically, the percentages of fully vaccinated (two doses) individuals are: Canada is 79 per cent, USA 63.8 per cent, France 75.8 per cent, United Kingdom is 71.8 per cent, Germany 72.8 per cent, China 87.3%, India 48.2%, Brazil 69.9%, Argentina 75.4%, Russia 47.8%, Saudi Arabia 68.6%, Iran 64.2%, Australia 79.1% and Japan 78.9 per cent. In contrast, the vaccination rate in Africa (2 doses) looks dire with Nigeria at 2.5per cent, Ethiopia at 1.4 per cent, Chad at 0.6 per cent, Tanzania at 2.3 per cent, South Africa at 27.7 per cent, Egypt at 24.7 per cent, Sudan at 2.9 per cent, Algeria at 13.4 per cent, Cameroon at 2.6 per cent and Madagascar at 2.8 per cent. See Johns Hopkins University Coronavirus Resource Centre, ‘Vaccination Progress Across the World’ <<https://coronavirus.jhu.edu/vaccines/international>> accessed 11 February 2022.

41 WHO Director-General’s Opening Remarks (n 2).

processes in response to the pandemic. It also provides a template for the enhanced inter-governmental response to future health pandemics.

At its core, the Joint Continental Strategy speaks to two critical factors in the management of public health emergencies. Firstly, an acknowledgment that the solutions to shared problems in an inter-connected world requires international solidarity, executed through multilateral frameworks, engagements and alliances. This is depicted in the African concept of social capital, known as ubuntu, which emphasises solidarity, inter-connectedness and a shared sense of responsibility. Second, the imperative of leadership. The efforts of the AU culminating in the Joint Continental Strategy demonstrates continental preparedness and leadership by the AU and its agencies, including the Africa CDC, for which President Cyril Ramaphosa of South Africa as Chairperson of the AU and Dr John Nkengasong, as Head of the Africa CDC, have received continental and international acclaim for their efforts in response to the COVID-19 pandemic in Africa. At the recent 35th ordinary session of the Assembly of Heads of State and Government of the African Union, the Africa CDC was elevated to an autonomous health agency of the AU, with important implications for its decision-making and financing.⁴²

Leadership is vital and by following the route of multilateralism as it did under the Joint Continental Strategy, African sagacity is advanced beyond a continental response to the pandemic—it will also reshape aspirations of enhancing the powers of AU and trade multilateralism under the African Continental Free Trade Agreement (AfCFTA).

References

Africa Joint Continental Strategy for COVID-19 Outbreak 7

<<https://africacdc.org/download/africa-joint-continental-strategy-for-covid-19-outbreak/>> accessed 11 February 2022.

African Charter on Human and Peoples' Rights 1986, CAB/LEG/67/3 rev 5, (1982) 21 ILM 58, Art 16. <<https://doi.org/10.1017/S0020782900054905>>

African Union, 'Africa CDC Official Launch' (31 January 2017)

<<https://au.int/en/newsevents/20170131/africa-cdc-official-launch>>

African Union, African Ministers of Health Emergency Meeting on the COVID-19 Outbreak, 22 February 2020 Report <<https://africacdc.org/download/report-of-an-emergency-meeting-of-africa-ministers-of-health-on-the-covid-19-outbreak/>> accessed 11 February 2022.

42 Elizabeth Merab, 'African Leaders Elevate AfricaCDC to Autonomous Health Agency of AU' (7 February 2022) *The East African* 2022) <<https://www.theeastafrican.co.ke/tea/science-health/africacdc-health-agency-of-african-union-3707640>> accessed 11 February 2022.

African Union, 'African Union Commission Launches Consortium for COVID-19 Vaccine Clinical Trial' (9 July 2020) <<https://africacdc.org/news-item/african-union-commission-launches-consortium-for-covid-19-vaccine-clinical-trial/>> accessed 11 February 2022.

