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Communiqué of the 8th African Conference on One Health and Biosecurity

**Themed: Strengthening Health Security and Mitigating
Biological Threats in Africa**

**Held on Wednesday, 2nd – 4th November 2022 at the Civic Centre,
Victoria Island, Lagos State, Nigeria**

Venue: Civic-Centre, Victoria Island, Lagos, Nigeria

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PREAMBLE

The 8th African Conference on One Health and Biosecurity with the theme *Strengthening Health Security and Mitigating Biological Threats in Africa* was held Wednesday, 2nd November- Friday 4th November, 2022. The 8th edition of the annual conference was organized by the Global Emerging Pathogens Treatment Consortium (GET Africa) with the support of *Lagos State Ministry of Health*, and in partnership with major non-state institutions across the World. The conference focused on ways of improving health security in the African Continent and addressing emerging biological threats. The 3-day conference presented a unique forum to raise National, Regional and Continental awareness and engage in deep introspection and robust interactions on existing health security measures and how to strengthen them, as the first urgent step toward mitigation of emerging biological threats in Africa. The conference, attended by professionals and stakeholders across the various strata of the health and allied sectors of the society, received presentations from resource persons in the healthcare sector and related fields. The following observations and recommendations emerged from exhaustive deliberations:

OBSERVATIONS

- i. One of the major lessons of recent outbreaks is that biosecurity has myriad dimensions permeating social, political, cultural, economic, ethical, legal, and technological aspects of human endeavors, thus necessitating an integrated multidisciplinary approach to healthsecurity.
- ii. Recent climate change incidents and emerging infectious diseases, particularly resurgence of Ebola, Lassa fever, and monkey pox, coupled with global inflation and food security issues, have negatively impacted ability of individuals, institutions, and government especially in Africa, to meet their obligations in various critical areas of life including health.
- iii. Destruction of the environment, biodiversity loss, and consequent increase in conflict and terrorist activities as well as the ease of genetic manipulation has necessitated a rethinking of security ideology, architecture, and apparatus with increased emphasis on biological threats and how to detect, prevent and mitigate them.
- iv. In the next 50 years, Africa will be a continent of mega cities with health, toxicity, and biosecurity threats being the major footprint of its population explosion.
- v. African countries rate low in terms of biosafety and biosecurity awareness,

- capacity, and regulatory regime even as pitfalls of waterborne diseases, foodborne diseases, and antimicrobial resistance threaten health security and total wellbeing of significant proportion of her population.
- vi. The African ecological and biodiversity landscape is not only a source of public health and biosecurity challenges but also offers sustainable solutions to such threats, drawing especially on the continent's diverse and entrenched ethno-cultural appropriation of natural resources. However, there is poor involvement of Africa in bioeconomy with only a few African countries having existing policy frameworks for promoting bioeconomy.
 - vii. Addressing health security issues in Africa requires much more than mere adoption of operational models from the developed world, where formal sectors are well-established. Thus, the African informal sector cannot be ignored in building biosecurity measures and developing health strategies.
 - viii. The passion, energy, and resilience of the youth, which are key factors driving change in any society, must be considered as a huge factor when elucidating biosecurity issues and can also be harnessed to mitigate biosecurity threats.
 - ix. Civil society organizations (CSOs) and Non-governmental organizations (NGOs) play significant role in promoting health security consciousness through advocacy and engagement of critical stakeholders on proactive and reactive measures needed to minimize the danger and impact of acute public health events.
 - x. Dual use potential of valuable biological materials (VBMs) and biotechnological research has implication for health security and nations have responsibility to promote and ensure responsible use of such materials and technologies.
 - xi. While there have been increase awareness and deliberate efforts to develop strategies for mitigating the public health impacts of climate change, the mental and psychosocial dimensions have received comparatively insignificant attention.
 - xii. Globally, and particularly in Africa, climate change impacts gender differently due to their historical and structural inequalities, promoted by social norms and laws that impose differentiated power roles and responsibilities on women and men in respect of life.
 - xiii. Recent epidemics in Africa and responses at various levels within and outside the continent have further demonstrated that Africa is yet to fully dismantle the foundations of perpetual exploitation of our countries and dependency while striving to be politically correct at the expense of wholesome development.
 - xiv. Overlapping activities of health organizations such as Centre for Disease Control Africa (CDC Africa), West Africa Health Organization (WAHO), and World Health Organization (WHO) among other, have resulted in duplication of efforts, poorly coordinated responses and frittering away of scarce human and material resources.
 - xv. Corruption, poor accountability, and poor budget monitoring remain the scourge of healthcare financing in Africa.
 - xvi. Digitalization of disease surveillance records, standardized data collection, and big data management, which are important requirements for biological threats mitigation preparedness, are still poorly developed in Africa, thereby posing serious impediment to the resilience of health infrastructure.

