

COVAX: WHY WE MUST PULL TOGETHER



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There is a growing appreciation that COVID-19 is an ultimate test of our humanity. It is the most urgent global priority we face. We are still learning about the virus and must move quickly to monitor its mutations, to prevent its spread and vaccinate vulnerable populations, because no one is safe until everyone is safe. Nothing better demonstrates the critical importance of strengthening health security everywhere in the world.

In response to the urgent vaccine needs in low- and middle-income countries, governments, foundations, and donors have invested in COVAX – an international effort led by GAVI, CEPI (the Coalition for Epidemic Preparedness Innovations) and WHO – to purchase COVID-19 vaccines at an affordable price. FCDO is one of COVAX’s major donors. And as the financing gap in vaccine roll out becomes blindingly apparent, COVAX is pivoting to go beyond procurement, to delivery. We face, however, a funding shortfall of at least US \$64 billion over 2021-22.

Thanks to our ‘feet on the ground’ in our six focus countries, and relationships with Ministries of Health, UN agencies, wider stakeholders, and CSOs, TDDA is uniquely placed to assist with COVID vaccine roll out. We are working closely with our partners to monitor vaccine arrival and distribution. Across all the countries in our programme, we are finding that the biggest challenge is, without a doubt, the significant shortfall in the funding needed to implement the roll out - including transport, communication activities and community engagement - to ensure that vaccine doses reach priority populations.

Developing efficacious vaccines so fast may have been difficult. The result is amazing, but ensuring their delivery at scale will be harder still. The logistics of mass immunization, ensuring vulnerable and marginalized groups are reached, overcoming vaccine hesitancy – these are all areas where governments, non-state actors and the private sector need support to deliver at scale. They are complex tasks that need to be tackled at speed but, with scant resources, health systems often struggle to provide routine care, let alone respond to a complex pandemic.

To make sure the extraordinary global scientific effort to develop vaccines pays off in practice, we must invest in the equally important but often overlooked work of strengthening the systems necessary to deliver protection against this and other diseases. This is an important consideration, as COVID diverts already strained resources away from other health threats, including malaria, cholera and many causes of maternal and infant mortality.

Community engagement, through respectful person-to-person dialogue, is vital to ensure greater understanding of disease risks and preventative measures, not just for COVID-19 but for other vaccines and urgent

disease interventions. Working with communities can build trust and collaboration and can help address issues surrounding vaccine hesitancy or resistance to seeking care in an outbreak. Our particular priority is addressing the issue of hesitancy: using evidence-based approaches, we aim to enable local actors to activate trusted sources - traditional and religious leaders, social media and solid communication - to minimize the impact of vaccine hesitancy in realising the coverage necessary to achieve herd immunity.

As a first step, we are developing a training agenda that integrates COVID and broader health security training, as part of the FCDO/TDDA contribution to COVID vaccination success. Our aim is to strengthen the knowledge and communication skills of health practitioners, as well as those of our CSO partners who are well-positioned to undertake the vital role of community engagement in our six focus countries.

If COVID-19 has taught us anything, it’s how interconnected our lives have become. The global community cannot afford to underestimate health security challenges or the imperative that we all pull together.



BUILDING THE ROLE OF CSOs IN PANDEMIC PREPAREDNESS

Strengthening pre-crisis preparedness and early response capabilities is a key area of focus for the early response mechanism (ERM) element of the Tackling deadly diseases in Africa programme. We do this by building the role of civil society organizations (CSOs) so that they can provide much needed additional capacity in the fight against infectious diseases.

With the arrival of the COVID-19 pandemic in Africa, many countries' health systems were severely stretched. The ERM programme was perfectly placed to broaden its scope. Rather than focusing on pre-crisis preparedness alone, we adapted quickly to provide urgent assistance, prioritising critical gaps in national responses.

We have resourced and trained partner organizations, enabling them to deliver a wide range of public health activities during the pandemic. We have provided almost £1 million GBP of grant funding

to pre-selected CSOs to deliver five COVID-related projects across Chad, Cameroon, and Uganda.

Our interventions directly benefit communities, for example through mass public-awareness-raising and the roll out of free, decentralised testing services designed to reach poorer rural communities. They also help to protect frontline health workers and strengthen screening capacity at points of entry.

Our goal is to leave a sustainable legacy. By focusing on capacity-building within our CSO partners, we ensure they can help strengthen health surveillance - so that decision-makers have the data they need to take timely action - and are equipped to deliver fundamental public health work now and in the future. Guided by the principles of local accountability and integration, we work in collaboration with Ministries of Health to complement national response plans, rather than create parallel systems.

Read our Cameroon case study

Tackling deadly diseases in Africa

DAI global health



CASE STUDY

COVID-19: PROTECTING LIVES IN CAMEROON

Eyewitness testimony

Prof. Omer Njougou is an expert epidemiologist who coordinates our work, saving lives in Cameroon. He works with TDDA through Centre Pasteur de Cameroun to strengthen the country's ability to diagnose and isolate cases of COVID-19 and prevent the spread of the pandemic.

"I knew lots of people were at risk from COVID-19, particularly in the poorer regions of our country. I was so happy that we were able to mobilize funding to increase access to testing services and boost diagnostic capacity. Without local access to free tests, many people would not have discovered they were infected with this deadly virus. They could so easily have passed it on to vulnerable family and community members. I am convinced many lives were saved."

Prof. Omer Njougou, Cameroon country coordinator, TDDA

DAI Global Health leads a consortium of partners who work together to deliver the TDDA programme.

