

Zeroing in on unvaccinated children: It is time for Africa to reach every child

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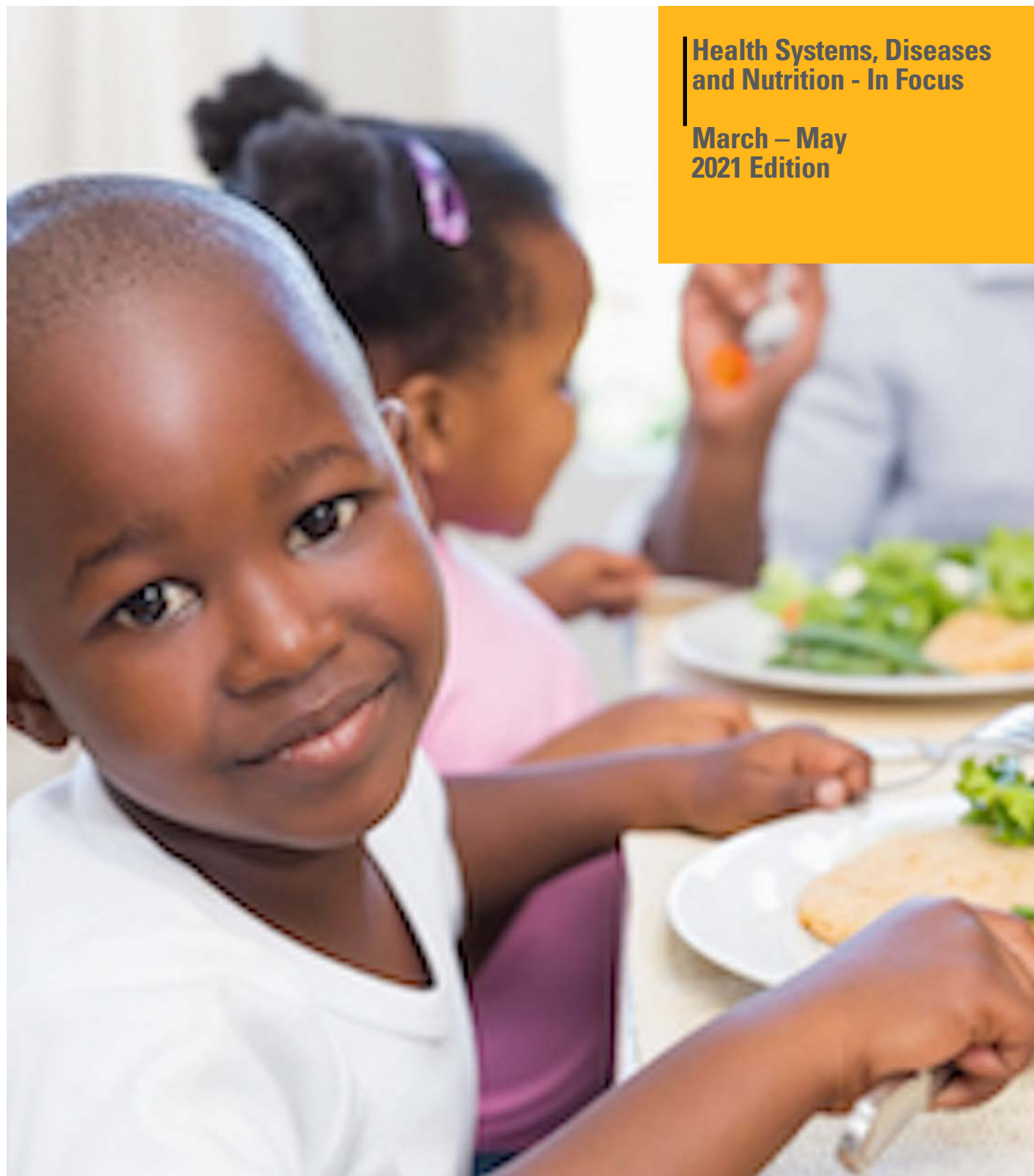
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Department of Health, Humanitarian Affairs and Social Development (HHS)

