

U.S.-China Collaboration in Creating and Supporting the Africa Centers for Disease Control and Prevention

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Introduction

The Africa Centers for Disease Control and Prevention (CDC), which is under the purview of the African Union (AU), launched in Addis Ababa, Ethiopia, in January 2017 with the goal of improving infectious disease surveillance, emergency response, and prevention across Africa. In order to reach the whole continent, the organization has Regional Collaborating Centers in Gabon, Kenya, Egypt, Zambia, and Nigeria. The need for an Africa CDC was first aired in July 2013 at the African Union Special Summit on HIV and AIDS, Tuberculosis, and Malaria in Nigeria. The 2014 Ebola crisis in West Africa suggested to some that an Africa CDC was even more necessary. Both the U.S. and China have supported the Africa CDC as early as 2015 and continue to do so today.

Timeline

In April 2015, the U.S. and AU signed a memorandum of cooperation agreeing to work together to create the Africa CDC. The U.S. agreed to provide technical expertise, advice on strategic planning, and assign 12-14 staff members to lead and support the project. It also agreed to support fellowships at the Africa CDC for 10 African epidemiologists.

At the sixth U.S.-China High-Level Consultation on People-to-People Exchange in June 2015, a Chinese health official stated that the U.S. and China planned to work together to support the AU in their creation of the Africa CDC. The AU had been speaking with Chinese and American governments, including each country's CDC, since the end of 2014, reported Ren Minghui, director-general for international cooperation at the Chinese Ministry of Health.

During Chinese President Xi's September 2015 visit to the U.S., the U.S. and China agreed to cooperate with the AU in the construction of the Africa CDC.

In June 2016, China and the AU signed a memorandum of understanding regarding cooperation in creating an Africa CDC. China agreed to provide public health expertise. China had previously provided US \$2 million to the AU to help with Africa CDC's site selection, construction, and human resources.

On June 16, 2016, the Chinese Ministry of Commerce, the U.S. Mission to the African Union, and the African Union Commission held the Three-Party Cooperation Meeting at the Africa CDC in Addis Ababa. The three groups agreed that the AU would take the lead on construction. To respect the will of the AU and African countries, the U.S. and China agreed to provide assistance in infrastructure construction, information system construction, equipment, expertise, and training. Meeting participants discussed that the China and U.S. CDCs are good reference points for the AU as it constructs its own CDC.

At the U.S.-China Strategic & Economic Dialogue Outcomes of the Strategic Track in June 2016, the U.S. and China agreed to accelerate cooperation with the AU to create the Africa CDC. The two countries both planned to provide support for infrastructure and capacity building.

In November 2016, the U.S. and China CDCs signed a memorandum of understanding agreeing to jointly support the Africa CDC and other public health activities in Africa. This included training and malaria control. In addition, the two CDCs agreed to work together to build capacity of China's global public health efforts.

U.S.-China Collaboration

There has been U.S.-China-Africa CDC collaboration beyond these agreements. From February to April 2016, the AU, U.S., and China collaborated to provide public health training to the nine African epidemiologists who received U.S.-funded fellowships to the Africa CDC.

The three CDCs have worked together with other partners to develop public health training and disease control programs. These focus on emerging infectious diseases, malaria, HIV/AIDS, and health informatics. The U.S. CDC, China CDC, AU, World Health Organization (WHO), Doctors Without Borders, Red Cross, and others have provided expert advice on how to improve detection of outbreaks. The Bill & Melinda Gates Foundation and Resolve to Save Lives are two U.S. NGOs that have also partnered with the Africa CDC.

In 2016, Dr. Liang Xiaofeng, director of the China CDC, said that China and the U.S. would cooperate to establish a reporting system for infectious diseases. Dr. Liang has said that since China is not as involved in public health as the U.S., it can learn from the U.S.' public health experiences. Yet, Dr. Liang said, the public health landscape in Africa's developing countries resembles China more than the U.S., and since China has strong experience in public health in Africa, China's experiences and assistance will be very useful.

In 2018, China CDC organized a two-day conference on Hepatitis B in Sierra Leone which was attended by Dr. Reinhard Kaiser, associate director for science at the U.S. CDC Sierra Leone office, and Dr. Jonathan Sandy, deputy minister of health of Sierra Leone. Deputy Director of China CDC Dr. Feng Zijian said that China CDC is ready to share China's immunization program experience and work with Africa CDC, the WHO, and others to quickly introduce a vaccine in Africa that prevents mother-to-child transmission of hepatitis B. Kaiser reported that his U.S. CDC Sierra Leone office was currently partnering with the Sierra Leone Ministry of Health and Sanitation on a survey to assess the risk of mother-to-child transmission, which would inform the introduction of the vaccine and how the current program was working. He hoped that these findings would be helpful to other West African countries hoping to introduce the vaccine. This meeting demonstrates that the U.S. and China are both committed to helping African countries, through Africa CDC channels and others, to implement immunization programs to protect against mother-to-child transmission of hepatitis B.