African Union, Declaration 499 XXII (adopted at the 22nd Ordinary Sessions of the Assembly in January 2014) <https://amcomet.wmo.int/sites/default/files/field/doc/events/assembly_au_dec_490-516_xxii_e.pdf accessed 11 February 2022); Executive Council 16th Extra-Ordinary Session, 08 September 2014> Ext/EX CL/Dec 1 (XVI): <https://www.ifrc.org/docs/IDRL/Final%20Decision%20Ext%20EX%20CL_E.pdf> accessed 11 February 2022.

African Union, Declaration 554 XXIV (adopted at the 24th Ordinary Session of the Assembly January 2015) <https://au.int/sites/default/files/decisions/9665-assembly_au_dec_546_-_568_xxiv_e.pdf> accessed 11 February 2022.

African Union, Declaration.589 XXVI para 2(vii), (adopted at the 26th Ordinary Session of the Assembly in January 2016) <https://au.int/sites/default/files/decisions/29514-assembly_au_dec_588_-_604_xxvi_e.pdf> accessed 11 February 2022).

African Union, Declaration of the Special Summit of the African Union on HIV/AIDS, Tuberculosis and Malaria 12–16 July 2013 <https://au.int/sites/default/files/documents/30729-doc-abuja_declaration_on_hiv_etc_special_summit_-_english.pdf> accessed 11 February 2022

African Union, Report of an Emergency Meeting of African Ministers of Health on the COVID-19 Outbreak, 22 February 2020 <<https://africacdc.org/download/report-of-an-emergency-meeting-of-africa-ministers-of-health-on-the-covid-19-outbreak/>>

African Union, 'Report on the Implementation of Africa Joint Continental Strategy for COVID-19 Response' AU Doc. EX.CL/1256 (XXXVIII), 38th Ordinary Session, Addis Ababa, 3–4 February 2021.

Bill & Melinda Gates Foundation, 'Gates Foundation Honors Director of Africa CDC With 2020 Global Goalkeeper Award' (21 September 2020) <<https://www.gatesfoundation.org/ideas/media-center/press-releases/2020/09/gates-foundation-honors-director-of-africa-cdc-with-2020-global-goalkeeper-award>> accessed 11 February 2022.

CDC Statute of the Africa CDC Art 2 <https://au.int/sites/default/files/documents/30730-doc-africa_centre_for_disease_control_validated_and_clean.pdf> accessed 11 February 2022.

COVID-19 Vaccine Development and Access Strategy (August 2020), <<https://africacdc.org/download/covid-19-vaccine-development-and-access-strategy/>> accessed 11 February 2022.

- Dujarric S, 'Note to Correspondents in Answer to Questions Regarding the World Health Organisation' (7 July 2020) <<https://www.un.org/sg/en/content/sg/note-correspondents/2020-07-07/note-correspondents-answer-questions-regarding-the-world-health-organisation>>
- Fagbayibo B and Owie UN, 'Crisis as Opportunity: Exploring the African Union's, Response to COVID-19 and the Implications for its Aspirational Supranational Powers' (2021) 65 *Journal of African Law* <<https://doi.org/10.1017/S0021855321000310>>
- FAO, 'Task Force Focusing on Impacts of COVID-19 on Africa's Food Security Begins Work' (4 May 2020) <<http://www.fao.org/director-general/news/news-article/en/c/1274052/>> accessed 11 February 2022.
- FAO, 'OACPS to join the FAO-AU Task Force on the impact of COVID-19 on Food Security and Nutrition in Africa' (21 October 2020) <<http://www.fao.org/brussels/news/detail/en/c/1317310/>> accessed 11 February 2022.
- Gostin LO, Koh HH, Williams M, Hamburg MA, Benjamin G, Foege WH, Davidson P, Bradley HE, Barry M, Koplan JP, Periago MFR, El Sadr W, Kurth A, Vermund SH, Kavanagh MM, 'US Withdrawal from WHO is Unlawful and Threatens Global and US Health and Security' (2020) 396 *The Lancet* <[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31527-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31527-0/fulltext)>. <[https://doi.org/10.1016/S0140-6736\(20\)31527-0](https://doi.org/10.1016/S0140-6736(20)31527-0)>
- Happi CT and Nkengasong JN, 'Two Years of COVID-19 in Africa: Lessons for the World' (2022) 601 *Nature* 22.
- Johns Hopkins University Coronavirus Resource Centre, 'Vaccination Progress Across the World' <<https://coronavirus.jhu.edu/vaccines/international>> accessed 11 February 2022.
- Medinilla A, Byiers B and Apiko P, 'African Regional Responses to COVID-19' (2020), : <<https://ecdpm.org/wp-content/uploads/African-regional-responses-COVID-19-discussion-paper-272-ECDPM.pdf> >
- Merab E, 'African Leaders Elevate Africa CDC to Autonomous Health Agency of AU' (7 February 2022) *The East African* <<https://www.theeastafrican.co.ke/tea/science-health/africacdc-health-agency-of-african-union-3707640>> accessed 11 February 2022.
- Owie UN and Fagbayibo B, 'The African Joint Continental Strategy for COVID-19' (5 March 2020) *OXIO* 0608 <<https://opil.ouplaw.com/view/10.1093/law-oxio/e608.013.1/law-oxio-e608>>
- South African Government, 'President Ramaphosa Launches the Africa Medical Supplies Platform to Help Fight COVID-19 Coronavirus Pandemic' (19 June 2020) <<https://www.gov.za/speeches/president-ramaphosa-launches-africa-medical-supplies-platform-help-fight-covid-19>>

