



Mandela Washington Fellowship Summit

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Leadership for the Future: Resilience and Inclusion

Breakout Session

Transcript for Leading and Innovating in Public Health

Speakers

- Bonface Massah, 2018 Fellowship Alumnus, Malawi
- Babatunde Okunlola, 2019 Mandela Washington Fellow, Nigeria
- Dr. Nicolette Louissant, Chief Executive Officer, Healthcare Ready
- John Nkengasong, Director, Africa Center for Disease Control and Prevention
- Loyce Pace, Director of the Office of Global Affairs, U.S. Department of Health and Human Services
- Melvin Muna, 2021 Mandela Washington Fellow, Kenya
- Lusindiso Holiday, 2021 Mandela Washington Fellow, South Africa

Session Transcript

Bonface Massah: Hi, everyone! My name is Bonface Massah, and I'm from Malawi. I was in the 2018 Mandela Washington Fellowship and I was placed at the Presidential Precinct. Each time I'm engaged in this Fellowship I learn a lot. And it also helps me to start reflecting on my values and my roles as an individual but also as a young leader in my society. My expertise is in promoting rights of people with disabilities, and for the past four or five years I've focused much on the rights of people with albinism. As you're aware, across Africa the majority of us have been targeted for ritual killings and we're still living in danger, we're still living in hiding, we don't trust anyone around us. But as individuals with albinism, we choose to fight for our rights. We choose to be on the battlefield to defend our own rights and those living with disabilities across the world.

Now that we're going through the pandemic, it's an opportunity for us as leaders to start reflecting on what has changed in our society. The COVID-19 pandemic has really led to changes in our society, but these changes should not push us away. It should give us an opportunity as young people, even as activists or advocates who are promoting rights of people with these disabilities, we must stand up as leaders to ensure that even in this difficult moment that's where leadership is very critical, that's where we need to improve our skills to deal with the changing environment in our society. So to my fellow young leaders who have been selected in the 2021 Cohort: I wish to encourage you all to take this opportunity. We must stand up and show courage that even in these shrinking spaces due to COVID quarantine isolation, the few of us who are champion rights of people with disabilities should stand up and defend the rights of people with disabilities across the world!



Babatunde Okunlola: We are live; a very warm welcome to you from wherever it is you're watching or listening to this from. Welcome to the 2021 Mandela Washington Fellowship Summit. The Mandela Washington Fellowship Summit is the signature, culminating event of the Mandela Washington Fellowship Program which empowers and provides young African leaders with a unique opportunity to connect with current Fellows, Fellowship alumni, and prestigious guests from U.S. institutions who have an interest in Africa. And I welcome you to the very first virtual Summit panel discussion on the youth leadership response to the social and economic impact of the public health crisis.

My name is Babatunde Okunlola, your moderator for this event. I'm a journalist and documentary maker working in the north-central part of Nigeria where I tell on the reported stories ranging from health to other development issues. I'm also a 2019 Mandela Washington Fellow myself and alumna of the prestigious Watkins State University in the state of New Jersey under its Leadership and Civic Engagement program. And let me say quickly that this is such a huge honor and I celebrate you all for joining us.

Due to the global COVID-19 pandemic and with the health safety and wellbeing of Fellows and partners is the highest priority, the U.S. Department of State has planned this virtual Fellowship for 2021, and over the past weeks, Fellows have participated in virtual leadership institutes which have included leadership trainings, networking, mentoring, and professional development. And the 2021 Mandela Washington Fellowship Summit is a culmination of this event. This year's conference theme is "Leadership for the Future: Resilience and Inclusion". And this particular session is titled "Leading and Innovating During a Public Health Crisis". The anticipated length of the session is 45 minutes. That's from now until 10 a.m. But I know we have different time zones as well. It's short, but I promise it's going to be interactive.

