

# 'A New Deal'

for building a strong, efficient, and reliable  
Africa Center for Disease Control and Prevention  
(Africa CDC)

A transformative agenda proposed by

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candidate for the position of **Director General of Africa CDC**

With the support of the Government of the Democratic Republic of the  
Congo (DRC), and Member States of the Economic Community of  
Central African States (ECCAS) and the Southern African Development  
Community (SADC)



CONTEXT

Between 2010 and 2020, Africa significantly reduced maternal and child mortality, thanks to high-level commitment from governments, increased health financing, and innovations in programming and technology<sup>1</sup>. Despite this remarkable progress, Africa was unable to achieve Millennium Development Goals (MDGs) 4 and 5 by 2015, due to the high burden of communicable diseases, the rapid increase in non-communicable diseases and various disease outbreaks.

By 2050, Africa will have 2.5 billion people. To accelerate development of African countries, the African Union's (AU's) 2063 Agenda prioritizes meeting the health needs of Africans. However, the stagnation of growth at 3.5% in 2022 – due to hyperinflation caused by the Ukrainian conflict and the Covid-19 pandemic<sup>2</sup> – is already forcing states to reduce their health budgets, with high risk to reverse the gains made during the past decade and achieving neither the Sustainable Development Goals for 2030 nor the AU's 2063 Agenda.

Every year, Africa records more than 100 public health emergencies (measles, cholera, yellow fever, Ebola, meningitis...). These emergencies interrupt the provision of basic health services, with considerable socioeconomic consequences for poor populations. The recurrence of such disease outbreaks is a consequence of weak health systems characterized by insufficient planning, financing, qualified human resources and essential commodities to respond to emergencies<sup>3</sup>.

Following the Ebola outbreak in West Africa in 2013, political and public health actors agreed on the urgency to put in place an African institution that could strengthen the capacity of AU Member States to detect, prevent, control, and respond efficiently and effectively to epidemics. It is in this context that the Africa CDC was established. The aim was to support Member States to prevent and respond to epidemics, control other diseases, and strengthen advocacy for investment to maintain adequate funding for their health systems.

## A call for change

To fulfil this role effectively, Africa CDC must address its current organizational and structural weaknesses that characterize it (see *Challenges*), launch innovative financing mechanisms to underpin its financial autonomy, and work in synergy with its Governing Board, the AU Commission, various regional and subregional integration mechanisms, public and private partners, and African communities to become an institution that is: (1) **Stronger** – with robust governance, proven technical expertise and authority (2) **Efficient** – at generating funds and using them to gain tangible results (3) **Reliable** – through its effective on-the-ground response when Member States face outbreaks and other health-related emergencies.

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<sup>1</sup> <https://www.un.org/africarenewal/fr/a-la-une/la-sant%C3%A9-maternelle-s%E2%80%99am%C3%A9liore-en-afrique>

<sup>2</sup> <https://afrique.latribune.fr/economie/conjoncture/2022-04-15/la-banque-mondiale-prevoit-un-ralentissement-de-la-croissance-a-3-6-en-afrique-subsaharienne-pour-2022-914230.html>

<sup>3</sup> WHO AFRO (2021). Ensuring Health Security in the African Region: Emergency preparedness and response flagship projects. [https://www.afro.who.int/sites/default/files/2022-01/EPR%20Brochure\\_English\\_Web%20Version.pdf](https://www.afro.who.int/sites/default/files/2022-01/EPR%20Brochure_English_Web%20Version.pdf)

Within this context, on the proposal of the Government of DRC and with the endorsement of the ECCAS and SADC, I'm applying for the position of Director General of Africa CDC based on my:

- Strategic and technical professional experience, spanning nearly 25 years of managing strategic partnerships and health programs at the national and international levels.
- Proven experience of mobilizing resources from African Governments and major donors such as the Bill & Melinda Gates Foundation, European Union/European Investment Bank, Japan, USAID, World Bank, GFATM, Gavi and others
- Strong political experience including as mediator in conflicts.
- Proven experience in leading multidisciplinary and multicultural teams.