# Newsletter



**Health Systems, Diseases  
and Nutrition - In Focus**

**March – May  
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# OFFICIAL STATEMENT BY: H.E. AMIRA ELFADIL MOHAMED ON WORLD TUBERCULOSIS (TB) DAY 2021

*H.E. Amira Elfadil Mohamed – Commissioner for Health, Humanitarian Affairs and Social Development, African Union Commission*

Every year, the African Union Commission joins the rest of the world on 24 March 2021 to commemorate World Tuberculosis Day, and celebrate the achievements gained in the fight against tuberculosis (TB) in African Union (AU) Member States. The Commission also takes the opportunity to highlight the policy and programmatic challenges contributing to TB prevalence on the continent. A decade ago, the problem of TB in Africa garnered little attention. Today, TB's weight on health systems in Africa is immense. Globally, tuberculosis is the ninth leading cause of death and the first leading cause of a single infectious agent. Africa CDC records that over 25% of TB deaths occur in Africa.

The Commission upholds World TB Day as an opportunity for those affected by TB, communities, civil society organizations, healthcare providers, policymakers, development partners, and others to advocate, discuss and plan further collaboration to fulfill the promise of reaching all people with quality TB prevention and care services, as well as

enabling TB prevention through multisectoral development efforts. I encourage AU Member States to leverage this day to exchange knowledge on common challenges and opportunities for collaborative implementation of effective TB control measures.

The theme: The Clock is Ticking marks the urgency to fulfill the United Nations Political Declaration on Tuberculosis targets by the agreed December 2022 deadline. Stakeholders in the field of TB all over the world lit up a city landmark, building, or clock in red on 24 March 2021 to bring attention to the devastating impact of TB. I invite the AU Members States to join the global movement and light up a building or site to recognize all the bold and dedicated caregivers who work at the TB frontline in the communities to save lives daily. Patients and their families bear TB diagnosis and treatment's direct monetary costs. The indirect costs of lost income and production, incurred when TB patients are too sick to work and when young adults—often parents and householders—die prematurely. By saving lives,

healthcare workers preserve generations.

The African Union Commission aligns to the global target of ending the TB epidemic by 2030 at the forefront of battling disease burden in Africa by implementing the Africa Health Strategy (2016 – 2030) and the Catalytic Framework to End AIDS, TB, and Eliminate Malaria in Africa by 2030. One of the Africa Health Strategy's strategic pillars aims to reduce morbidity and end preventable mortality from communicable and non-communicable diseases such as tuberculosis. The Catalytic Framework envisions the end of TB deaths, cases, and catastrophic costs due to TB by 2030. The AU Agenda 2063 calls for "A prosperous Africa based on inclusive growth and sustainable development." To achieve this ambition, one of Africa's key goals is to ensure that its citizens are healthy and well-nourished and adequate levels of investment are made to expand access to quality health care.

I urge AU Member States to continue to align to these policy frameworks adopted by Heads of State and Government, to realise the end of TB by 2030. Practical implementation demands that countries understand their unique challenges, such as the link between TB and HIV/AIDS and the effect on the deterioration of control programs. Multidrug-resistant tuberculosis (MDR-TB), also remains a clear threat to TB control in Africa, which must be addressed for the continent to meet its health and development-related targets.

In conclusion, I reiterate that the Commission recognizes that the COVID-19 pandemic has disrupted normalcy regarding TB care and treatment. I applaud the AU Member States, whose leaders responded quickly to set up mitigation measures that have seen minimization of caseloads during this challenging time. As we commemorate World TB Day, let us remember that protecting our communities is protecting the neighboring nations. We must continue to work together to address TB and the challenges that beset its elimination in Africa to advance as a continent.

The Commission will continue to support AU Member States to ensure vigorous TB control in the coming months and the overall wellness of Africa's people.