Core team



The Operations Partnership



Resource partners

OUR WORK WITH THE AFRICAN UNION



FCDO is deepening its engagement with the African Union through its support of the Africa Centers for Disease Control (Africa CDC) Pandemic Preparedness and Response Plan (PPRP). TDDA was asked to work with Africa CDC to assess and strengthen high-priority capacities related to safeguarding and risk management necessary for successful PPRP delivery.

The project supports Africa CDC's important mission to strengthen the capacity and capability of Africa's public health institutions to detect and respond quickly to disease threats. Our role was to assist their work to develop an action plan to address identified gaps, establish a sustained trajectory toward good practice, and inform FCDO funding decisions.

BENEFICIARY SUPPORT FOR TDDA



93%

of those questioned in a recent beneficiary survey, agreed that TDDA has made valuable contributions towards strengthening health systems and institutions involved in health security, which is vital in preventing outbreaks and epidemics of deadly communicable diseases.

National government partners, international partners and CSO/NGO partners all contributed to our survey, conducted in English and French during March and April 2021. Feedback was captured across all six focus countries and geographical areas. TDDA activities considered most effective by our respondents include supporting our focus countries in the following areas:

- **Developing National Action Plans for Health Security monitoring and evaluation processes.**
- **Points of entry interventions to support cross-border action to prevent the spread of disease.**
- **Establishing or improving national One Health platforms, to better coordinate efforts across human, environmental and animal health sectors to address the threat of animal-to-human disease transmission.**
- **Strengthening public health surveillance systems to improve data that can be fed in to preparedness efforts, rapid response and accurate, evidence-based decision making.**

Uncertainty and unpredictability is a reality of working in health security in challenging contexts. Over the last year, the TDDA programme has faced multiple challenges, from the global COVID-19 pandemic to on-going political instability and insecurity across a number of our focus countries. This has required us to implement careful adaptive management, supported by regular in-depth political economy analysis.

This positive beneficiary feedback on TDDA's effectiveness indicates that our approach has minimised the negative impacts of uncertainty on the project's progress. Meanwhile, our focus on stakeholder engagement has helped TDDA to firmly establish its place in the health security infrastructure of our focus countries.

A comprehensive report on the survey findings, exploring the continued challenges in achieving outcomes and respondents' recommendations for improvement, is underway. These findings will help TDDA to further adapt programme activities to reflect local needs and capitalize on specific opportunities in each country. Incorporating this feedback into our programming will help TDDA to deliver even greater effectiveness in the year ahead.



EQUITY AND HEALTH SECURITY

As we have seen with the coronavirus pandemic, the consequences of disease outbreaks are experienced very differently by people from different socio-economic circumstances, geographies and genders. Poor and marginalized people are more vulnerable to both infectious and non-communicable diseases, in fact. They are often unable to adapt their work and living conditions to avoid infection.

Their access to healthcare is limited, and many suffer from underlying health conditions, which put them at an even greater risk. And the health and economic consequences of disease are far more severe for those with less economic capital to fall back on than for their more wealthy neighbours.

In this way, the example of effective disease control makes a compelling case for health equity to be given greater importance in International Health Security policymaking.

At TDDA, we have implemented activities to specifically target the most vulnerable within our focus countries, and institutionalize greater inclusivity within policies and planning processes.

For example, our partnership with Centre Pasteur in Cameroon supports the roll out of mass COVID-19 testing to rural areas. The tests are free, which is rare in countries in this region of Africa. By making tests available outside the capital city and removing financial barriers, we have helped to significantly improve case detection.

In terms of gender equity, TDDA continues to encourage women to participate in all its activities. For example, in the period Jan-Mar 2021, 24.5% of meeting/workshop participants were female. This indicates that we are reaching a substantial proportion of women in countries that have relatively low female participation in professional positions and public meetings in general.

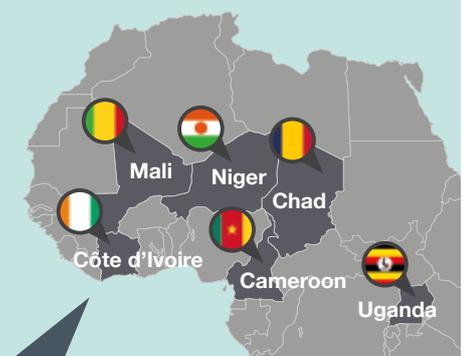
TDDA is currently conducting desk research into equity and health security, examining the evidence of the unequal distribution of risk, access and severity of consequences of diseases with epidemic potential. To make significant progress towards global health security, policy and programming must respond to the needs of all people.

TACKLING DEADLY DISEASES IN AFRICA PROGRAMME

TDDA tackles the systemic causes of health insecurity, not just the symptoms. Instead of responding to emergencies after they hit, we help equip countries to manage disease outbreaks and other health threats before they become public health crises. Epidemics are a global threat, killing millions of people each year. Strong health systems need strong institutions, infrastructure, surveillance systems, and well-trained and equipped staff. Without them, disease outbreaks can quickly become epidemics, which devastate lives and livelihoods.

TDDA WORKS WITH SIX COUNTRIES

TDDA works with governments and communities, empowering them to achieve their own ambitions for improving health security. We provide technical expertise and targeted operational support through experts on the ground in Cameroon, Chad, Côte d'Ivoire, Mali, Niger and Uganda.



In Côte d'Ivoire, emergency COVID-19 training for over 600 community-based medical staff was provided by the Ministry of Health and Public Hygiene, with support from TDDA. Training was centred on the city of Abidjan, where the COVID-19 pandemic has hit the hardest.

Tackling deadly diseases in Africa



Funded by UK aid and led by DAI Global Health

For more information go to:

tacklingdeadlydiseasesinafrica.org

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