#### BOX 1: My support for Dr. Jean Kaseya



I am Professor Jean Jacques Muyembe from the DRC. I have known Jean for 23 years. I sponsored him to become the Chief Medical Officer because he was serious and assiduous in

his work. Since then, Jean has not ceased to make me proud with the professional career he has had, as well as his personal values. When I learned that Jean was a candidate for the position of DG Africa CDC, I felt great pride as an African because our organization deserves a person like him for its future development. He is strategic, with a great sense of leadership, proven technical expertise and the political experience necessary for this role. Jean is part of the generation that will make Africa respected in the field of public health as DG Africa CDC.

## Strengths

With the onset of the COVID-19 pandemic, under the leadership of Dr John Nkengasong, and the support of his entire team, Africa CDC has made immense efforts to raise significant funds from various donors by building strategic partnerships, such as this one with the MasterCard Foundation providing \$1.5 billion over 3 years on the project called "Saving Lives and Livelihoods". Africa CDC has also demonstrated its ability to create innovative solutions to support African countries in leading a strong and robust response to the COVID-19 pandemic.

We will build on all these achievements to make our Africa CDC even stronger, more efficient and more effective.

## Challenges

*Africa CDC faces internal challenges related to its modus operandi, as well as external challenges related to the weaknesses of health systems in Africa.*

### Internal challenges

Africa CDC is characterized by major structural and organizational challenges. A large number of staff vacancies, cumbersome administrative processes, and weak financial and logistical management (including a lack of internal controls, inadequate financial rules and accountability mechanisms, and a suboptimal procurement process) contribute to its inefficiency. For example, in 2020, Africa CDC used only 39% of the operational budget allocated by its donors at a time when African countries were struggling to manage Covid-19, Ebola, measles and other disease outbreaks<sup>4</sup>.

<sup>4</sup> [Roadmap and implementation plan for the Africa CDC Financing Facility, Africa CDC, October 2022](#)

Africa CDC also suffers from a lack of accountability as an organization. An important question is ‘*On what basis did Africa CDC conduct its activities in 2022?*’ because (1) the 2022–2026 strategic plan is neither finalized nor published (as of December 2022); and (2) the 2021 annual report is not published on the website (only those for 2018, 2019 and 2020 have been released)<sup>5</sup>. For effective operation, the 2021 report was required to enable Africa CDC and its partners to learn lessons from how projects were implemented, and activities undertaken in 2021, and to apply corrective measures in 2022.

These weaknesses and inabilities have led to a loss of confidence by Member States, partners, donors, and communities in Africa CDC’s ability to deliver on its mandate and achieve its objectives.

## External challenges

Africa CDC works with Member States that have health systems facing multiple structural and functional weaknesses, including:

- A low level of allocation of national health budgets and inefficient use of allocated funds.
- Insufficient quality and quantity of human resources inequitably distributed across countries.
- Weak performance of drug supply chains. Although the desire to produce much-needed medicines, vaccines and other inputs in Africa is advancing, a number of barriers exist to achieving this.
- Limited digitalization of the health sector, which has a negative impact on health intelligence and therefore on the strategic and operational management of health programs.
- Insecurity, armed conflict and population displacement leading for vulnerability of health systems.

## Opportunities

*With its autonomy and strengthened mandate, Africa CDC can become a powerful African tool for health security at the national, regional, continental and global levels.*

The decision made by Member States to strengthen Africa CDC’s mandate and grant it greater autonomy is a strong political message that signifies an ambition for major changes to strengthen Africa CDC’s governance and build strong strategic partnerships based on transparency, accountability, and a results-driven culture.

### **Trend towards regional and subregional integration and potential for strategic partnerships.**

Globalization is driving the transnational movement of goods, services and people within Africa, facilitated by various African institutions. Strengthening its partnerships with these institutions will help Africa CDC to integrate health activities across borders and facilitate the prompt data sharing during epidemics. Through South-South Cooperation, Africa has benefited from the experiences of other regions from the South.