So let's get straight to it. I'm not alone. I have the privilege of introducing to some, and the honor of making known to some others, our delightful panelists for this conversation today. And first on the list is Nicolette Louissaint who serves as the chief executive officer of Healthcare Ready where she works to meet pressing needs before, during, and after natural disasters, disease outbreaks, and catastrophic events. Dr. Nicolette, thank you for joining us.

Dr. Nicolette Louissaint: Thank you for having me. Good morning.

Babatunde Okunlola: It's good to have you. Also joining me on this panel discussion is John Nkengasong who currently serves as the director of the African Center for Disease Control and Prevention, a specialized technical institution of the African Union. John, it's good to have you.

John Nkengasong: Thank you so much for having me on the program.

Babatunde Okunlola: And last, but not the least, we have Loyce Pace who is the director of the Office of Global Affairs at the U.S. Department of Health and Human Services. It's an honor having you.

Loyce Pace: Hi Babatunde, it's a pleasure to be with you all.

Babatunde Okunlola: All right, I feel like that introduction is a bit brief, so very quickly I'm going to let the panelists introduce themselves within the scope of this conversation; that is dealing with the pandemics and the present COVID situation. And then we'll cut straight to it. Don't forget: We have some questions right around 9:40. We'll be bringing you questions; they're having them read or shown live that just relates to this conversation. So sit tight and let's get started.

So I'd like to start up this particular session. Let's get started with you, Nicolette. Tell us about yourself about what you do. I know time's the only thing we don't have but I know there's so much to pack into a minute or so. But let's have it.

Dr. Nicolette Louissant: Sure, so I run an organization that was originally founded about fifteen years ago to serve as a public-private partnership between parts of the healthcare supply chain. So the people that develop, make, move, dispense drugs, medicines, medical products with the government. Recognizing that in those moments of catastrophe, there needs to be already established coordination points with flows of information and trusted partnerships that will allow for our government partners, whether they be in the United States, our emergency management agencies, or public health departments, identifying where the needs are, what they are looking to do, and those members of the private sector that would have those products and have the ability to move them to where they're needed.

So that's what we do is to make sure that that partnership remains in place even when there isn't a disaster, and then when there is a crisis and we need to activate it, we're able to activate that partnership in a way that allows for us to get medical supplies and medical support to the communities that need it most.

Babatunde Okunlola: All right, well, very well. Thank you so much, and I'm sure that's the abridged version of a whole lot. But thank you so much for giving us that. Let's go on to John. John Nkengasong, thank you, it's an honor to have you. Can you tell us what it is you do for our audiences?

John Nkengasong: No, thank you again, and a pleasure to join my co-panelists, Nicolette and Loyce, and long-time colleagues at a very important platform. And it's truly a joy to join you from Addis Ababa because I believe in what you are doing. Leadership is key, especially the young generation for tomorrow. I serve as the director of the Africa Centers for Disease Control and Prevention, which is a relatively young organization. It is four and a half years old which was created as a spin off of another health crisis that we faced at that time, about five years ago: the Ebola crisis. We all talked about COVID today, but before COVID, what disturbed all of us most was the Ebola crisis and how devastating it was in West Africa. And that led the heads of states of Africa to come together and establish the launch of the Africa CDC, and Africa CDC is known as the fastest institution that has ever been developed within the African Union because, I mean, how slow and bureaucratic the African Union can be, but I say that because the Africa CDC is an expression of what I call a "strong political innovation for the continent", which expresses the wisdom and vision of our head of states. If this was

an investment in a stock market, I would say that that investment yielded tremendously for those the founding head of states of the Africa CDC, so that is what I do.

John Nkengasong: Thank you very much for that, thank you very much. And then last, but not the least, Loyce Pace, you have the floor.

