



AfricaCDC
Centres for Disease Control
and Prevention



One Africa for Health Security

Joint Emergency Action Plan Annual Report
May 2023 – May 2024



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Introduction

Growing health emergency risks

With climate change and conflict, the risk of public health emergencies for Africa and for the world is growing. It is essential that African countries rise to meet the challenge. Africa records about 2-3 health emergencies each week of which more than 50% are related to climate change!¹ Between 2030 and 2050, it is estimated that the effects of climate change will take the lives of an additional 250,000 people per year - many of whom will be from low-income countries, including Africa.² Moreover, around 30% of African countries are affected by conflict, creating conditions for diseases to thrive.³

A shared vision: One Africa for Health Security

In an era of increasingly complex health threats, the Joint Emergency Action Plan (JEAP) 2023-2027 brings together Africa CDC and WHO to realize a shared vision: One Africa for Health Security. Launched on the sidelines of the World Health Assembly in May of 2023, the JEAP Partnership ("The Partnership") seeks to ensure more vulnerable populations in Africa are protected from public health emergencies. Recognizing that crises are worsened by fragmentation, the Partnership signals unified leadership and shared responsibility in strengthening Africa's pandemic prevention, preparedness and response structures, while simultaneously ensuring coordination with minimal duplication of efforts and resources.

The Partnership is a platform that serves the collective yet unique needs of African nations. It recognizes the independence and unique needs of all countries and is a regional support system that each country can lean on and global partners can come together to coordinate support. Interventions focus on where regional expertise, pooled resources and inter-country coordination can drive impact.

The Partnership is organized around 8 strategically selected collaboration areas



¹ WHO Regional Office for Africa. Africa faces rising climate-linked health emergencies. <https://www.afro.who.int/news/africa-faces-rising-climate-linked-health-emergencies>.

² Kaseya J, Dereje N, Tajudeen R, et al. Climate change and malaria, dengue and cholera outbreaks in Africa: a call for concerted actions. *BMJ Global Health* 2024;9:e015370. doi:10.1136/bmgh-2024-015370.

³ IMF 2022.

A first report to document progress

The JEAP is committed to monitoring, evaluation, accountability and learning (MEAL). The Partnership is currently finalizing a comprehensive MEAL Plan, which will refine key performance indicators (KPIs) to be included in future reports and MEAL processes to drive accountability and learning. In parallel to finalizing the MEAL plan, this first annual report will provide an overview of progress since the launch of the JEAP – covering the period of May 2023 through May 2024. The report will share activities that Africa CDC and WHO have conducted jointly as part of the JEAP partnership since May 2023, including to institutionalize the JEAP and drive progress across collaboration areas, highlighting outcomes and featuring case studies of impact. The JEAP Secretariat led the report development process, collecting information from the Technical Working Groups and validating the report with JEAP Leadership (Focal Points, Steering Committee).

Acknowledgements

The JEAP acknowledges the support of key partners. Through generous financial support, the Bill & Melinda Gates Foundation and UK Foreign, Commonwealth and Development Office (FCDO) enabled many of the activities described in this report. The JEAP's work would not be possible without the leadership of Member States and the partnership of the many stakeholders working across the continent to strengthen emergency preparedness and response.

Messages from the JEAP community

“

The achievements of JEAP in its inaugural year are an indication of the strength and impact of our united approach to health emergencies. By sharing resources and strengths, we have been able to support Member States with greater agility. The JEAP is well positioned to advance the African Union's Vision 2063 to create a prosperous Africa based on inclusive growth and sustainable development.

- Dr Jean Kaseya, Director-General, Africa CDC

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The first year of the JEAP has been a testament to our collective resolve and commitment to strengthening health emergency preparedness and response in Africa. The collaborative efforts showcased through JEAP have significantly bolstered our capabilities to detect, prevent, and respond to health threats. We are stronger together.

- Dr Abdou Salam Gueye, Director, WHO Health Emergencies Programme

“

The JEAP is proving the power of partnership in addressing health emergencies. The strides we are making enhancing rapid response mechanisms and improving health system resilience with Africa CDC directly contribute to WHO's goal of saving lives and reducing suffering.

- Dr Rick Brennan, Director of Health Emergencies, WHO



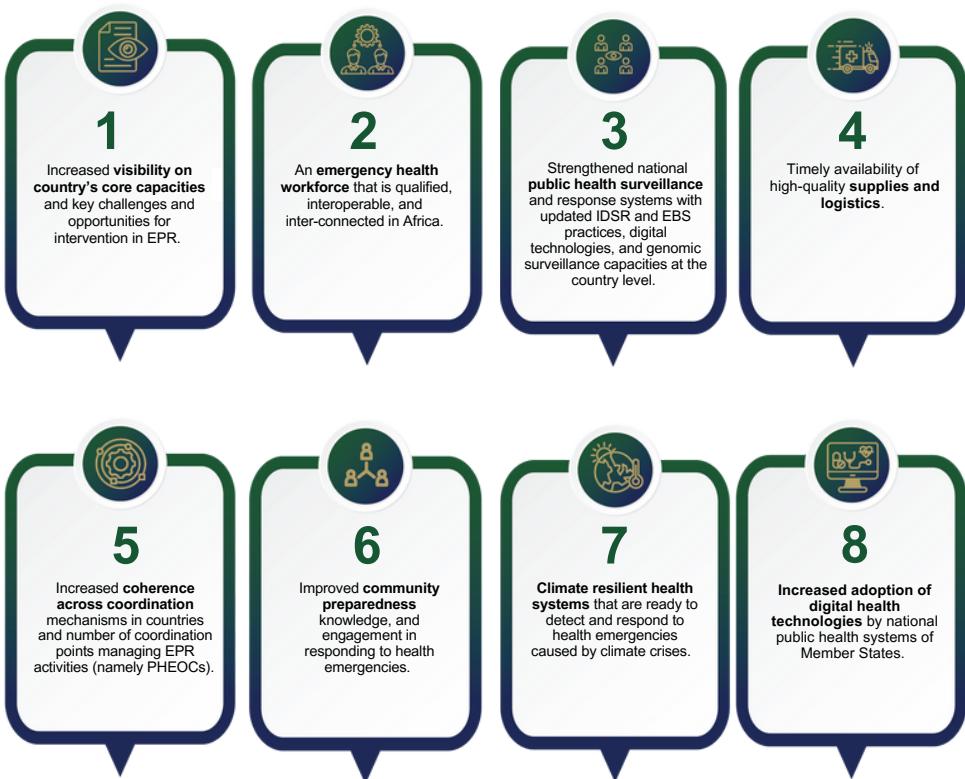
Progress institutionalizing the JEAP

JEAP conceptualization and launch

While the JEAP was formally launched in May 2023, its journey began more than a year earlier. In March 2022, the founding partners held an in-person retreat to begin consolidating regional strategies, recognizing that they were pursuing shared objectives in supporting African Member States and that there were opportunities to enhance coordination. The retreat kick-started a year-long process to define common priority areas while also piloting initiatives to combine or further align related programs in service of more efficient support to Member States. Discussions included reviewing existing strategies, recent evidence including more than 200 expert recommendations following COVID-19, as well as options for governance and management.⁴

As a result, in May 2023, the JEAP Partnership was formally launched. Shortly thereafter, its 5-year plan (2023-2027) was validated as a core document to guide the JEAP's work with Member States to tackle key challenges across the areas of preparation, detection and response. Through implementing this plan, the JEAP strives to achieve several ambitious outcomes:

JEAP target outcomes



⁴ Strategies and frameworks reviewed included: WHO/AFRO Regional Strategy for Health Security and Emergencies that runs from 2022–2030, Africa CDC Agenda 2063, IHR (2005), Inter-Agency Standing Committee (IASC) recommendations for health emergencies, Independent Panel for Pandemic Preparedness and Response (IPPPR) recommendations, WHO – 10 proposals set out by the DG in 2022 to strengthen the global architecture for health emergency preparedness, response, and resilience (HEPR).