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<sup>5</sup> [https://africacdc.org/resources/?wpv\\_post\\_search=annual+report&wpv\\_aux\\_current\\_post\\_id=217&wpv\\_view\\_count=549](https://africacdc.org/resources/?wpv_post_search=annual+report&wpv_aux_current_post_id=217&wpv_view_count=549)



### **A large pool of high-level African public health executives to draw from**

Despite shortfalls in quantity and quality, all African countries train a variety of health personnel every year. Africa CDC can capitalize on this to build a reliable database of cadres from different countries and in different fields, to facilitate the demand-driven exchange of skills between nations. Developing an incentive program would help to attract the best African talent and enhance health-sector effectiveness. Africa CDC can also support Member States to train staff in disciplines where significant personnel gaps exist.

### **Potential to strengthen public-private partnerships and nurture community participation**

Private-sector participation has enabled Africa to improve its health indicators. Continuing this trend calls for strengthened private-sector integration, and greater recruitment of young people (who are drivers of innovation, especially technological innovation) to health-sector jobs. This will create a solid foundation on which to build robust health systems in Africa. It will also help to raise low awareness of Africa CDC among the African people, who tend to be more familiar with partner organizations such as the WHO and UNICEF.

### **Expanding digitization and utilizing penetration of mobile telephony and the internet**

In 2018, 44% of Africans (456 million) had mobile phone subscriptions. Mobile technologies are thus very widely adopted by populations, including the poorest in vulnerable socio-economic categories. The expansion of these technologies could profoundly improve many socio-economic areas, including the health sector. Africa CDC can use this opportunity to push the agenda of digitization of health systems in Africa.

### **Universal health coverage presents a great opportunity to enhance health security**

The commitment of Member States to provide universal health coverage (UHC) includes an important component on strengthening health systems as a prerequisite for achieving the SDGs. Africa CDC should therefore align its work with the UHC agenda to help countries build resilient and equitable health systems capable of preventing, detecting, and responding effectively to epidemics.

### **Innovative financing can deliver a financially self-sufficient Africa CDC**

In 2022, Africa CDC published the *Roadmap and implementation plan for the Africa CDC Financing Facility* highlighting varied sources of funding: AU Member States; non-AU Member States; bilateral and multilateral institutions; foundations; appropriate resource-mobilization activities; interest earned on Africa CDC investments; and private investment opportunities on particular projects using a blended financing model. Adding another source to this list – African Air Tax – can further strengthen Africa CDC's autonomy and capacity for action (see *Vision and axes of action under my leadership of Africa CDC*).

## **Threats**

***The emergence and re-emergence of communicable infectious diseases and political instability pose threats to health-sector reform.***

### Resurgence and spread of emerging diseases

In 1979, WHO officially proclaimed that smallpox had been eradicated. With the improvement of hygiene and the advent of new vaccines, the end of all infectious diseases was predicted. However, this optimism was quickly eroded by: old diseases re-emerging (human African trypanosomiasis, exanthematic typhus, influenza, plague); old diseases emerging in other countries or regions where previously non-existent (monkeypox, chikungunya, Marburg, Ebola); and new diseases emerging (hepatitis viruses, HIV, various human and avian influenza, SARS, Zika virus disease, Covid-19)<sup>6</sup>.

### Political instability and insecurity in many African countries

African countries with good maternal health statistics are generally those that have long-term political stability<sup>7</sup>. This shows that stability is a fundamental basis for development. Despite significant natural resources, West and Central Africa have some of the lowest health indicators on the continent because political instability and insecurity have led to lack of investment, population displacement, poverty, and destruction of infrastructure.