Loyce Pace: Well, how do I put it into such a short time frame? I've been running this office "Global Affairs" within the Federal Government for our department of health for about six months so I still feel fairly new in the role. We do a range of things actually. There's a lot that we try and do on the global policy level working with say, the World Health Organization, on how they prepare for emergencies and address other global health priorities. We also work with the G7 health ministers, GG20, and other multilateral bodies on this question of how we, sort of, advance health worldwide. But then, we also partner with organizations like the Africa CDC, like the Caribbean Public Health Agency, and others to really say, okay what can happen, or what's required at the regional level, let alone, direct partnerships with countries all over the world to advance global health. Obviously, we're in the middle of a pandemic and so a lot of my time has been spent on COVID, as has been the case having all of us here. And yet there's a lot more to public health, obviously, beyond COVID-19. And so that's also something we're trying to keep in mind.

My office implements the PEPFAR program, alongside CDC, and really tracks how we're advancing that work. We also focus on maternal child health issues and other topics, such as chronic diseases. And so that's something we're keeping in mind throughout this crisis, throughout the pandemic, is how we're really thinking and working holistically across the public health spectrum and ensuring that we're not leaving anyone behind in a number of ways. I think at the end of the day, what we want to accomplish here at HHS is to ensure we're advancing health access and health equity. COVID has sort of taught us the lesson again. We should have learned already about some of these challenges around disparities, around the connection between health and socio-economic issues, like folks are focused on here. And yet, what are we going to do about it? And so that's something that we're working towards, even beyond the current crisis, is how we finally close these gaps and do better for people worldwide.

Babatunde Okunlola: Wow, wow thank you so much for that. And so let's start this round proper with Nicolette. Time, time, time, time. Okay, let's get started. Nicolette, the emergence of the COVID pandemic came as quite a shock to a lot of people, the non-medical experts. As an expert who's had quite some experience dealing with other global health crises, like Ebola, you advised the State Department during that crisis. How difficult has this particular challenge been when you compare it to the challenge of Ebola? How difficult of a challenge is this the COVID situation and the Ebola situation?

Dr. Nicolette Louissant: Absolutely, so I think John said it perfectly well. Before there was COVID-19, we were very concerned about Ebola, and for very different reasons. So they are very different as pathogens. So in terms of the viruses themselves, the way they infect, the severity of infection. We talk about the idea of having asymptomatic, COVID-19-positive patients. There is no such thing as an asymptomatic, Ebola-positive patient, so they're very different. But I think, actually, more fundamentally, when we think about diseases of pandemic potential, whether that be flu; whether that be Ebola; COVID-19, it really comes down to what our infrastructure is; how prepared we are to do the very fundamental work of making sure that we are able to quickly detect, contain, and protect populations until we have a vaccine available or some sort of medicine that can help to treat; and then, how well we can work on getting that out. And I think what happened with Ebola that didn't quite happen with the beginning of COVID-19, was that recognition of early detection, and then, that work around containment.

If you recall when the Ebola crisis began, a large amount of resources went specifically into containment. Recognizing that if we were at a point where that particular pathogen was not just in multiple countries, but multiple continents, it would have been too difficult to contain at that juncture. And the amount of resources that were required to treat a single Ebola patient would have quickly overwhelmed all of the world's health systems. With COVID on the other hand, we did get some initial signals in December [2019], January of 2020, but we didn't actually mobilize a full, global response until months later. And I could even argue that at this point, while we're still working towards a place of full global cooperation around the pandemic, so much of this is happening country by country, and that is actually one of our challenges. So I think they're very different for medical reasons, but also, as it relates to how we coordinated. But I do think one of the common threads is that we have to have that infrastructure on hand in advance that allows for us to "plug in place". And I know in the United States, in particular, it's been a continual fight to make the case that we need to have that infrastructure ready even when there isn't a major crisis going on.

Babatunde Okunlola: Thank you very much for that, Nicolette--very interesting. John, I want to come over to you. Right now, we're talking about a vaccination attempt, and the peculiar challenges with this that are very peculiar to the African continent that are totally different when you take a look at other contexts.

John Nkengasong: Babatunde, the line dropped a little bit when you just started. Can you repeat please?