## OFFICIAL STATEMENT BY H.E. AMIRA ELFADIL MOHAMED ON WORLD MALARIA DAY 2021

#WorldMalariaDay #endmalaria



**"This World Malaria Day, I take the opportunity to recognise and appreciate all AU Member States for ensuring that comprehensive approaches for malaria prevention, diagnosis, and treatment have been sustained during the pandemic."**

H.E. Amira ElFadil, Commissioner for Health, Humanitarian Affairs and Social Development, African Union Commission



World Malaria Day on 25 April 2021 was at a time when healthcare systems in Africa bear the anomalous weight of the coronavirus pandemic. African Union (AU) Member States have maintained their focus in the fight against malaria even as the pandemic continues to test the limits of health infrastructure at the country level. I take the opportunity to recognise and appreciate all AU Member States for ensuring that comprehensive approaches like education, prevention, diagnosis, and treatment – that have been proven to have tangible results in the fight against malaria – have been sustained during the pandemic.

Today, the African Union Commission (AUC) joins the world to celebrate the seven million lives saved, and over one billion malaria cases averted through life-saving mosquito nets, among other interventions. The Commission, as taken note of this year's theme, "Zero Malaria – Draw the Line Against Malaria," with the fullest commitment that all must work together to end malaria by 2030. As a continent, we celebrate with great honour and pride the AU Member States that have been certified malaria-free. I encourage these Member States to lead continental knowledge-sharing initiatives so that best elimination practices are exchanged and scaled-up.

Africa is making headway in defeating malaria through strong political commitment, increased funding, and innovations devised to improve malaria prevention and control. Most of the achievements have been realized through the Zero Malaria Starts With Me Campaign implemented by the Commission in partnership with the African Leaders Malaria Alliance (ALMA) and Roll Back Malaria (RBM) Partnership to End Malaria.

To date, nineteen (19) AU Member States have rolled out the Campaign, seven (7) of which launched in 2020 during the COVID-19 pandemic. While more Member States are working towards launching the Campaign, the Commission welcomes the collaborative effort to urge Africa leaders to step up and be a part of the zero-malaria movement.

The Zero Malaria Starts With Me Campaign is transforming the continent's malaria response and inspiring global action. This Campaign's advancement and impact have demonstrated AU Member States' dedication to reach the targets set in the Africa Health Strategy and the Catalytic Framework to End AIDS, TB, and Eliminate Malaria in Africa by 2030.

The Campaign's focus is to empower the youth's involvement in the malaria response. The leadership of youth in Africa is crucial as young

people account for 75% of the continent's population. Youth are the driving force of the continent. I commend H.E. Uhuru Kenyatta, President of the Republic of Kenya, for launching the Digital Youth Malaria Army initiative.

With the support of ALMA, the work of the Army is shaped by strategic guidance from the ALMA Youth Advisory Council, consisting of representatives from all regions in Africa. Partners also have opportunities through which youth can be empowered for leadership in the fight against malaria, including the RBM Digital Youth Workstream and Draw the Line against Malaria Youth Champions. I encourage Africa's youth to join these initiatives to ensure their communities and peers' voices are heard.

In conclusion, I emphasize on the critical role of multisectoral partnerships in achieving significant strides towards the shared goal of malaria elimination. We need more partnerships and resources to innovate and improve surveillance programs.

As we commemorate World Malaria Day 2021, I call on frontline health workers, partners, and leaders worldwide and in Africa to share experiences and reflections on efforts and opportunities to reach the target of zero malaria.

I reiterate that ending malaria's scourge will have a long-term, transformative impact and save millions of lives. The Commission will continue to support the AU Member States to Draw the Line Against Malaria.