JEAP establishment timeline



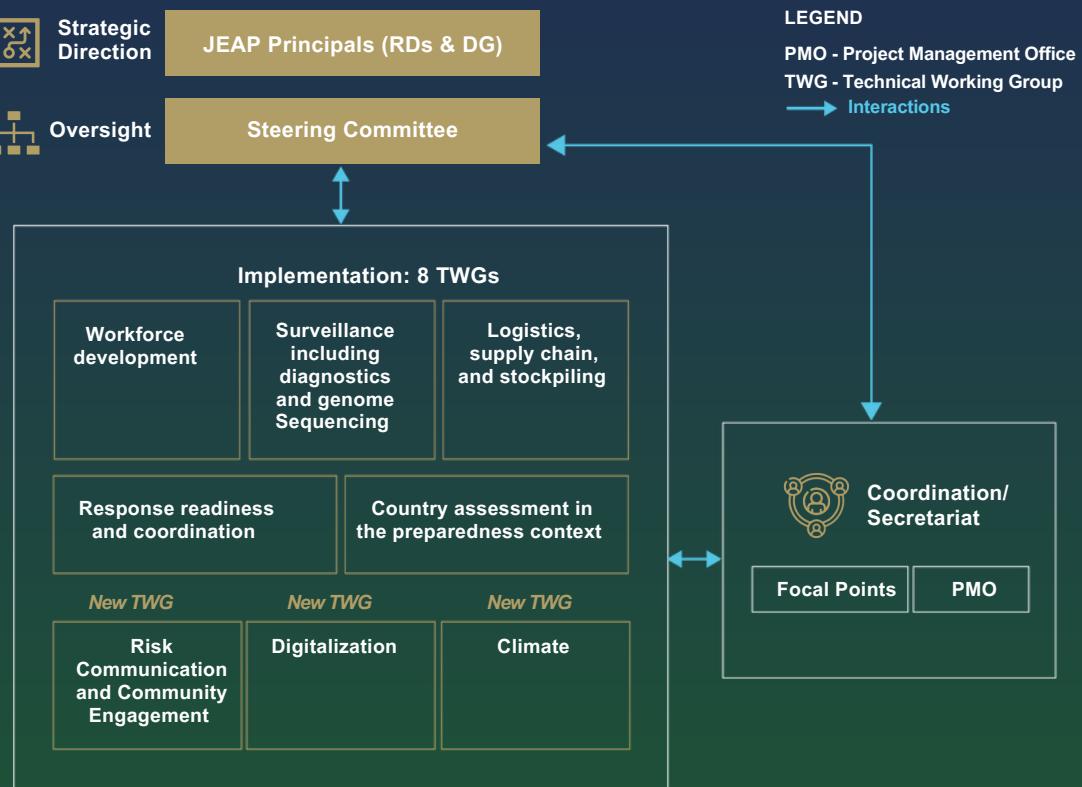
Establishment and strengthening of foundational functions

Following the launch of the JEAP, much effort over the first year focused on establishing and strengthening the Partnership's foundational functions. This effort was guided by KPIs as indicated in the table below, with nearly all KPIs met.

1. Governance and management

Broadly, the Partnership is governed under the Africa CDC – WHO Memorandum of Understanding (MoU). Building on the MoU, in year 1, the Partnership established a high functioning and detailed structure for governance and management. The structure consists of a JEAP Steering Committee that provides oversight, a Secretariat (Focal Points, and Program Management Office) that provides day-to-day management, and eight Technical Working Groups (TWGs) driving implementation. There has been strong commitment across all groups. For example, there has been 100% attendance achieved during the first year of Steering Committee meetings. The Secretariat has also collected and implemented continuous feedback, as well as instituted Standard Operating Procedures (SOPs), enabling meetings and processes to run more smoothly and efficiently. However, attendance during TWG meetings has been relatively lower at approximately 61% average, given multiple demands on TWG member time and resource constraints. Efforts are underway to enhance participation by innovating the agendas to encourage participation and increase the utility of the meetings (e.g., through brown-bags, knowledge-sharing, onboarding and training on relevant tools and platforms) and mobilizing further resources to support activity implementation.

Governance and management: chart of structure



2. External relations (resource mobilization)

With respect to financial resources, the JEAP has utilized seed funding from early supporters. The overall funding need of the JEAP is US \$848 million for the 5-year period, 2023-2027. So far, US \$11 million has been raised against the 2023-2024 target of US \$279 million through generous support from the Bill & Melinda Gates Foundation and the United Kingdom's Foreign, Commonwealth and Development Office (FCDO). The initiative has also leveraged internal funding and in-kind resources from Africa CDC and WHO. Currently, the institutions contribute the time of 27 and 16 staff respectively to the JEAP's technical activities and Secretariat's work. During the first year, the JEAP also invested a substantial effort around the Pandemic Fund – working with Member States and a wide range of stakeholders to increase resources for EPR across the continent for the JEAP and beyond. 57 proposals were submitted with JEAP support to the Pandemic Fund in an important step in strengthening continental resource mobilization for EPR (see case study). Still, significant funding gaps remain, and resource mobilization will be a key focus in the second year of the Partnership.

3. External relations (communications) & partnership management

Several activities were conducted over the first year in the interrelated areas of communications and partnership management with the overall goal of socializing and raising awareness of the JEAP amongst Member States and health and development partners.

Communications materials were developed to support strategic engagements with partners and Member States, including branding, meeting collaterals and a website. Additionally, the JEAP organized a total of eight external events as key focal points for raising awareness of the Partnership, often alongside key global and continental convenings including CPHIA and UNGA.

These event-based engagements helped to share the JEAP with key partners, gain valued feedback, conduct advocacy for policies benefitting African nations, and inspire key regional actors such as UNICEF, CEPI, GAVI and others to create a joint front for EPR on the continent. Additionally, the JEAP organized webinars with Member States, internal briefings and bilateral meetings with interested partners, as well as secured early media coverage with a total of eight articles.

The JEAP also began developing a broader communications strategy during this period, which will shift the focus from socialization of the Partnership to raising the discourse on EPR both globally and locally.

4. MEAL

A Theory of Change(ToC) and initial set of key performance indicators were established as part of the 5-year action plan for the JEAP. Building on this roadmap, over the first year, TWGs refined key performance indicators relevant to their work areas and the Secretariat is currently finalizing a more detailed, operational MEAL Plan. The MEAL Plan be an important step, guiding all MEAL activities and deliverables for the coming years. In parallel, the JEAP has begun developing and publishing MEAL deliverables to provide partners with visibility and encourage accountability, including this report and forthcoming impact case studies. Additionally, the Secretariat has intentionally worked to drive a culture of learning, regularly surfacing feedback and challenges for discussion.

Institutionalization KPIs

Area	KPI	Target (Year 1)	Achieved
Governance & management	Percentage of governance meetings held (as scheduled)	4 (Quarterly)	6 (150%)
	Attendance rates for governance meetings	3 SteerCo Members (100%)	3 SteerCo Members (100%)
	Number of missed reporting deadlines	0	0
	Percentage of funded activities of technical working groups for which the goals (and timelines) have been met	100%	92% (average)

Institutionalization KPIs

Area	KPI	Target (Year 1)	Achieved
External relations (Resource mobilization)	Funding secured	USD \$848 million	USD \$11 million
	Disbursement rate (Percentage of funding received disbursed for implementation)	100%	88%
	Number of Member States formally involved (as a beneficiary or partner) with JEAP implementation	55	36
External relations (communications)	Number of EPR actors engaged through formal dialogues	Baselines for year one not established	2191
	Number of articles, publications and press-releases published related to Partnership		8
	Number of events related to the Partnership held		8



Case study:

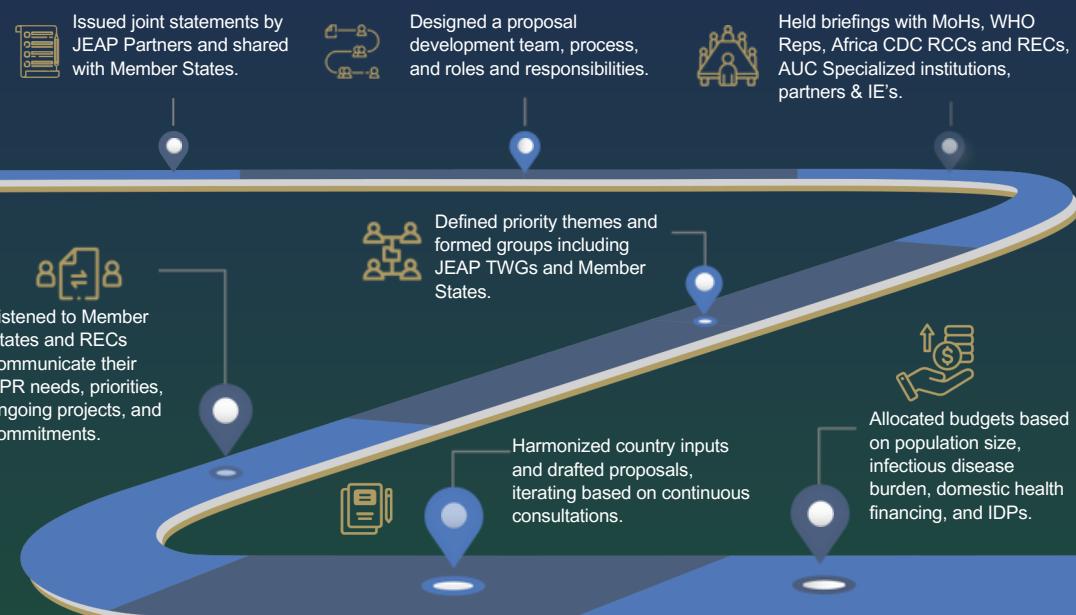
Mobilizing resources for EPR across the continent: piloting a joint proposal development process for Pandemic Fund

Situation:

Officially launched in 2022, the Pandemic Fund is a major new source of financing that can benefit African countries seeking to enhance pandemic prevention, preparedness, and response capabilities. As of the beginning of 2024, the Fund has raised \$2 billion in seed capital from 24 sovereign and three philanthropic contributors. In May 2023, the Pandemic Fund closed its first Call for Proposals, receiving 179 applications from 133 countries around the world and thereafter awarded a first round of grants totaling US\$338 million. Yet, there were no successful regional or multi-country proposals from Africa, a missed opportunity.