Witt A, 'An Island of Internationalism: The African Union's Fight Against Coronavirus' (7 April 2020) <<https://blog.prif.org/2020/04/07/an-island-of-internationalism-the-african-unions-fight-against-corona/>>

World Health Organisation, 'Statement of the Second Meeting of the International Health Regulations (2005) Emergency Committee Regarding the Outbreak of the Novel Coronavirus (2019-nCov)' <[https://www.who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-\(2019-ncov\)](https://www.who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov))>

World Health Organisation, 'WHO Director-General's Opening Remarks at the Media Briefing on Covid-19' <<https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>>

Legal Instruments

Africa Joint Continental Strategy for COVID-19 Outbreak
<<https://africacdc.org/download/africa-joint-continental-strategy-for-covid-19-outbreak/>>

African Charter on Human and Peoples' Rights 1986, CAB/LEG/67/3 rev.5, (1982) 21 ILM 58.

Assembly /AU/Dec.499 (XXII) adopted at the 22nd Ordinary Sessions of the Assembly in January 2014
<https://amcomet.wmo.int/sites/default/files/field/doc/events/assembly_au_dec_490-516_xxii_e.pdf>

Assembly/AU/Dec. 554 (XXIV) adopted at the 24th Ordinary Session of the Assembly in January 2015 <https://au.int/sites/default/files/decisions/9665-assembly_au_dec_546_-_568_xxiv_e.pdf>

Assembly/AU/Dec.589 (XXVI) adopted at the 26th Ordinary Session of the Assembly in January 2016, paragraph 2(vii) <https://au.int/sites/default/files/decisions/29514-assembly_au_dec_588_-_604_xxvi_e.pdf>

Declaration of the Special Summit of the African Union on HIV/AIDS, Tuberculosis and Malaria, 12-16 July 2013 <https://au.int/sites/default/files/documents/30729-doc-abuja_declaration_on_hiv_etc_special_summit_-_english.pdf>

Executive Council 16th Extra-Ordinary Session, 08 September 2014, Ext/EX. CL/Dec.1 (XVI), <https://www.ifrc.org/docs/IDRL/Final%20Decision%20Ext%20EX%20CL_E.pdf>

Statute of the Africa CDC, Article 2 <https://au.int/sites/default/files/documents/30730-doc-africa_centre_for_disease_control_validated_and_clean.pdf>

Constitutive Act of the AU 2000, 2158 UNTS 3.

Owie

COVID-19 Vaccine Development and Access Strategy (August 2020)

<<https://africacdc.org/download/covid-19-vaccine-development-and-access-strategy/>>