China-Africa Collaboration

One area of focus for the Africa CDC is creating regulatory processes that enable Africa to access drugs, vaccines, and diagnostic reagents developed and manufactured in China. At the 2015 Forum on China-Africa Cooperation (FOCAC), the Chinese government released a policy paper indicating that it will encourage Chinese pharmaceutical companies to invest in Africa to lower the costs of medicine for Africans.

In fact, Guilin Pharmaceutical, which has two WHO-prequalified anti-malaria ACT products, has created subsidiaries in Ghana, Nigeria, Ivory Coast, and other African countries. While these offices currently distribute and promote drugs made back home in China, the company is hoping to invest in the

local production of basic drugs such as antibiotics. In July 2018, Fosun Pharmaceutical, which owns Guilin Pharmaceutical, received a US \$450,000 grant from the Bill & Melinda Gates Foundation to improve the manufacturing process of its anti-malaria drug. Guilin Pharmaceutical is looking for an African partner to provide local business expertise. Ren Minghui, director-general for international cooperation at the Chinese Ministry of Health, hopes the AU will work to clarify pharmaceutical regulations in various regions and help reduce barriers for entry into the private sector. These changes will facilitate more Chinese pharmaceutical investment in Africa.

In addition, China and Africa have worked together to establish the Integrated Surveillance and Laboratory Networks, which strengthens regional integration. Africa CDC director Dr. John Nkengasong has written that through the cooperation between the Africa and China CDCs, the two entities are strengthening trust and confidence in each other.

At the High-Level Meeting on China and Africa Health Cooperation on August 17-18, 2018, China committed to supporting the response to public health emergencies in Africa. At the September 2-3, 2018, FOCAC, China and Africa agreed to strengthen cooperation on quarantine procedures either bilaterally or through the Africa CDC. China also committed to training quarantine professionals in Africa. Africa and China agreed that China will build the Africa CDC headquarters in Addis Ababa and said they hoped construction would start soon.

In January 2019, Africa CDC and China CDC resolved to deepen their partnership to make the collaboration more “result-oriented.” It was discussed that with this new long-term setup, the organizations would be able to measure joint achievements. Nkengasong pointed out that the Africa CDC has drawn much inspiration from the development of the China CDC. China also committed to constructing the Africa CDC headquarters.

On June 24, 2019, the AU and China signed an Exchange of Letters Agreement in which China agreed to construct the headquarters building for the Africa CDC. According to the Africa CDC, this signing “paves the way” for an Agreement of the Economic and Technical Cooperation to be signed, which would detail grant aid for construction, start the project design, and plan laying the foundation.

African and Chinese officials held an event on July 31, 2019, revealing the site chosen as the Africa CDC headquarters in Addis Ababa. AU Commissioner for Social Affairs Amira Elfadil said Chinese construction of the headquarters is expected to begin by 2020. The site is 90,000 square meters and close to AU headquarters. Nkengasong has said two Chinese experts are helping the Africa CDC develop the center.

U.S.-Africa Collaboration

At the Carter Center’s Trilateral Consultation for Peace and Development: Public Health Engagement conference, we learned that the U.S. CDC views the transfer of knowledge and skills as its primary responsibility to the Africa CDC. In order to facilitate this work, the U.S. also gives monetary support. It has provided resources for meetings, travel, infrastructure, and supplies. In particular, the U.S. has renovated the Emergency Operations Center and remodeled the Africa CDC offices. By 2016, the U.S. had provided US \$10 million to the Africa CDC.

The U.S. CDC staff works very closely with the Africa CDC staff. Early on in the collaboration, U.S. CDC staff based at the Africa CDC office got a directive from the Africa CDC leadership, including Nkengasong, that when meeting with other organizations, they should present themselves as members of the Africa CDC. It was emphasized that the U.S. CDC staff understand the importance of teamwork, particularly in a multicultural environment, and that when there is work to be done at the Africa CDC, U.S. CDC staff rise to the occasion just like anybody else.