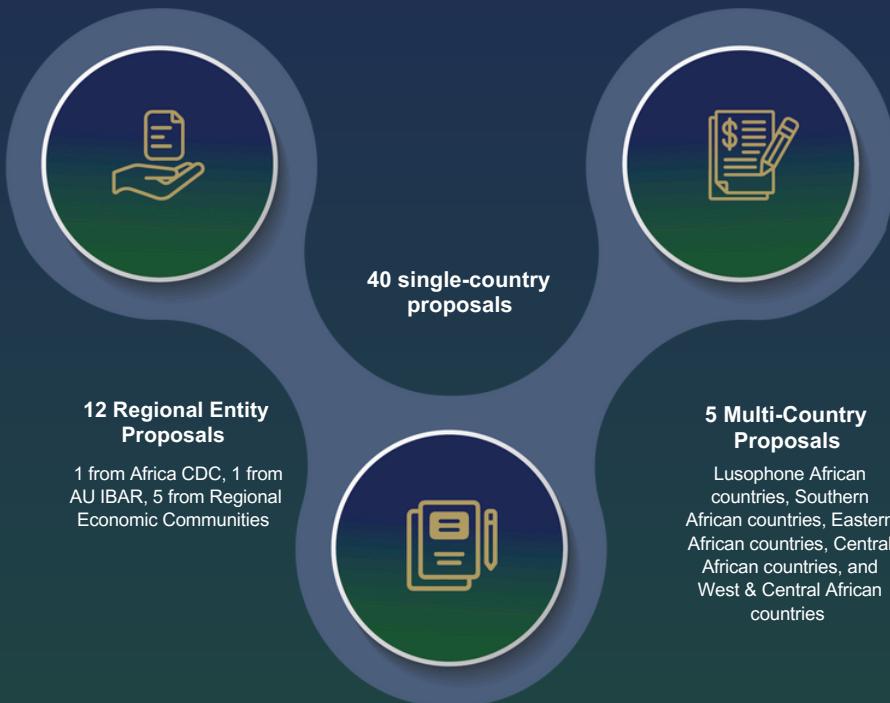
Response:

Addressing this prior absence, the Partnership pioneered a coordinated proposal strategy for Africa for the 2nd round of the Pandemic Fund. Actions the partnership took included:



Impact:

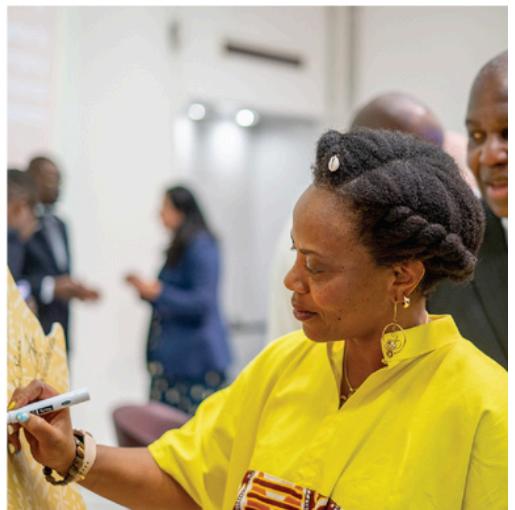
As a result of this process, regional consensus was achieved. 57 proposals were submitted with JEAP support, with commitment letters received from 63 Ministries of Health and Ministries of Finance, 5 implementing entities and co-financing partners. The proposals submitted across the continent as of 27 May 2024 with JEAP support were:



There were also 5 Regional and Multi-Country proposals that were submitted without direct JEAP support. While the results are yet to be seen, this was an important step in aligning African Member States and key stakeholders to take advantage of new financing for EPR.

Way forward

The Partnership looks forward to reviewing the results and continuing to align and strengthen continental resource mobilization for EPR. Additionally, an extensive exercise is underway to document this experience, celebrating the power of collective action, highlighting lessons learned and providing a playbook that other regions can replicate and adapt. The JEAP will actively disseminate and utilize this playbook to help ensure that countries are prepared for the next round of the Pandemic Fund and related opportunities.



Map of countries that have submitted proposals with JEAP support



Progress of Technical Working Groups

Overview

Strategic 5-year action plan guiding each collaboration area

As of May 2024, five technical working groups (TWGs) completed detailed action plans and began implementing activities leveraging JEAP seed funding and internal funding from each of the founding agencies: Workforce Development; Response Readiness and Coordination; Surveillance including Laboratory and Genome Sequencing; Country Assessments in the Preparedness Context; Logistics, Stockpiling, Supply Chain and Local Manufacturing. Three newer TWGs – Climate Change in the EPR Context; Community Engagement, Digitalization – are in the process of validating their action plans as of May 2024 and opportunistically conducting collaborative activities. TWG Action Plans build upon and streamline the efforts of both agencies. They define joint strategic objectives, assigning a lead agency for each objective to create efficiencies and selecting strategic activities based on Member State needs.

Highlights from early implementation

In total, approximately **92%** of activities within the TWG Action Plans are on-track, while 8% of activities are off-track, primarily due to resource limitations and operational challenges. Overall, **36 of 55 countries** have been directly served by key projects of the JEAP initiative and the remaining countries on the continent have been served through JEAP regional strategies and tools. Across TWGs, activities strategically target service areas where regional intervention can be catalytic. These include:

-  1. Developing, promoting and supporting countries to adapt regional tools
-  2. Facilitating cross-border coordination
-  3. Pooling resources and knowledge
-  4. Building regional leadership
-  5. Conducting joint advocacy to advance African interests

Activities that have been completed so far demonstrate the potential for the Partnership's impact. For example, in the workforce development collaboration area, which has the longest history, the Partnership demonstrated the power of pooling regional resources by jointly training **1,350 AVoHC-SURGE** emergency responders, with 14 countries now deploying these responders. This has resulted in measurable impact at the country level, with AVoHC-SURGE teams contributing to timely and effective response to and closure of emergencies.

In response readiness and coordination, the Partnership launched a key regional tool to strengthen emergency coordination: the first-ever multistakeholder Strategic Plan for Strengthening Public Health Emergency Operations Centres in Member States of Africa and Eastern Mediterranean Region. The Partnership is now actively supporting Member States to adapt the strategy to national contexts and begin implementation.

Other highlights across collaboration areas include conducting joint advocacy to secure blanket customs clearance to speed up the delivery of essential medicines, facilitating cross-border simulation exercises, and joining forces to operate a pan-African network of 12 specialized laboratories across the continent to enhance genomic sequencing. Implementation progress is described in more detail for each Collaboration Area in the following sections.

Across all Collaboration Areas, capacity building efforts were a focus of the first year and will continue to be prioritized to encourage sustainability.

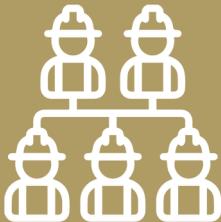
Status of activities per TWG

Technical Working Group	Completed	In progress	Off track	Not due
Country assessments	15%	0%	10%	75%
Workforce development	11%	44%	0%	44%
Surveillance including laboratory and genomic sequencing	24%	29%	10%	38%
Logistics, supply chain, local manufacturing, and stockpiling	0%	67%	0%	33%
Response readiness and coordination	10%	40%	20%	30%
Total	12%	36%	8%	44%

*data as of July 2024



Implementation highlights by collaboration area



Workforce development

Rolled out joint workforce development program in 16 countries enrolling and training **1,350 AVoHC-SURGE emergency responders** in close partnership with governments.

14 countries have utilized AVoHC-SURGE members locally to respond to different emergencies. WHO has also utilized the roster to deploy 15 AVoHC-SURGE members from 8 countries to support emergency response abroad.



Response readiness and coordination

Finalized the first ever **Strategic Plan For Strengthening Public Health Emergency Operations Centres in Member States of Africa and Eastern Mediterranean Region (2023–2027)** and began engaging with Member States to operationalize.



Surveillance including laboratory and genomic surveillance

Enhanced coordination in operating a pan-African network of **12 specialized laboratories** for genomic sequencing.

Jointly drafted a **harmonized framework for cross-border pathogen collection, handling and shipment**.



Country assessment in the preparedness context

Established a **platform to provide coordinated support** to countries in national assessment/ planning.

Organized **two joint simulation exercises**.



Logistics, stockpiling, supply chain and local manufacturing

Delivered **joint training sessions** for over **150 health emergency and logistics experts** to enhance their skills and knowledge.