# OPINION PIECE: ZEROING IN ON UNVACCINATED CHILDREN: IT IS TIME FOR AFRICA TO REACH EVERY CHILD

By H.E. Amira Elfadil Mohamed, Commissioner, for Health, Humanitarian Affairs and Social Development, Africa Union Commission



Routine vaccinations are an important component of strong and functional health systems. Beginning at birth, routine vaccinations against diseases like tetanus, polio, and measles by the child's first birthday are advised and advocated for. These vaccines save children and the communities that they are born into from the risk of life-threatening diseases. Unfortunately, millions of children are yet to be reached with a single dose of a basic routine vaccine in spite of ongoing immunization programmes- these children are referred to as "zero dose" children. The number of zero-dose children in Africa is projected to rise to about 15 million by 2030, if current trends continue.

The continent and world at large is going through unprecedented times where investments and the gains in health security have been undermined. This year's African Vaccination Week commemoration from 24th to 30th April, under the theme 'Vaccines Bring Us Closer', could not have been more timely, as the continent rallies to contain COVID-19, mitigate its effects and ensure that populations are vaccinated. However, focus should not be diverted from the routine immunization programmes across the continent. Africa is on a path to advance towards ensuring that children move from zero dose to full immunization, referred to as the immunization cascade. The immunization cascade is essential towards ensuring that our children receive a full course of both lifesaving vaccines to protect against debilitating and deadly diseases achieving an immunization cascade is a crucial pathway towards realizing the African Unions' and United Nations' shared goal of securing a healthier future for all.

According to the World Health Organization (WHO) approximately 1 in 5 African children are not receiving all the necessary and basic vaccines. This has devastating consequences, since over 30 million children under the age of five suffer from vaccine-preventable diseases every year.

Aside from the threat of disease outbreaks, non-immunized children might face multiple and often intersecting, social deprivations, drawing on their lack of access to health and other social services. Two-thirds of these children live in underserved communities, in remote rural settings, in nomadic communities or in crowded urban villages that are hard to reach. Reaching these children can expand access to primary healthcare and support better education outcomes, as vaccinated, healthy children are more likely to attend school, grow into a productive workforce and become strong contributors to the economy. Reaching these children is more challenging in the face of a pandemic.

In spite of the challenges associated with reaching every child everywhere, large-scale childhood vaccinations are being carried out successfully on the continent. In 2020, more than 3.3 million children from The Republic of Chad were vaccinated against vaccine-derived poliovirus in one of the largest campaigns of its kind in the continent. During the campaign, the continent witnessed individual volunteers going the extra mile, travelling on horseback for several kilometers a day to vaccinate children living in very remote villages.

This national level of commitment to change continues to prove to the continent that we have the drive to do things differently. For example, national health ministries could work in close partnership with community organizers and civil society organizations to identify unvaccinated children, and then use new digital technologies to track follow-up appointments.

With decades of experience in successfully carrying out several large-scale 'vaccine introductions' which is adding vaccines to national immunization programmes, Africa is no stranger to the benefits of immunization. In 2016 Heads of States and Government of African Union Member States endorsed the 2016 Addis Ababa Declaration on Immunization (Assembly/AU/Dec.624 (XXVIII)) prioritizing access to safe and effective vaccines and in 2017, The African Union Heads of State and Government called on Member States to 'mount strong advocacy campaigns to achieve the Global Vaccine Action Plan goals and overall health care delivery systems.'

Great strides and improvements to the continent's routine immunization systems have been achieved, a testament to the remarkable work on ground that is being done by national health ministries in partnership with organizations like the WHO and Gavi, the Vaccine Alliance. In West and Central Africa alone, these systems have been used to vaccinate more than 25 million children each year. However, as populations grow in Africa and the communities' needs continue to evolve, we must strengthen immunization programs accordingly to avoid losing the gains made. The recent resurgence in measles cases in some African Member States demonstrates what happens if we fail to act.