### Combined impact on Africa of climate change, Covid-19 and the war in Ukraine

The combined impact of climate change, Covid-19 and the conflict in Ukraine, threaten the achievement of the AU's 2063 Agenda due to hyperinflation, loss of productivity, soaring food prices, and difficult energy transitions – exacerbating inequalities and inequities in Africa<sup>8</sup>.

## VISION AND AXES OF ACTION UNDER MY LEADERSHIP OF AFRICA CDC

Based on my professional and personal experience, and the above situation analysis of Africa CDC, my vision for the four-year mandate I'm seeking as Director General is as follows:

*A technically **strong** Africa CDC that counts leading experts among its staff, is adequately funded and **efficient** at budgeting, has **reliable** rapid-response teams on the ground at times of crisis, and contributes to building a resilient Africa that is capable of effectively detecting, preventing, and controlling diseases for the achievement of the UHC, the SDGs, and the realization of the AU's 2063 agenda.*

My vision for the Africa CDC of tomorrow will be achieved through the following actions:

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<sup>6</sup> <chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/http://medecinetropicale.free.fr/cours/emergente.pdf>

<sup>7</sup> <https://reliefweb.int/report/somalia/africa%E2%80%99s-political-instability-hinders-maternal-health-progress>

<sup>8</sup> <https://www.un.org/africarenewal/fr/magazine/mai-2022/comment-le-conflit-russie-ukraine-affecte-lafrique>

- ❖ In consultation with the AU Commission, Member States, and partners, [conduct reform of Africa CDC to make it stronger, efficient, and able to operate effectively to fulfil its mandate](#). I will implement a 'New Deal' that will instill a new management culture in Africa CDC (**See *A New Deal: Promoting strong governance, enhanced performance and accountability***).
- ❖ Advocacy with Member States and partners to [implement the New Public Health Order](#) (see Box 2).
- ❖ Communications activities to [raise awareness of Africa CDC among different audiences](#) (patients, private-sector, governments, community organizations). Diverse communication channels and opportunities (including sports, cultural and business activities) will promote CDC Africa's vision, build trust and facilitate the introduction of innovative financing mechanisms.
- ❖ [Capitalizing on synergies between public-private partners and African communities](#) at all levels of intervention. I will strengthen collaboration with traditional partners and seek new ones. I will enroll the help of first ladies to advocate for health funding to support the most vulnerable populations.
- ❖ [Intensified fight against emerging and re-emerging infectious diseases](#). Africa CDC will expand its strategic, operational and disease, conduct risk assessments, organize rapid response and prevent them from spreading. The Center will proactively lobby for new common drug-procurement mechanisms, and the creation of subregional drug and input storage depots, for more effective response to emergencies in Africa.
- ❖ [Accelerated digitalization for biomonitoring, telemedicine, and real-time health data management](#). Under my leadership, Africa CDC will harness new information technologies to advance the digitalization of health systems founded on quality health data. This will facilitate the use of telemedicine and biomonitoring; make access to and use of services more equitable; and streamline the management of programs and responsiveness to epidemics. Building on the partnership aims outlined above, this work will be

### **BOX 2: The New Public Health Order**

In 2021, Africa CDC launched a *New Public Health Order* for African health security, with five key objectives:

- Strong regional institutions to guide priorities, coordinate policies and programs, and drive standard-setting and disease surveillance.
- Local production of vaccines, therapeutics, and other products to reduce procurement costs and increase speed of response.
- Investment in health workforce and leadership programs.
- Strong, high-level partnerships with donors, governments, private sector, public health institutions.
- Greater role for regional organizations in pandemic governance.

supported by collaboration with AfroChampions, the thinktank that digitized the Covid-19 program of Africa CDC.