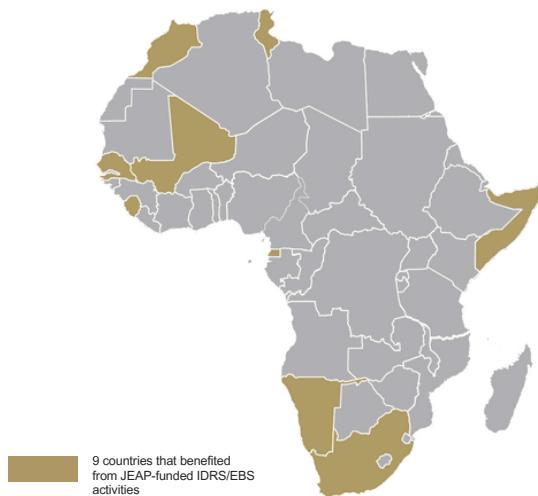
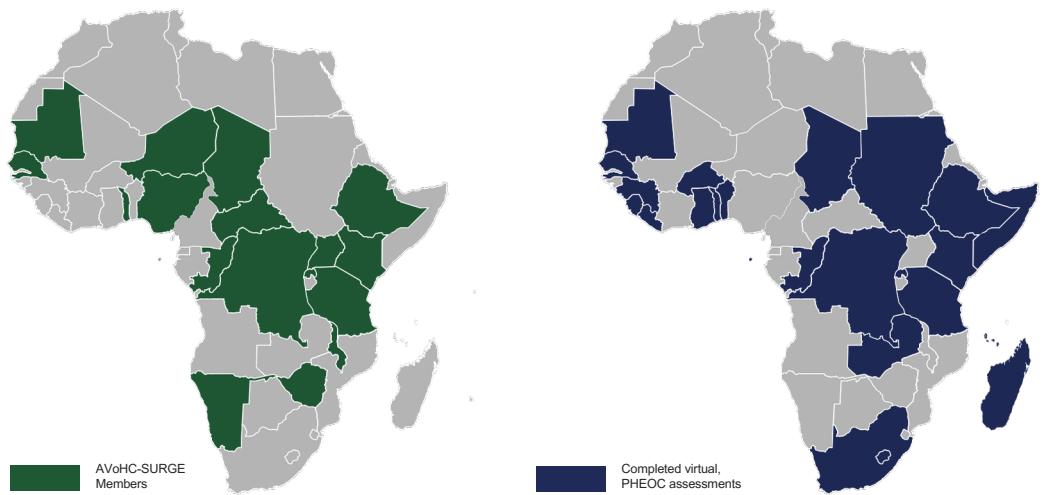
Advocated for blanket customs clearance to reach communities with essential medical supplies faster.



New collaboration areas

Began harmonizing efforts in **climate change, digitalization and risk communication and community engagement** by establishing TWGs and Action Plans.

Map of countries served by key projects of the JEAP initiative



Capacity building efforts across collaboration areas

Technical working group	Number of individuals reached with capacity building
Workforce development	1,350
Surveillance including laboratory and genomic sequencing	150
Response readiness and coordination	110
Total	1,610



Workforce development

Context

Human resources are the heart of emergency response, but there continues to be a shortage of trained, equipped emergency responders on the African continent. According to WHO analysis, fewer than 10% of African countries are adequately staffed to prepare for and respond to health emergencies.⁵

Vision

The JEAP's vision for workforce development is to develop and sustain an emergency health workforce that is adequate, trained, rapidly deployable, interoperable, supported and connected regionally through existing networks at the leadership, technical and operational levels.

Objectives



1. Support the identification, capacity building and retention of emergency health workforce
2. Ensure the coordination and deployment of emergency health workforce
3. Reinforce the emergency health workforce leadership

The centerpiece of the JEAP's work for this area is the AVoHC-SURGE program, which aims to identify, select and train 3,000 African, multi-disciplinary emergency responders in close partnerships with governments – ensuring they are ready to respond to any emergency event within 24-48 hours. This program integrates Africa CDC's African Volunteer Health Corps (AVoHC) initiative with WHO's Strengthening & Utilizing Response Groups for Emergencies (SURGE) initiative.

⁵<https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-ground-breaking-of-the-who-regional-emergency-hub--9-july-2022>.



Year 1 progress

1. **Enrolled and trained 1,350 AVoHC-SURGE across 16 countries:**
In each of these countries, a similar process was followed, tailored to the specific country needs.
 - a) **Scoping missions:** Scoping missions were conducted to engage with the government and in-country partners on the country's readiness to manage health crises effectively, resulting in roadmaps aligned with the existing National Action Plan for Health Security (NAPHS).
 - b) **Government-led, multi-sectoral selection process:** In each country, the Ministry of Health led the establishment of a multisectoral selection committee comprising representatives from relevant sectors. This committee was tasked with managing the selection of the multisectoral and multidisciplinary response team members for onboarding and specialized training. The selected trainees come from a **range of disciplines** and areas of expertise, such as epidemiology, laboratory science, anthropology, entomology, veterinary medicine, data management, field logistics and operation, infection prevention and control, RCCE and Gender-Based Violence (GBV). Overall, **31% are female**. Namibia enrolled more females than males (65% females) and Nigeria and Botswana also had greater than 40% females. Of the trained responders, 75% are from Ministries of Health while **25% are from sectors other than health**, representing a strong commitment to One Health).
 - c) **Training:** WHO/AFRO in collaboration with WHO country offices, the government and in-country partners trained the selected AVoHC-SURGE responders. This included a standardized curriculum of in-person modules over nine days to cover key topics in emergency response, preceded by online, pre-work. The countries with the highest number of responders trained were the Democratic Republic of the Congo (DRC) (214), followed by the United Republic of Tanzania (193), Ethiopia (190) and Kenya (118).

2. Supported activation of AVoHC-SURGE members in 14 Member States to tackle various emergencies:

14 countries have utilized their AVoHC-SURGE members locally to respond to different emergencies. WHO has also utilized the roster to deploy 15 AVoHC-SURGE members from 8 countries to support emergency response outside their own countries. The emergencies responded to have included cholera, Marburg viral diseases, yellow fever, Diphtheria, flooding and humanitarian crises, among others. AVoHC-SURGE teams have been integral parts of government-led responses. For example, in response to the diphtheria epidemic ongoing in Niger since 17 July 2023, the AVoHC-SURGE team was deployed to three districts, collecting samples that confirmed Diphtheria in several households and training health workers in case management. In Ethiopia, upon completion of their training, a total of 225 AVoHC-SURGE team members were strategically deployed to disaster-prone regions and areas with limited health care infrastructure. Teams worked collaboratively with local health care providers and authorities to assess needs, coordinate response efforts and deliver critical medical care to affected populations. In Congo, in response to severe flooding, the AVoHC-SURGE team was activated within 48-hours to evaluate and mitigate the flood's health impacts, resulting in no flood-related outbreaks.

3. Began developing an interoperable workforce platform for comprehensive management and deployment:

Historically, disparate health workforce databases were maintained independently by WHO AFRO, WHO EMRO, and Africa CDC. Acknowledging the exigency for a unified system, the JEAP workforce development technical working group, with funds from the Bill & Melinda Gates Foundation (BMGF), held a data harmonization meeting. The primary objective was to establish a singular and harmonized platform that all three organizations could access, ensuring seamless coordination in the management and deployment of the African public health emergency workforce. The Regional Harmonization Database Retreat held in Addis Ababa in December 2023 marked a crucial milestone in the collective effort to consolidate emergency responder databases in Africa. The proceedings, orchestrated by Africa CDC, WHO AFRO, and Socion, brought together stakeholders with a shared goal: to create a regional harmonized database that can seamlessly deploy health workers during outbreaks and humanitarian crises.

Year 1 progress

4. Conceptualized a regional emergency preparedness and response leaders network:

In regional emergency response including pandemic response, success or failure often depends on a highly coordinated response supported by globally connected leaders with unique skills. Leadership in the health sector is challenging as the dynamic and rapidly changing environment during health emergencies requires leaders to understand the complex interaction between politics, access, finance, and local actors. Further, leading in these environments is complicated when authority is shared, resources are dispersed, and expertise is scattered across different agencies and levels of government. To strengthen African leadership for emergency preparedness and response, the JEAP has conceptualized an Emergency Preparedness and Response Leaders Network. The JEAP is planning to solicit nominations for the network in the coming months.