Ultimately, how vaccinations are scaled up and zero-dose children are reached will vary from Member State to Member State, but any approach will require innovative and flexible solutions. It is time for Africa to accelerate our efforts and make sure none of our children are left behind from the full benefits of getting vaccinated

# AFRICAN UNION CONGRATULATES HONOURABLE MICHEL SIDIBÉ, FROM THE REPUBLIC OF MALI ON HIS APPOINTMENT AS AFRICAN MEDICINES AGENCY ENVOY



*Honourable Michel Sidibé with H.E. Moussa Faki Mahamat, African Union Chairperson*

The African Union Commission congratulates Honourable Michel Sidibé, former Minister of Health and Social Affairs, of the Republic of Mali and former Executive Director of UNAIDS, on his appointment as the African Union Special Envoy for the African Medicines Agency (AMA). Hon. Sidibé was appointed by the African Union Chairperson H.E. Moussa Faki Mahamat, following the Executive Council decision of February 2021 (EX.CL/Dec.1110(XXXVIII)) requesting the Commission to nominate an African Union Special Envoy for the AMA. Hon. Sidibé will serve as the African Union Special Envoy for the AMA supporting the signing and ratification of the AMA Treaty by African Union Member States.

Hon. Michel Sidibé has championed a people centered approach to health and development for over 40 years. He served as Minister of Health and Social Affairs for Mali (2019-2020) and as Executive Director of UNAIDS, holding the rank of Under-Secretary-General of the United Nations (2009-2019). Prior to joining UNAIDS, Hon. Sidibé worked at UNICEF and for Terre des Hommes, where his passion for advancing global health and social justice began.

Hon. Sidibé is a renowned tireless champion of African-owned solutions

and has been an outspoken advocate for local pharmaceutical production of medicines and other essential health commodities. He contributed to the efforts towards access to quality and safe medicines and vaccines and in fighting global inequities. He was initially appointed by the African Union Commission (AUC) as a senior advocate for the signing and ratification of the African Medicines Agency.

Under his leadership at UNAIDS, more than 25 million people started life saving HIV treatment. His vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths has been a rallying call that has inspired millions in the global AIDS and health movement. Global resources mobilized for the fight against AIDS grew from \$9 billion to \$22 billion during his tenure.

In 2019, the African Union Member States expressed their profound gratitude for his contribution to the attainment of the objectives of the AU, including Agenda 2063 (Assembly/AU/Motion1(XXXII)). Michel Sidibé is the recipient of various African and global awards, including honorary doctorates from world's leading universities. The support of the Honourable Michel Sidibé, was recognized by the Executive Council for the continued

advocacy to mobilize Member States to sign and ratify the African Medicines Agency (AMA) Treaty. The Envoy will work in close collaboration with the African Union Commission and other AMA partners including the World Health Organization (WHO) to coordinate the ratification of the AMA Treaty.

The AMA Treaty was adopted by Heads of States and Government during their 32nd Ordinary Session of the Assembly, Assembly/AU/Dec.735(XXXII), on 11 February 2019 in Addis Ababa, Ethiopia. The Treaty has been ratified by six (6) Member States (Burkina Faso, Ghana, Guinea, Mali, Rwanda and Seychelles) and signed by nineteen (19). The Treaty will come into force once ratified by fifteen (15) Member States.

## THE REPUBLIC OF GUINEA DEPOSITS THE INSTRUMENT OF RATIFICATION OF THE AFRICAN MEDICINES AGENCY (AMA)



The Republic of Guinea becomes the seventh (7th) Member State to deposit the instrument of ratification of the African Medicines Agency (AMA). The Republic of Guinea ratified the Treaty for the establishment of AMA on 21 April 2021 in Conakry, Guinea and deposited the instrument of accession, to the Commission of the African Union (AU) on 7 May 2021 in Addis Ababa, Ethiopia. Mme Cisse Mariam Mohamed The Director, Directorate of Social Development of the Department of Health, Humanitarian Affairs and Social Development, African Union Commission (AUC), received the instrument from the Guinea delegation.

AMA will be the second specialized continental health agency after the Africa Centres for Disease Control and Prevention (Africa CDC) that will enhance capacity of State Parties and AU recognized Regional Economic Communities (RECs), to regulate medical products in order to improve access to quality, safe and efficacious medical products on the continent.