- ❖ **Implementing innovative financing mechanisms to empower Africa CDC for its mission.** This will include working with the AU Commission, Member States and partners to introduce my proposed African Air Tax (see Box 3).
- ❖ **Accelerated digitalization for biomonitoring, telemedicine, and real-time health data management.** Under my leadership, Africa CDC will harness new information technologies to advance the digitalization of health systems founded on quality health data. This will facilitate the use of telemedicine and biomonitoring; make access to and use of services more equitable; and streamline the management of programs and responsiveness to epidemics. Building on the partnership aims outlined above, this work will be supported by collaboration with AfroChampions, the thinktank that digitized the Covid-19 program of Africa CDC.
- ❖ **Intensified fight against emerging and re-emerging infectious diseases.** Africa CDC will expand its strategic, operational and disease, conduct risk assessments, organize rapid response and prevent them from spreading. The Center will proactively lobby for new common drug-procurement mechanisms, and the creation of subregional drug and input storage depots, for more effective response to emergencies in Africa.

### **BOX 3: African Air Tax for Africa CDC funds**

Inspired by the 'UNITAID Solidarity Tax', the 'African Air Tax' would be implemented across Africa to fund Africa CDC's health support to countries.

The tax would be introduced using pre-existing airport tax systems, with relatively low implementation costs and limited negative effects on the industry.

It would apply to all passengers, regardless of the airline used or the country of departure and/or destination, to avoid unfairly penalizing a specific country and/ or airline.

A practical problem with such a global tax is that all countries would have to agree to it and support the pan-African body tasked with collecting it. As Member States have decided to strengthen Africa CDC's mandate and autonomy, this initiative will require their strong political support.

However, with Africa's high potential for air traffic growth, the tax can become a steady and growing source of revenue for health in Africa.

## **A NEW DEAL FOR AFRICA CDC: PROMOTING THE CULTURE OF GOVERNANCE, PERFORMANCE AND ACCOUNTABILITY**

My New Deal for Africa CDC will enable it to become more efficient, through reforms that reinforce high standards of governance and establish a culture of high performance and accountability at all levels.

### **Strengthened governance.**

I will work with Africa CDC's High Council and Governing Board, the AU Commission, Member States and partners to implement a policy of zero-tolerance of corruption. In recruiting human resources, I will ensure transparency and that talent is sourced from all African regions, as well as introducing a capacity-building program.



Through the New Deal, I will attract top experts to Africa CDC, and build high-level rapid-response teams capable of providing strong technical support to countries.

My vision is to make Africa CDC the first point of call from Member States when they need technical assistance. To achieve this, I will lead capacity building of national and regional institutions, and strengthen audit and control mechanisms that will integrate compliance, ethics, integrity, strategic and operational performance controls, as well as the implementation of recommendations arising from these controls.

### **Better performance**

Under the New Deal, performance indicators will be defined to ensure that different entities of Africa CDC are aligned and well-coordinated, and that the organization operates effectively. Regular meetings with the Board of Directors, AU Commission and other stakeholders will allow action to be reported and lessons learned. Activities will be coordinated to capitalize on synergies between programs and to maximize the impact of health systems in different African countries.

### **Culture of accountability**

Transparency and accountability will be required at all levels and in all programs and structures of Africa CDC. This requirement will cover governance, human, financial and programmatic result based on the defined performance indicators.

## **MY ACTION IN THE FIRST 100 DAYS AT THE HEAD OF AFRICA CDC**

- Listen to all staff and hold dialogues with the AU Commission, Member States and partners to understand existing realities and expectations, capitalize on good practices while sharing the new vision, and be a competent and responsive leader who builds trust for ownership by all.
- Initiate decisions to quickly correct deficiencies and restore the organization's credibility, including publishing the 2022–2026 strategic plan, the 2021 and 2022 annual reports, and the 2023 action plan.
- Initiate a 'Replenishment meeting' – a gathering of representatives from all Member States, partners and community organizations to raise funds and develop a fresh resource-mobilization pathway to facilitate successful implementation of the 2022–2026 strategic plan.
- Launch the New Deal, putting in place mechanisms for strengthened governance, performance and accountability based on the revised resource-mobilization document.
- Respond effectively to any arising emergencies (epidemics) and requests from countries, in collaboration with the various technical and financial partners,