National deployment



International deployment



Figure 5. Map showing AVoHC-SURGE member deployments in and out of country

Case study:

Addressing the health impacts of flooding in Republic of Congo

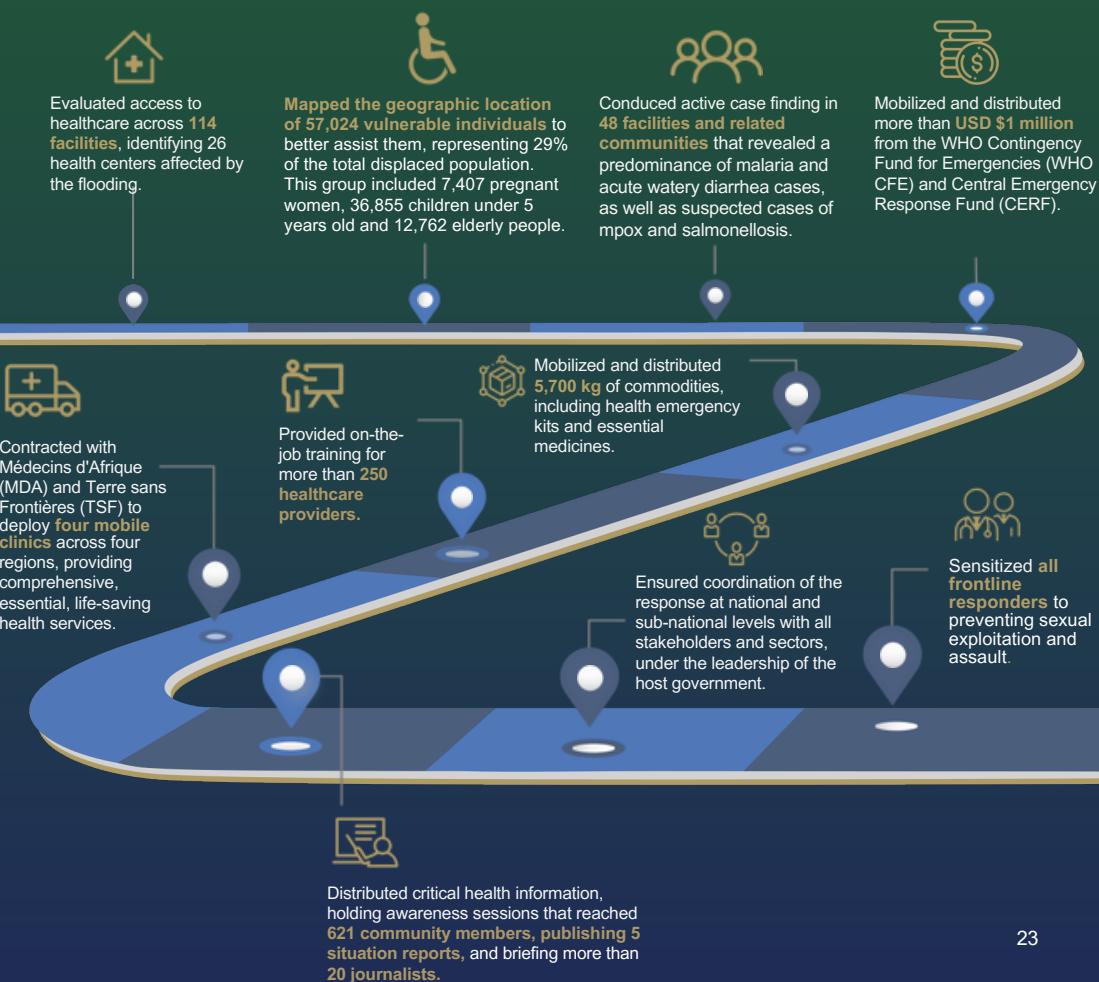
Situation:

In January 2024, the Republic of Congo felt the impact of the growing worldwide climate emergency. The country experienced unprecedented rainfall resulting in **massive flooding that directly impacted over 320,000 individuals**. The disaster disrupted lives and livelihoods, damaged vital infrastructure and increased the risk of water-borne diseases.

A year prior, the government of the Republic of Congo with leadership of the Ministry of Health, had collaborated with other sectors to identify and train a national multisectoral and multi-disciplinary team of 59 experts that could be activated and deployed in the event of any health emergency – including floods. The effort was conducted under the umbrella of the joint WHO-Africa CDC AVoHC-SURGE Initiative.

Response:

In response to the flooding, the AVoHC-SURGE team was called into action, with the technical support of WHO and partners. Within 48 hours, the team activated to lead a swift response, developing a multi-sectoral plan and conducting strategic activities to evaluate and mitigate the flood's health impacts. Actions and key achievements of the flooding response included:



Impact:

The strategic deployment of four mobile clinics staffed by expert professionals was pivotal in delivering critical, life-saving healthcare services to flood-affected communities across four regions. Further, due to the rapid and comprehensive response, no flood-related disease outbreaks were identified as of March 2024. While there continue to be humanitarian needs, the high-risk levels as of January for outbreaks of cholera, malaria and others, have been reduced to either moderate or low risks. The aversion of these high risks represents considerable savings in terms of human life and economic costs.



Response readiness and coordination

Context

While most African countries have now established a Public Health Emergency Operations Centre (PHEOC), recent evaluations highlight that implementation capabilities vary.⁶ A PHEOC is a hub for joint risk assessment, planning, and coordination of information and resources for effective emergency management. Many countries established and operationalized PHEOCs in the aftermath of Ebola Virus Disease (EVD) epidemic in West Africa, supporting stronger emergency coordination.

Vision

The vision of this collaboration area is to improve the public health emergency management capability by putting in place fully functional Public Health Emergency Operations Centres (PHEOCs) in at least 90% of Member States in Africa by the end of 2027.

Objectives



1. Ensure that at least 90% of Member States in Africa have a PHEOC facility in place equipped with information, communication technology and physical infrastructure that meets the minimum requirements by 2027.
2. Ensure that at least 90% of Member States in Africa have developed and implemented core PHEOC policy, plans and procedures: legal framework, operational and functional plans and procedures.

<https://bmjopen.bmjjournals.org/content/13/6/e068934>



Year 1 progress

1. Finalized a regional strategic plan in January 2023:

In January 2023, WHO, Africa CDC, the West African Health Organization (WAHO), the United States Centres for Disease Prevention and Control (US CDC), the UK Health Security Agency (UKHSA), Bill & Melinda Gates Foundation (BMGF) and Robert Koch Institute (RKI) worked with Member States to finalize a foundational document: the first ever Strategic Plan For Strengthening Public Health Emergency Operations Centres in Member States of Africa and Eastern Mediterranean Region (2023–2027)⁷. The plan identifies five strategic objectives across the core components of a PHEOC and proposes to establish PHEOC “Centres of Excellence,” to serve as regional reference centres for MS and other stakeholders in strengthening and establishing fully functional PHEOCs.

2. Engaged Member States to adapt and operationalize plan through Ministerial Meetings and rapid assessments:

Since the finalization of the strategy plan, WHO and Africa CDC have joined forces to engage Member States in operationalization, including orchestrating Ministerial Meetings in September/October 2023. The meetings aimed to support the adaptation of the plan to country context, as well as resource mobilization and advocacy. Additionally, over the past several months, the Partnership has conducted virtual and in-country assessments of individual PHEOCs to help Member States define priority activities leveraging JEAP seed funding. So far the 23 countries where the assessment was completed are: Liberia, Comoros, Mauritania, Chad, DRC, Central African Republic, Togo, Benin, São Tomé, Ethiopia, Kenya, Madagascar, Rwanda, Somalia, South Sudan, Tanzania, Lesotho, Burkina Faso, Ghana, Guinea, Guinea Bissau, Sierra Leone, Zambia. A joint findings document from the assessments is expected to be delivered in Q3 2024.

3. Continued joint management of a regional PHEOC network to encourage best practices and knowledge-sharing:

The regional strategy builds on previous collaboration that helped establish a robust network of Public Health Emergency Operations Centers (PHEOCs) across the African and Eastern Mediterranean Regions beginning in 2015. Since its inception, the network has run simulation exercises, organized 69 webinars on PHEOC management and country experience sharing, trained over 110 experts as emergency management trainers, and established a PHEOC WhatsApp Network that facilitates ongoing information and best practice sharing. Over the past year, the Partnership has continued to manage the network and has begun preparations to deploy information-management software (ePHEM) that will standardize and enhance information management across PHEOCs.

⁷<https://www.afro.who.int/publications/strategic-plan-strengthening-public-health-emergency-operations-centres-member-states>

Surveillance including laboratory and genomic surveillance

Context

Surveillance systems and technologies across the continent are lacking, with some countries not meeting the Integrated Diseases Surveillance & Response (IDSR) standards, leading to delays in detecting health emergencies. Despite scientific development to strengthen the health system to protect human health, Africa continues to be confronted by longstanding, emerging, and remerging infectious disease threats. Unfortunately, the region has a relatively low capacity for risk management of disease epidemics, mainly due to inadequate resources for early detection, identification, and prompt response. The failure in the early detection and response to epidemics in Africa is attributed to several factors, including deficiency in the development and implementation of surveillance and response systems against infectious disease outbreaks.

Vision

The vision of this collaboration area is to strengthen integrated public health surveillance and laboratory systems in all Member States. Through coordination between Africa CDC, WHO AFRO, and WHO EMRO, the Partnership will seek to build national public health surveillance and response systems with updated IDSR and event-based surveillance (EBS) practices, digital technologies, and genomic surveillance capacities at the national level.