AMA will also coordinate and strengthen ongoing initiatives on the harmonization of medical products regulation and enhance the competence of Good Manufacturing Practices (GMP) inspectors to do so. The agency will designate, promote, strengthen, coordinate and monitor Regional Centres of Regulatory Excellence (RCOREs) with a view to developing the capacity of medical products regulatory professionals.

Speaking during the official deposit of the instrument, the Ambassador of the Republic of Guinea to Ethiopia and the African Union H.E. Gaoussou Toure noted that Guinea was delighted to be part of AMA adding that they would advocate for the signing and ratification of the AMA Treaty among other member



In the face of a looming pandemic, the necessity of AMA has been amplified and particularly its function in coordinating joint reviews of applications for the conducting of clinical trials and providing technical support in quality control of drugs at the request of Member States which do not have the structures to carry out these examinations/controls/checks.

In addition, AMA will promote the adoption and harmonization of medical products regulatory policies and standards, as well as scientific guidelines, and coordinate existing regulatory harmonization efforts in the Regional Economic Communities (RECs) and Regional Health Organizations (RHOs).

The Commission encourages all its Member States to sign and ratify the Treaty for the establishment of AMA in the interest of public health, safety and security. The Treaty is available for signature at the Headquarters of the Commission in Addis Ababa, Ethiopia. The African Medicines Agency, will enter into force once ratified by fifteen African Union Member States.

## THE AFRICA LEADERSHIP MEETING - INVESTING IN HEALTH (ALM) DECLARATION MINISTERIAL MEETING REPORT (MARCH 2021)



H.E Paul Kagame, African Union Appointed Champion for Domestic Health Financing

In February 2019, African Union (AU) Heads of State and Government adopted the AU Assembly Decision “Addis Ababa Commitment towards Shared Responsibility and Global Solidarity for Increased Health Financing” – Assembly/AU/20(XXXII) as a strong stance for renewed commitment to increase domestic investment in health, and to improve the efficiency and impact of health spending. The Assembly Decision, also referred to as the Africa Leadership Meeting – Investing in Health (ALM) Declaration, mandates the AU Commission to convene biennial meetings between Ministers of Finance and Health to enhance collaboration towards implementation of the Decision and review progress.

The AU Commission convened a series of five regional meetings Ministers of Health and Ministers of Finance from Eastern Africa, Central Africa, North Africa, Southern Africa and West Africa Regions in September and October 2020, to share experiences, challenges, concerns and opportunities regarding how to sustain health gains in the face of the devastating COVID-19 pandemic by implementing health financing reforms which seek to mobilize additional resources for health and extract improved value for money from current health spending. The Ministers endorsed communiqués pledging to work together.

[View Report](#)



## DRAFT COMMON AFRICA POSITION (CAP) ON THE 2021 HIGH-LEVEL MEETING OF THE GENERAL ASSEMBLY ON HIV/AIDS(MAY 2021)

Ministers of Health of African Union Member States met virtually as a Working Group of Health, of the Specialised Technical Committee (STC) on Health, Population and Drug Control on 24 May 2021, considered and adopted the Draft Common Africa Position (CAP) on the 2021 High-Level Meeting of the General Assembly on HIV/AIDS.

The CAP will assist in the negotiations during the 2021 High-Level Meeting (HLM) of the UN General Assembly on HIV/AIDS taking place between 8th and 10th June 2021.

The CAP provides concrete recommendations in six broad areas that include: Leadership; Country Ownership; Governance; Accountability; Universal and equitable access to prevention, diagnosis, treatment, care, and support; Health financing; Community participation and involvement; Research, development, and innovation; and Promotion of human rights and gender equality.