As part of its work within the Africa CDC, the U.S. CDC works to build lasting public health capacity in other countries using national public health institutes, which are incorporated into the countries' governments. The institute is tasked with studying public health in the country and influencing policy. The U.S. CDC invests in countries to increase their laboratory capacity, disease surveillance, and response capacity. The U.S. works with country leadership and ministry of health officials to develop a sustainable strategic plan that will increase accountability. The U.S. government funded this program with US \$1 million from 2014 to 2019. In November 2018, it announced that it would devote another US \$150 million to this program, demonstrating the program's increased importance. The creation of these national public health institutes is a way for the U.S. and Africa CDCs to make a lasting impact on public health policy and practice in Africa.

On June 24, 2019, the U.S. CDC, Africa CDC, WHO, and West Africa Health Organization began a nine-day training on Public Health Emergency Operations Centers (PHEOC). This program trained 31 people from 21 AU member states and Saudi Arabia on how to efficiently operate PHEOCs when preparing for and responding to public health emergencies. Participants also learned how to conduct and manage simulations of public health emergencies, which will enable them to teach others in their countries about PHEOCs.

Conclusion: Why was this collaboration possible? What were the crucial factors?

One of the key factors leading the U.S. and China to become involved in working with the Africa CDC may have been previous engagement in combating the 2014 Ebola outbreak (see Africa-U.S.-China Trilateral Cooperation Research Series No. 3). Through this cooperation, the two CDCs created operational relationships with each other and with African partners, leading to more concrete multilateral cooperation. In a way, Chinese and American collaboration with the Africa CDC may be an extension of the cooperation during the 2014 Ebola crisis.

Another factor leading to collaboration may be the many conferences and meetings organized between the countries. Events such as the Africa-China-U.S. Trilateral Dialogue, U.S.-China High-Level Consultation on People-to-People Exchange, Three-Party Cooperation Meeting, and U.S.-China Strategic & Economic Dialogue Outcomes of the Strategic Track have proven to be key to facilitating conversation, collaboration, and commitments.

Both the U.S. and China CDCs have provided significant guidance to the Africa CDC on not only public health topics but also on how to manage and organize a CDC. This is a key example of how Africans can benefit from the input of two institutions offering different models of success.

There are several agreements in place to further develop the capabilities and capacities of the Africa CDC. First, the June 2019 agreement between the AU and China “paves the way” for construction of the Africa CDC building. Additionally, the January 2019 agreement between the China CDC and Africa CDC resolves to deepen the relationship to make it more “result-oriented.” The U.S. also renewed its financial commitment to national public health institutes. Given these developments, it is likely that we will continue to see Chinese and American collaboration with the Africa CDC in the future.

Cooperation with the Africa CDC has caused U.S.-China public health collaboration to become more direct and no longer limited to Africa CDC events. One instance of this is the 2018 conference on hepatitis B in Sierra Leone organized by the China CDC and attended by a U.S. CDC official. In addition, at the Carter Center’s conference we learned that, aside from Africa CDC channels, there are many other open channels of communication between the U.S. and China CDCs. In Beijing, where the U.S. CDC has an office, people from both CDCs meet regularly, and in countries where China has a presence, like Sierra Leone, there is also regular communication. Furthermore, communication takes place at bilateral and multilateral forums.

One issue we have observed about the existing collaboration is that construction on an Africa CDC headquarters has still not begun, three years after China and the AU signed an MoU stating that China would help with the construction. There do not yet seem to be any public plans about grant aid, project design, or laying the foundation. While it is a good sign that the Africa and China CDCs have agreed to make their partnership more “result-oriented,” have executed the Exchange of Letters Agreement, and picked a site, China needs to follow through on this commitment.

Another issue is that the U.S. has organized many fewer conferences addressing the topic of its relationship with Africa than China has. At FOCAC and the High-Level Meeting on China and Africa Health Cooperation, China and the Africa CDC have made key commitments to furthering collaboration. The U.S. ought to follow China’s example and create more meetings for these topics to be discussed so there can be more collaboration between the U.S. and Africa CDCs.

At a time of sharp deterioration in the U.S.-China bilateral relationship, the need for Washington and Beijing to seek common ground and build strategic trust is even more acute. When cooperation on certain aspects of peace and security is too sensitive to even be on the table, continuation of U.S.-China public health cooperation becomes an even more important avenue for delivering results while building trust and cooperation between partners. If U.S.-China cooperation during the 2014 Ebola outbreak was the urgent result of a public health crisis, the cooperation in founding and supporting the Africa CDC has reflected careful, more long-term planning and coordination. With all the tensions in the U.S.-China bilateral relationship, it is significant that this cooperation remains ongoing, and it ought to be sustained, expanded, and deepened. Through such cooperation, the Africa CDC can be the driver of positive public health outcomes and solutions on the continent and may even serve as an example to be emulated by other places throughout the developing world.

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