World view

By John Nkengasong

Let Africa into the market for COVID-19 diagnostics

Africa is boosting its capacity to respond to COVID-19, but lack of solidarity will cost lives, warns Africa CDC head John Nkengasong.

The first case of COVID-19 in Africa was reported in Egypt on 14 February 2020. Since then, 52 countries in Africa have reported more than 30,000 cases and about 1,400 deaths from the new coronavirus. This count is likely to be an underestimate; Ethiopia has run about 11,000 tests — only 10 for every 100,000 people. Much-richer South Africa has run about 280 per 100,000. For Australia, the number is about 2,000; for the United States, 1,560.

First the good news. African countries are used to widespread testing for pathogens such as HIV, tuberculosis and malaria. This expertise can easily be adapted for SARS-CoV-2 testing. The Africa Centres for Disease Control and Prevention (Africa CDC), which I lead, held the first of its training sessions in early February. By mid-March, 43 countries had gained competence to test for the virus — if appropriate reagents were accessible.

But they are not. The collapse of global cooperation and a failure of international solidarity have shoved Africa out of the diagnostics market. With its lack of hospitals and high prevalence of conditions such as HIV, tuberculosis, malaria and malnutrition, Africa could see COVID-19 mortality rates higher than elsewhere, even in children. It will be higher still the more slowly we implement testing. No country can securely eliminate COVID-19 — or its devastating economic domino effects — if the disease becomes rampant across a continent of 1.3 billion people. For Africa to get ahead of the pandemic, we need to scale up testing fast.

Lack of access to diagnostics is Africa's Achilles heel. When SARS-CoV-2 was first reported, genome sequences were made available within weeks and several groups in Asia and Europe started producing in-house tests. Africa lacked this capacity and had to wait for the tests to be introduced, a tardy 'trickle-down' of diagnostics. The situation has now become worse: a race is on by the powerful to acquire whatever COVID-19 tests are available.

This is not a question of demanding charity. African countries have funds to pay for reagents but cannot buy them. To solve this problem, we need solidarity both across the world and within the continent. But instead of global solidarity, global protectionism has prevailed, with more than 70 countries imposing restrictions on the export of medical materials. Wealthier countries should reserve some fraction of these supplies for export; that would cut their own risk that the disease will be reintroduced. Where export markets are open, African countries must band together to negotiate as one large customer, rather than as many small buyers fighting for a seat at the table.

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Cooperation across Africa is starting to happen. Africa CDC has a plan to distribute one million test kits by mid-May, which we started implementing earlier this month.

The strategy to increase testing for COVID-19 is fourfold. First, we need to pool the procurement and distribution of tests across the continent. This will create synergies and block counterproductive competition. Second, we have to work with non-government laboratories and the private sector to roll out testing on the subnational level. In many countries, samples must be shipped to a centralized diagnostic laboratory, which adds cost and delay. Third, we need to make sure our testing technologies can use the existing platforms that have been the backbone for large-scale testing for HIV and tuberculosis.

Finally, we need to speed up the production of test kits within Africa. Plans for production are under way in Kenya, Morocco, Senegal and South Africa. In April, Africa CDC launched an initiative called Partnership to Accelerate COVID-19 Testing (PACT). The goal is to reach 10 million tests in the next four months, although this timescale falls far short of serving our very real immediate needs.

Africa CDC has developed guidelines for targeted testing that include every person with pneumonia, and people in clusters of disease that could be COVID-19. PACT will focus on coordinating efforts to act on test results so that countries can isolate infected individuals, perform contact tracing and quarantine exposed people (ideally, in their own homes). This means mobilizing hundreds of community workers and building partnerships between local government officials, public-health experts, social scientists and other community leaders. To do this we plan to draw on the experience of the African Health Volunteers Corps in fighting Ebola in West Africa and the Democratic Republic of the Congo. Training of community workers must cover ethics, confidentiality, privacy, discrimination, stigmatization and individual rights.

For PACT to succeed and save lives, it needs international support and partnership with the private sector, not interference, and support from the African Union COVID-19 Response Fund. Government leaders, finance and health ministers and global-health experts must be willing to work together for a collective win, even when leaders feel pressure from their own nations. The decision of the finance ministers of the G20 group of nations, the World Bank Group and regional development banks to rapidly implement a US$200-billion emergency response package, and to temporarily suspend debt payments for the poorest countries, is welcome and essential.

Hundreds of thousands of Africans shouldn't need to die because of a global crisis that requires global action and global solidarity. If Africa loses, the world loses.

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