Objectives



Ensure all member states have capacity to timely detect and respond to public health threats



Establish a functional continental network for data and information exchange



Ensure all member states have laboratory capacity to diagnose, and report pathogens that can cause outbreaks



Ensure all member states have laboratory sequencing capacity for pathogens that can cause outbreaks



Year 1 progress

1. Built Member States capacity for genomic surveillance:

In 2020, Africa CDC and WHO established a pan-African network of laboratories to provide sequencing, data analysis, and other technical support services to countries. The network aims to ensure that all countries have access to genomic sequencing capabilities. It comprises 12 specialized and regional reference laboratories collectively serving countries across 9 sub-regions, as well as 3 centres of excellence. Over the past year, Africa CDC and WHO have built upon work started in 2020 – enhancing coordination through the JEAP operating structures. Regular coordination between WHO and Africa CDC has helped to optimize resources like reagents, maximizing the network's efficiency and boosting Africa's capacity for health emergency response and surveillance. It has contributed to the substantial increase in countries that now have sequencing capacity across the African continent.

2. Advanced the harmonization of cross-border collection, handling, and shipment of all pathogens:

Following the establishment of the JEAP, Africa CDC, WHO/AFRO and WHO/EMRO agreed to work on a harmonized cross-border framework for pathogen collection, handling and shipment. The first draft, developed during an in-person workshop in Addis Ababa, has been developed and shared with all JEAP partners and is under review. The framework will encompass the three JEAP partners and cover sample referral at cross-border and national level. It will leverage the information Management system (NIMS) network, initiated by Africa CDC, which is open source and enables countries to have ownership and storage rights of their data.

In parallel, the Partnership began sensitizing the framework with countries and building country capacities – including through a sample referral workshop held in Senegal, an end user training held at institute Pasteur Dakar, a workshop held in Zambia, a presentation to the Uganda CPHL and UVRI labs. These generated a lot of interest and a validation workshop is being planned to fully finalize and roll out the framework for sample referral.



Case study:

Joining forces to build Member States capacity for genomic surveillance

Situation:

Pathogen genomics has the potential to transform public health by improving outbreak detection, tracking transmission routes, monitoring genetic changes and informing the development of therapies, among others.⁸ At the onset of the COVID-19 pandemic, the African region faced the challenge of having low overall laboratory and genomic sequencing capability. Only four countries in the region – Kenya, Nigeria, Senegal and South Africa – had capacity to sequence SARS-CoV-2.⁹

Response:

To address this challenge, in 2020, Africa CDC and WHO established a pan-African network of laboratories to provide sequencing, data analysis, and other technical support services to countries. The network aims to ensure that all countries have access to genomic sequencing capabilities. It comprises 12 specialized and regional reference laboratories collectively serving countries across 9 sub-regions, as well as 3 centres of excellence.

The network has established standardized guidance documents, offered capacity-building for Ministries of Health's personnel, procured equipment and set up laboratory infrastructure for routine pathogen genomic surveillance, including wastewater surveillance.

Technical meetings between WHO and Africa are conducted regularly to coordinate support to the network. Africa CDC, through its continent-wide Pathogen Genomics Initiative (PGI) program, sources equipment and is developing a real-time data sharing platform to strengthen the capacity of the network. WHO, through its country offices, acts as a broker, facilitating agreements, navigating customs, and organizing logistics to ensure samples arrive cold and intact for processing.

Both agencies conduct specialized training and capacity-building, coordinating to be able to cover the entire continent and leveraging support from partners based on Member State needs. For example, in collaboration with US CDC, Association of Public Health Laboratories (APHL) and South Africa National Bioinformatics Institute (SANBI), ACEGID and NICD, over the past few years, WHO/AFRO trained 95 laboratory technicians on bioinformatics tools across the continent as well as experts in Seychelles and Lesotho on the ONT platform. Furthermore, as of December 2023, WHO/AFRO finished its country on-site missions in 45 Member States to provide sensitization on genomic surveillance and identify gaps.

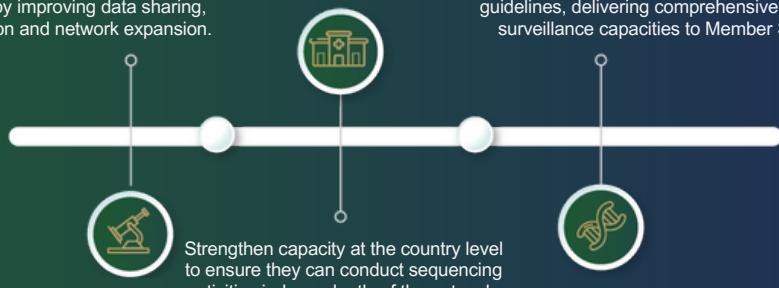
Impact:

With national leadership supported by WHO, Africa CDC and many other partners, African capacity for genomic sequencing has increased substantially since the start of the COVID-19 pandemic. Compared to only four countries at the start of the pandemic, currently, 46 out of the 47 Member States (85%) in the African Region have in-country capabilities for genomic sequencing and 46 Member States (98%) are sharing their genetic sequence data¹⁰ through a publicly accessible database. Regular coordination between WHO and Africa CDC has helped to optimize resources like reagents, maximizing the network's efficiency and boosting Africa's capacity for health emergency response and surveillance.

Way forward:

Challenges persist with knowledge sharing and coordination. Additionally, there are genomic laboratories that are not yet part of the network, representing untapped capacity that could boost capacity across the continent. Activities moving forward include:

Enhance continental laboratory network capacity by improving data sharing, coordination and network expansion.



Develop a unified strategy using harmonized genomics guidelines, delivering comprehensive genomic surveillance capacities to Member States.

⁸ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7906676/>.

⁹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10289157/>.

¹⁰ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9877907> <https://www.who.int/news-room/item/16-09-2022-reflecting-on-the-implementation-of-genomic-surveillance-for-COVID-19-and-beyond-in-the-african-region>.



Country assessment in the preparedness context

Context

Since the launch of International Health Regulations (IHR, 2005), Member States across the African continent have invested in strengthening IHR preparedness capacities to enhance detection, prevention, and response to public health emergencies. Several assessments in line with IHR Monitoring and Evaluation (M&E) Framework and Performance of Veterinary Services (PVS) Pathway have been implemented to monitor and evaluate capacities' development in preparedness in human health services, veterinary services and aquatic and animal health services. These instruments have assessed the status of preparedness and enabled documentation of progress countries have made in building their capacities.

Across the continent, there has been strong uptake of preparedness tools. In 2023, all African countries completed their required State Parties Annual Reporting (SPAR) assessment. From the beginning of 2023 through May 2024, 4 countries completed inter-action reviews (IARs)¹² 1 conducted an after-action review (AAR), 9 completed national planning workshops with another 8 in the pipeline for this year¹³, and 21 completed voluntary Joint External Evaluation (JEE) assessments, with another 13 scheduled this year.¹⁴ Additionally, of the 11 countries with NAPHS publicly available on the WHO Strategic Partnership Portal, 7 are from Africa.¹⁵ Further, there have been several simulation exercises(SimEx) including cross-border SimEx to help develop, assess and test functional capabilities of emergency systems.

Vision

Despite commitment to assessments by Member States, there remain opportunities to enhance regional coordination and knowledge-sharing around assessments. The vision of this collaboration area is to support countries in assessing and developing International Health Regulation (IHR) core capacities to prepare for and respond to public health emergencies through enhanced partnership and coordination.

Objectives



Ensure the harmonization of EPR tools and processes



Support countries to conduct and report on EPR capacity assessments



Support countries to develop and implement action plans

¹²IAR: Guinea Bissau (COVID-19) (23-27 January), Cameroon (Cholera) (10 – 17 March), Comoros (COVID-19) (14-17 March), Burundi (Cholera) (6-8 November).

¹³National planning workshops: 2024: United Republic of Tanzania (11-15 March) (strategic and operational), Ethiopia (25 – 30 March) (strategic and operational), Congo (22 – 27 April) (strategic and operational), United Republic of Tanzania (Zanzibar) (13 – 17 May) (strategic and operational), 2023: Nigeria (16 – 20 January), Sierra Leone (27-29 March), Benin (02 – 05 May), Malawi (September), Equatorial Guinea (13-17 November).

¹⁴JEE: 2024: Botswana (March 11-15), 2023: Sierra Leone (Feb 27 – Mar 03), Guinea (May 22 – 26), Senegal (July 17-21), Benin (July 24 – 28), Chad (July 24 – 28), Nigeria (August 14 – 18), Tanzania (August 14 – 18), Zanzibar (August 21– 25), Liberia (September 4 – 8), Central African Republic (September 11 – 15), Mali (September 11 – 15), Ethiopia (September 18 – 22), Angola (September 25 – 29), Congo (October 2 – 7), Zambia (October 2 – 7), Democratic Republic of Congo (October 22 – 27), Uganda (October 22 - 27), Mauritania (November 05 – 10), Burundi (November 19 - 24), Côte d'Ivoire (December 03 – 08), Somalia (TBC), Libya (TBC).

¹⁵NAPHS available on the Strategic Partnership Portal: Australia, Benin, Eritrea, Liberia, Myanmar, Nigeria, Sierra Leone, Sri Lanka, Uganda, United Republic of Tanzania, United States of America.

