



## Letter to the Editor

## AfCFTA in the Era of Outbreaks

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Dear Editor,

Africa is arguably regarded as the hotspot of emerging and re-emerging infections [1]. With the ambitious goal of enhanced integration from the AU, increasing ease of travel and trade presents new challenges to curbing the rapid spread of diseases across the continent in the event of an outbreak anywhere in Africa since travel, and indeed globalisation broadly, is a major driver of transmitting diseases globally. This is evident in the trend of the recent Marburg virus outbreak on the continent, where Tanzania declared an outbreak a few weeks into a declaration in Equatorial Guinea after cases in Ghana months earlier [2]. A significant historical precedent of this is the role of global tyre trade in expanding the habitat range of *Aedes albopictus* (Asian tiger mosquito) – the vector of important haemorrhagic diseases such as Zika virus (ZIKV), dengue virus (DENV), and chikungunya virus (CHIKV) into temperate regions from the (sub-)tropics [3].

It may be argued that with porous borders and corrupt officials at border posts across the continent, a formal framework of trade and movement will not significantly influence current reality. We beg to differ as data shows that since piloting the e-visa initiative, Mozambique has seen a 30 % jump in visitors to the country. The country is poised to expand the program into a free visa scheme for selected 25 countries [4].

In light of this, we advise that a risk assessment of economic and development initiatives should be incorporated into policy development and implementation. This need is imperative as the implementation of the African Continental Free Trade Area (AfCFTA) initiative begins. AfCFTA is a flagship programme of the broader African Union Agenda 2063: The Africa We Want, and to demonstrate its significance, the African Union designated "The Year of AfCFTA: Acceleration of the African Continental Free Trade Area Implementation" its 2023 theme. It is envisioned as a tool to ease the seamless movement of goods and people on the continent.

In 2021, only a marginal 14.4 % of African trade was intra-continental [5]. Thus, after the initial reluctance of some big players on the continent for fear of becoming 'product dumpsites', the excitement around the possibilities of greater intra-Africa trade since the flagship implementation in January 2021 is understandable.

Since the turn of the year, Africa has reported vaccine-derived Polio, Measles, Mpox, Lassa fever, Yellow fever, Dengue, Ebola Virus, diphtheria, cholera, and anthrax, according to Africa CDC Weekly Event-Based Surveillance [2]. This adds another layer of complexity to the operationalization of AfCFTA. With COVID-19, we saw the knee-jerk reaction of travel bans imposed on many African and other developing countries. Authorities in African countries may be tempted to take the same path as a quick fix, a step that threatens the implementation of AfCFTA and the achievement of its objectives.

Consequently, we propose that risk assessment of the entire value chain, real-time epidemiological data sharing, improved epidemiological and disease control collaboration, and multinational rapid response plans must be integrated into the AfCFTA implementation protocol. Intuitively, this coordination should lie with the Africa CDC, which further reiterates some of the structural and operational changes necessary to scale its capacity and adaptability. This would also require inter-agency and inter-governmental collaboration on a continental scale.

Hence, this Correspondence is not meant as a cautionary note against fast-paced economic and developmental initiatives. Rather, we favour an iterative approach over a contemplative stalling approach. In the same vein, initiatives require optimal implementation as opposed to the abysmal approach in the past that has come to characterize many public policies in different African countries.

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#### Declaration of competing interest

The authors declare no competing interests.

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