CONFERENCE DECLARATION

Cognizant of the ravaging impact of emerging and re-emerging infectious diseases and the diverse dimensions and proclivities of biological threats in Africa; not unaware of the poor state of health infrastructure across the continent; convinced that Africa's vast ecosystem and biodiversities are the reservoir as well as veritable source of solution to biological threats; committed to leveraging on Africa's natural, ethno-cultural and intellectual resources in a harmonious, collaborative, and coordinated manner; and mindful of the importance of healthy and mutually beneficial global engagements in addressing health issues, Conference hereby agreed and declare as follows:

To pursue constructive engagement in demanding 15 percent of national budgetary allocation to the health sector in line with the 2001 Abuja Declaration as first line charge, and commitment of at least 1.5% of nation's

Gross Domestic Product to medical education and health work force training, as fiducial benchmark for building resilient health infrastructure needed to strengthen health security in Africa; reaffirmed unalloyed commitment to all aspects of the Convention on Biodiversity (CBD), including the Nagoya Protocol on access to genetic resources and equitable sharing and demand African government and all stakeholders activate same commitment in principle and practice; promote bioeconomy and ecofriendly exploitation of natural resources; relentlessly and vigorously demand full implementation of existing national policies on biosecurity, biosafety and one health as well as total commitment to obligations at regional, continental and national levels including the Biological Weapons Convention (BWC), Resolution 1540, and Global Health Security Agenda (GHSA).

Resolutions

- i. In order to bolster health security, African governments should put in place robust and effective disease surveillance strategies premised on state-of-the-art, high throughput genomic facilities and manpower, to promote early warning systems for impending outbreaks, monitor and evaluate the impacts of intervention; and helps to track progress towards specified goals.
- ii. There is need for increase budgetary allocation to the health sector by African governments, concomitant with a shift in health financing perspective to more Afrocentric donor funding and innovative financing models, incorporating both entrepreneurial and corporate social responsibility-based private sector participation.
- iii. Budget monitoring for health financing should be people centered drawing on the participation of CSOs, the academia and health workforce.
- iv. There is an urgent need for African governments to prioritize and expand the scope of medical education and practice to include multi-sectoral collaborations and incorporation of technology-based medical treatments such as personalized medicine, telehealth, and artificial intelligence and machine learning.
- v. African governments, institutions and relevant agencies should embark on massive communication and market incentive-driven, sustainable energy and natural products-based, bioeconomy revolution, focusing on small and medium scale agro-allied value chains.
- vi. In order to be able to build sustainable health security infrastructure, and be well-prepared to mitigate future outbreaks, Africa must engage in deliberate rejection of global monoculture and decolonization of the language of scientific discourse, while appropriating foreign support in ways that fit into indigenous socio-cultural peculiarities.
- vii. There is need to streamline outbreak preparedness and response through strategic coordination and collaboration among African countries, and the various health agencies and organizations in order to ensure effective utilization of available resources.
- viii. African countries need to demonstrate total commitment to their international obligations with respect to health governance, particularly the International Health Regulations (IHR), One Health Agenda, and the Global Health Security Agenda (GHSA).
- ix. Climate change awareness, biodiversity conservation, One Health paradigm, and biosecurity training should be integrated into the curricula at the basic and high school levels to build consciousness and culture of sustainable development in Africans right from formative age.
- x. Generation and management of public health data should be focused on timely collection, interrogation, storage, and analysis, while leveraging on communities for wholesome surveillance.