Year 1 progress

1. Jointly supported simulation exercises, including cross-border exercises:

Under the JEAP umbrella, Africa CDC and WHO supported the organization of a cross-border simulation exercise with Somalia, Ethiopia and Kenya on 21 May in Nairobi, Kenya, resulting in the development of a cross-border Memorandum of Understanding. Additionally, the Partnership jointly supported national simulation exercises in Malawi, Eswatini, and Zambia.

2. Increased information-sharing to harmonize regional support and improve efficiency:

Prior to the JEAP, it was observed that there was overlap in regional support to countries around national planning and assessments. Through the Partnership, Africa CDC and WHO developed concept notes and plans to map all existing tools and process for assessments in order to harmonize the guidance to member states, agreed to leverage the existing Strategic Partnership for Health Security and Emergency Preparedness (SPH) Portal as the focal point for information-sharing, and have begun regular coordination around training as well as intra-action after action-reviews for disease outbreaks. For instance, the group is planning for an upcoming inter-action review on mpox in DRC as well as a capacity-building workshop on emergency preparedness & response tools in Ethiopia.



Logistics, stockpiling, supply chain and local manufacturing

Context

Logistics is an essential part of emergency response – yet delays in the delivery of medical supplies and gaps in human resources for logistics remain major challenges across the continent.

Vision and objectives

The vision of this collaboration area is to strengthen member states operational capacities to respond to emergencies. The group is guided by a singular objective: to provide robust and agile supply chain and operational support to member states in preparedness and response to emergencies.

Year 1 progress

1. Pooled resources to reach countries with medical supplies:

The Partnership has made considerable strides in coordinating the strategic positioning of stockpiling and logistics centers – mapping existing centers to ensure a full geographic coverage of the continent. The agencies are also increasingly pooling resources around country requests for the delivery of essential health supplies, working toward the goal of reaching Member States within 48 hours of any request.

2. Delivered joint training sessions:

Over the past year, the Partnership has trained 150 health emergency and logistics experts to enhance their skills and knowledge across the continent. This is a key step in building up Africa's workforce for health logistics.

3. Conducted joint advocacy for customs clearance:

Customs clearance is an essential step in the delivery of essential medicines and supplies to countries during emergencies. Yet delays in clearance can slow down the process of reaching communities with the care that they need. To address this challenge, the Partnership is engaged in ongoing, joint regional advocacy for blanket customs clearances for medical supplies during emergencies, under the JEAP initiative. The goal is to enable expedited access to essential medical goods and equipment in 80% of Member States.

4. Advanced logistics data management tools:

A team of information management experts and logisticians has been recruited and is developing Supply Chain Data Management System and Tools. It has developed a Dashboard for supply pipeline visibility and a tracker for last miles deliveries. This phase of technical development is quite advanced and is now integrating some lessons learned during its pilot implementation during the Gaza emergency response. In addition, an initial scoping mission has been conducted in Somalia for its roll out in the near future. Sudan is planned for the next period of time. The implementation in those 2 countries will enable the production of guidelines and SOPs to support the divulgence of those Supply Data Management Systems and Tools in other countries in the continent.

Challenges and lessons learned

Commitment to learning from challenges & building knowledge

As the first ever initiative to unite several entities across the regions and countries to coordinate emergency response, there have been many challenges and lessons learned during the first year of implementation. The JEAP is committed to sharing challenges and learnings openly and transparently as a way to generate critical knowledge not only for the JEAP but for other stakeholders working on EPR and multi-sectoral, regional coordination.

Learnings from year 1

Some of the key learnings that have emerged from the first year of implementation include:

1. Commitment to collaboration has been a strong foundation for the JEAP:

There is collective commitment to building a resilient EPR system and ensuring a coordinated response to emergencies across the African continent. Strong continued commitment to collaboration among organizations is required to ensure the JEAP's success.

2. The Partnership has shown the power of pooling resources and leveraging comparative strengths:

The early results achieved in Year 1 are a testament to the potential of the Partnership and how it can multiply the impact that any one agency would be able to have alone.

3. Further institutionalizing learning can drive improvements:

Already, the Partnership has conducted several activities to encourage learning and improvement – such as an in-person retreat held in February 2024 in Addis Ababa which enabled valuable reflection on progress, challenging and upcoming priorities. Further institutionalizing learning can enhance effectiveness.

4. It will be critical to bridge the gap between planning and execution, generating results at country level:

Year 1 has included substantial time allocated toward strategic planning to ensure jointly validated plans and piloting joint ventures at country and regional level. There is a need to shift focus towards operationalization and implementation, bridging the gap between planning and execution across collaboration areas.

5. A culture of innovation can encourage greater impact:

Encouraging a culture of innovation is crucial for driving progress and effectively addressing emerging challenges. This involves a readiness to embrace new approaches within the JEAP framework. Additionally, investing in prevention measures and viewing initiatives like the JEAP as movements rather than static interventions can enhance overall effectiveness and impact.



Looking ahead

Over the coming year, the Partnership will use learnings to establish, pilot and refine its offerings, before leading a continental rollout of the JEAP that is positioned to dramatically improve how countries prepare for, detect, and respond to emergencies.

Institutionalization priorities

Key institutionalization priorities over the coming year include ensuring effective project governance and management; conducting on-going measurement and evaluation to ensure accountability and foster learning; supporting ongoing communications, engagement and advocacy of stakeholders to grow the prominence and visibility of the JEAP; expanding the resource base; and broadening and strengthening the base of partners to support the JEAP.

Institutionalization priorities for the coming year	
Governance & management	Facilitate the implementation of the governance and management structure e.g., meeting organization/ coordination, etc.
	Monitor and track JEAP progress, budgets, and workplans, and provide regular reports and updates to ensure transparency and accountability
	Ensure adherence to working principles and practices for the overall operation of the Partnership
	Identify potential risks for the Partnership and support the development of mitigation strategies
MEAL	Establish and maintain MEAL plans, frameworks, data collection methodologies and systems
	Conduct regular data collection, analysis, and reporting to monitor the performance of the JEAP
	Coordinate and oversee periodic independent impact evaluations for the JEAP
	Facilitate learning processes and knowledge sharing within the Partnership and with key EPR actor
	Identify areas for improvement based on MEAL findings and recommend program enhancements

Institutionalization priorities for the coming year	
External relations (resource mobilization)	Develop and implement a RM strategy and action plan to effectively engage potential resource partners
	Monitor and source potential resource/funding opportunities for the JEAP, incl. grants, in-kind supports, and donor initiatives
	Cultivate and maintain relationships with existing and potential resource partners
	Prepare high-quality funding proposals, grant applications, and donor reports to secure resources for the JEAP
External relations (communications)	Develop and execute a strategic comms. and advocacy plan to raise awareness of the objectives and impact potential of the JEAP
	Develop communication collateral to effectively communicate key messages and achievements to internal and external stakeholders
	Coordinate media relations, press releases and JEAP related events
	Coordinate advocacy efforts to influence key EPR actors in support of the JEAP's objectives
Partnership management	Maintain relationships with Member States and strengthen their engagement with the JEAP
	Develop and implement a partnership strategy to establish and maintain strong relationships with key EPR actors and technical partners
	Co-ordinate technical partners across Collaboration areas
	Build and maintain new partnerships to support the implementation of the JEAP

Collaboration area priorities

Planned, high-impact activities across the technical areas are oriented toward generating results at the country level. They include harmonizing systems for supply chain management and the deployment of African first-responders, finalizing the rapid assessment of Public Health Emergency Operating Centers across the continent and moving into national capacity-building, training the logistics workforce in fragile countries, launching a network of health emergency leaders and supporting countries to assess and reduce the carbon footprint of their health systems.

Collaboration area priorities for the coming year	
Workforce development	Establish an interoperable emergency health workforce database and regional operating protocols needed to fund, manage and deploy cross-border workforces in all 55 countries
	Strengthen capacity of the emergency and community health workforce of all 55 countries through trainings, retention strategies, and ongoing professional development programs
	Reinforce emergency health workforce leadership in all 55 countries by training over 800 leaders and establishing a cross-border network of health emergency leadership
Response readiness and coordination	Equip existing network of Public Health Emergency Operations Centres (PHEOC) with the capacity (i.e., technology, infrastructure, operations, workforce and data systems) required to coordinate responses to emergencies
	Expand the network of PHEOCs to cover 90% of Member States, including designating five 'model' PHEOC centers of excellence in selected countries
Surveillance including laboratory and genomic sequencing	Develop Event Based Surveillance (EBS) capacity in 27 countries to improve the speed and coverage of EWARS under a multi-sectoral health approach ¹⁶
	Implement Integrated Disease Surveillance and Response (IDSR) approach in 27 countries to improve translation of early warnings and alerts into responses
	Strengthen diagnostics, genomic and environmental surveillance capacity in 13 target countries to expand range of pathogens and variants that can be monitored in the community
	Enhance data management and analytical capabilities of all 55 countries by standardizing practices, conducting trainings and developing a data sharing and big data analytics platform

¹⁶Based on Africa CDC's EBS framework, this initiative will start with a pilot phase and transition to full implementation and integrating media scanning capabilities into detection systems.