# GOVERNMENT TO GOVERNMENT POLICY DIALOGUES ON DEMOGRAPHIC DIVERSITY AND DIVIDENDS: FOOD SECURITY AND NUTRITION



The African Union Agenda 2063 recognizes human capital development as critical to deliver the vision of an integrated, prosperous and peaceful continent and therefore investments in Africa's people is fundamental. Africa was estimated to have a population of 1.25 billion in 2018 and is the fastest urbanizing continent, with a growth rate of more than 2.6 percent. There is a large youth population that presents a potential demographic dividend that, if adequately leveraged with the right investments, could contribute to accelerating sustainable and equitable development.

The African continent has made great strides in addressing food security and nutrition challenges over the years. Stunting has for example declined from a continental average of 38% in 2000 to 30% in 2016 at the same time Africa investments in its people has continuously improved, the under-five mortality has reduced by more than 50 percent between 1994 to 2019 and fertility rates have declined from six (6) to four (4) children per woman. However, the continent continues to experience challenges of undernutrition – stunting, underweight, low birth weight, micronutrient deficiencies, overweight and obesity, and diet-related non-communicable among others. In 2018, about 676 million people representing 52% of the population were food insecure in Africa.

The 2019 International Conference in Population Development (ICPD25) set the stage for policies and practices that countries can use in population and development planning. The African Union

Commission, United Nations Population Fund (UNFPA) and Government of Germany hosted the series of dialogues in advancing the attainment of demographic dividend. Food security and nutrition was the theme for the second dialogue series on Government–Government Policy Dialogues on Demographic Diversity and Dividends, the “4D Series”.

Demographic dividend, as defined by the United Nations Population Fund (UNFPA) means, “the economic growth potential that can result from shifts in a population's age structure, mainly when the share of the working-age population (15 to 64) is larger than the non-working-age share of the population (14 and younger, and 65 and older).” Demographic dividend occurs when the proportion of working people in the total population is high because this indicates that more people have the potential to be productive and contribute to growth of the economy.

The interrelation between food security and demographic dividend is symbiotic in that food security is necessary for a healthy population and a healthy population is necessary for economic development.

While delivering the keynote address Dr Margaret Agama- Anyetei, the acting Director of Health and Humanitarian Affairs Directorate at the African Union Commission noted that population growth rates continue to pose a development challenge to development efforts on the

continent and especially in the area of food security and nutrition and if well harnessed, could see Africa make a larger impact on its socio-economic development. Giving an example of an advocacy tool being led by the Commission titled Cost of Hunger in Africa Study, which has so far been implemented in twenty-one African Union Member States has been useful in highlighting not only the impact of nutrition on health but also on education and productivity – impact throughout the lifecycle of an individual.” The Cost of Hunger findings have been key in advocating to policy and decision makers the need to prioritize nutrition not only to addressing the health challenges but for the socio-economic development of countries,” she underscored.

The dialogue series identified recommendations to fight food insecurity and hunger such as empowering women and youth who are joining the work force in making their own food consumption decision thus fostering access to economic opportunities. Sound legal interventions including laws, regulations and policies were recommended as interventions to promote food safety and health choices for consumers.

Scaling-up investments in food production sustainability by addressing climate change was also a noteworthy recommendation. “There is a key requirement that agricultural intensification leap to a sustainable state, and not to unsustainable systems leading to climate change, land loss and desertification. Greening our agriculture is hugely important,” Noted Fergus Sinclair of the World Agroforestry, Kenya




Prioritizing food security and nutrition for all is important. Governments and partners should invest into key areas to reap the demographic dividends and fulfill the Sustainable Development Goal of the United Nations that seek to end hunger, achieve food security and improve nutrition, and promote sustainable agricultural targets and the African Union Agenda 2063 whose goal number one is set towards ensuring healthy and well-nourished citizens.



A photograph of a smiling woman in traditional Ethiopian attire, including a colorful beaded headband and a striped shawl, carrying a young child on her back. The background is a blurred outdoor setting with trees and a clear sky.

# DEPARTMENT OF HEALTH, HUMANITARIAN AFFAIRS AND SOCIAL DEVELOPMENT (HHS)



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