Collaboration area priorities for the coming year	
Country assessments in the preparedness context	Conduct over 100 IHR core capacity and readiness assessments ¹⁷ for Member States to identify gaps and opportunities in EPR, including at Points of Entry
	Support over 25 countries to set their EPR agendas by developing and refining their NAPHS and operational plans
	Enhance regional level decision making for EPR by formalizing cross-border plans and coordination mechanisms, and developing a continental risk atlas
	Enhance capacity of all IHR national focal points across the continent to more effectively prevent, detect and respond to public health threats in a coordinated manner
Logistics, supply chain, local manufacturing and stockpiling	Roll out regionally integrated Support Chain Management Systems in 15 countries to streamline OSL planning within and across borders
	Optimize manufacturing, stockpiling and deployment of over \$100 m of emergency supplies by advocating for customs clearances, increasing local manufacturing, and conducting pooled procurement
	Establish and train a joint regional roster of logistics experts available for deployment during emergencies

¹⁷ Including Simulation Exercises, Universal Health and Preparedness Reviews, After-Intra Action Reviews, Joint External Evaluations, readiness assessments and other requested assessments. These assessments measure country preparedness against the 15 IHR core capacities.

Annex

Summaries of the 2024 Pandemic Fund proposal submissions

Multi-country proposals					
S/N	Applying entity	Countries	Title of proposal	JEAP support	Budget request (USD)
1.	Lusophone Countries MCP	Angola, Cape Verde, Guinea Bissau, Mozambique, Sao Tome and Principe.	Strengthening Epidemiological Alliances and Joint Workforce Capacities in Lusophone African Nations for Robust Pandemic Preparedness and Response.	Yes	33,700,000.00
2.	Southern Africa Countries MCP	Botswana, Lesotho, Madagascar, Malawi, Mozambique, Namibia, South Africa, Zambia, Zimbabwe.	Strengthening Disease Surveillance and Workforce Response in Southern Africa – A Strategy Against Climate-Driven Disease Outbreaks.	Yes	35,850,000.00
3.	Eastern Africa Countries MCP	Burundi, Comoros, Djibouti, Ethiopia, Kenya, Mauritius, Rwanda, Seychelles, Somalia, South Sudan, Tanzania, Uganda.	Strengthening Cross-border Disease Surveillance and Emergency Workforce Response in East Africa.	Yes	38,850,000.00
4.	Western and Central Africa Countries MCP	Burkina Faso, Cameroon, Central Africa Republic, Chad, Côte d'Ivoire, Congo Republic, Guinea, Guinea Bissau, Gambia, Ghana, Liberia, Mali, Mauritania, Niger, Senegal, Sierra Leone, Togo.	Enhancing Health Security in Conflict-Impacted Western African Subregions.	Yes	40,000,000.00
5.	Cameroon Led MCP	Cameroon, Congo Republic, Chad, Central African Republic, Gabon.	Strengthening the Regional Coordination Platform for Emergency Preparedness and One Health in Central African Subregions.	Yes	39,735,627.00

Regional proposals						
S/N	Entity	Type of entity	Title	JEAP support	Budget request (USD)	Submission
1.	COMESA	Regional	Strengthening Pandemic Prevention, Preparedness, and Response Capacities Across COMESA Member States through the One Health Approach.	Yes	3,700,000.00	17/05/2024
2.	SADC	Regional	Strengthening Cross Border Collaboration and Capacities to Improve Pandemic Preparedness and Response in The SADC Region.	Yes	18,000,000.00	17/05/2025
3.	EAC	Regional	Initiative to Strengthen Cross-border One Health Surveillance, Laboratory and Workforce Capacities for Pandemic Prevention Preparedness and Response in East African Community Region.	Yes	0.00	15/05/2025
4.	ECCAS	Regional	Strengthen Cross-border Surveillance in Central Africa.	Yes	35,000,000.00	19th May 2024
5.	WAHO	Regional	Strengthening the Prevention, Preparedness, and Resilience to Epidemics and Pandemics in the ECOWAS Region.	Yes	30,000,000.00	15th May 2024
6.	Africa CDC	Regional	Improve Equitable and Inclusive Health Security across Africa and Integrate One Health Approach Across EPR Systems.	Yes	39,953,244.00	
7.	AU IBAR	Regional	Strengthening Regional Pandemic Preparedness and Response (PPR) Systems in Africa: Operationalizing One Health.	Yes	0.00	

Single country proposals						
S/N	Applying entity	Type of entity	Title of proposal	Submission date	JEAP support	
			<i>Southern RCC</i>			
1.	Zimbabwe	Single	Zimbabwe One Health Pandemic Preparedness and Response Program.	17/05/2024	Yes	
2.	Malawi	Single	Strengthening Pandemic Prevention, Preparedness and Response through One Health Approach in Malawi.	17/05/2024	Yes	
3.	Lesotho	Single	Strengthening Epidemic Prevention, Preparedness and Response in Lesotho.	17/05/2024	Yes	
4.	Botswana	Single	Strengthening National Capacities for Pandemic Prevention, Preparedness, and Response through a One Health Approach in Botswana.	22/05/2024	Yes	
5.	Namibia	Single	Accelerating an Integrated Surveillance, Laboratory Systems and Health Workforce to Enhance Pandemic Preparedness and Response in Namibia by December 2027.	18/05/2024	Yes	
6.	Eswatini	Single	Strengthening Eswatini Response mechanisms for Priority Disease Threats under the One Health Collaborative Framework.	5/17/2024	Yes	
<i>Eastern RCC</i>						
1.	Kenya	Single	Strengthening Pandemic Preparedness and Response through One Health Approach (SPARK).	15/05/2024	Yes	
2.	Rwanda	Single	Strengthening Pandemic Prevention, Preparedness and Response through One Health Approach in Rwanda.	15/05/2024	Yes	

Single country proposals					
S/N	Applying entity	Type of entity	Title of proposal	Submission date	JEAP support
<i>Central RCC</i>					
1.	Central African Republic	Single	Project to Strengthen the Capacities of CAR in the Preparation and Response to Public Health Emergencies.	18th May 2024 (01:21-WAT)	Yes
2.	Republic of Chad	Single	Chad Pandemic Responses Strengthening Project.	17th May 2024	
3.	Republic of Congo	Single	Strengthening the National Surveillance System for Priority Diseases, including Zoonoses, according to the 'One Health' Approach.	16th May 2024	
4.	Democratic Republic of Congo	Single	Strengthening Pandemic Prevention, Preparedness and Response using a One Health approach in Five Provinces of the Democratic Republic of Congo.	16th May 2024	
5.	Republic of Equatorial Guinea	Single	Reinforcing Health Emergency Prevention, Preparedness and Response in Equatoriale Guinea.	16th May 2024	
6.	Republic of Burundi	Single	Enhancing National Capacities for Prevention, Preparedness and Response to Health Emergencies through One Health Approach in Burundi.		
7.	Republic of Cameroon	Single	Strengthening National Capacity in Public Health Emergency Preparedness and Response for a Resilient One Health System in Cameroon by 2028.		
<i>Western RCC</i>					
1.	Mali	Single	Strengthening Mali's Capacity in Pandemic Preparedness and Response through IHR (2005).	15th May 2024	Yes
2.	Cote d'Ivoire	Single	Public Health Emergency Preparedness and Response in Cote d'Ivoire (PHER-CI).	15th May 2024	Yes

Single country proposals					
S/N	Applying Entity	Type Of Entity	Title Of Proposal	Submission Date	JEAP Support
3.	Liberia	Single	Strengthening Liberia's Capacity for Pandemic Prevention, Preparedness and Response using the One Health Approach.		Yes
4.	Nigeria	Single	Strengthening Collaborative Multisectoral Pandemic Preparedness and Response at National and Sub-National Levels in Nigeria.	15th May 2024	Yes
5.	Ghana	Single	Sierra Leone Pandemic Round 2 Fund Proposal.	15th May 2024	Yes
6.	Sierra Leone	Single	Enhance Capacity for Pandemic Prevention, Preparedness, Detection and Response in Sierra Leone.	15th May 2024	Yes
7.	Gambia	Single	Strengthening Health Emergency Preparedness and Response through Surveillance and Community Health Resilience in Gambia.	15th May 2024	Yes
8.	Senegal	Single	Strengthening Epidemic Preparedness, Prevention, and Response Capacities in Senegal within a "One Health" Approach.	15th May 2024	Yes
9.	Guinea	Single	Project to Strengthen Prevention, Preparedness and Response to Public Health Emergencies in the Republic of Guinea.		Yes
<i>Northern RCC</i>					
1.	Kingdom of Morocco	Single	A Collaborative Approach to Strengthening Morocco's PPR System.	15th May 2024	Yes



AfricaCDC
Centres for Disease Control
and Prevention



**World Health
Organization**