Babatunde Okunlola: All right, so about that, I was asking when it comes to working on the continent, at this particular moment, we're discussing vaccination attempts. What challenges are peculiar to the continent compared to other spaces around the globe? Are there challenges that are peculiar to us when it comes to vaccination attempts and talks about vaccine hesitancy, amongst a couple of other issues?

John Nkengasong: Absolutely, let me say that there are a couple of challenges that we face as a continent and the vaccination. It is a predictable access to vaccines, so I want to underline the word “predictable access to vaccines” because the narrative out there is that where vaccines are not being used there is vaccination hesitancy. But as with any program that you're on, you need to know exactly what kind of vaccines are coming in, when they come in, and what quantities that you can plan. but that has been completely lacking because the continent, our vaccine, the story is very interesting. It is as if you're waiting, okay you're starving, you're waiting, and then maybe somebody floats around with a plane full of some and drop things here and there, then you rush towards it or you grab what you grab, and then you wait again for a couple of months and some other vaccines show up, then it might be that this time is the Pfizer vaccine and then the next time is the Johnson & Johnson, so because of that, you can't really plan. Okay, you just cannot plan.

Let me say that the continent is used to vaccinating in the middle of this crisis. Ethiopia was able to immunize 12 million children with their measles vaccine, which means if you give them and you tell us that we are going to receive “x million doses” of certain vaccines by this period, we will be able to put in systems that will accommodate, that will drive that. I remember this is the first time that a continent, or even the world, is trying to immunize millions of others in a very short period of time. So there's a learning curve there that we need to adjust ourselves to. So there's one part of it which is having access to the vaccines. The second part is rolling out the vaccination itself, which, as I said, it is not difficult to do. It just requires resources, predictability of the vaccines, the narrative about vaccine hesitancy, I think, is not static.

We were the first group in Africa, Africa CDC, to conduct a large case study about 15, 000 participants across 15 countries before the vaccines became available. And the simple question we asked in that study was: If a vaccine was available, would you take it? And the answers ranged from 60% in DRC to 95% in Ethiopia. So we are seeing those trends maintained, but the good news, Babatunde, is that it is not static. You see that each time there's a lot of noise around a specific vaccine, it drops, and then when the news gets better, people take up their vaccines. We are going through a very brutal trend on the continent with 31 countries going through a very severe third wave now. If you go to Senegal today, with 1 million doses of vaccines, those 1 million doses of vaccines will be picked up within 2 days. Okay, gone, because everybody is out there on the queue looking for vaccines. If you do that in Botswana, Namibia, Cameroon, whatever, they're all gone because people are seeing the impact and the severity of this (unintelligible) because it was difficult for anyone.

During the first wave it was very difficult in Africa to see somebody who knew somebody who had died of COVID, but now, it's very common to see somebody who knows somebody who has died of COVID, who has been infected with COVID. Okay, so, I think it has changed. People are beginning to see that the vaccine helps, they save lives, and they really played a very important role. So those are some of the challenges that we are having as a continent. So vaccine hesitancy is not an African issue. It is a more, it's a global issue, and has been there before COVID, just so that it is clear.

Babatunde Okunlola: All right, well thank you very much for that. Loyce, I want to come to you. Let's talk about the youth demographic during these times, so young people and the roles they've played. I don't know if there's been a definite, if you've noticed, some trends? How impressive has the role of young people been during this period, especially in the area of leading and innovating during this particular public health crisis.

Loyce Pace: Goodness, I think that's a really tough question to answer. I will be somewhat general, begging forgiveness of everyone watching this today, and welcome comments and questions in the chat in response to this too. Look, I think there are a few ways, a number of ways, that all people in communities have been active, particularly young people, as you asked. I think when it comes to this question of not just mis- or disinformation, but just education and awareness, broadly, there's a real opportunity, obviously, of people, especially of younger generations, to help mobilize folks to line up for vaccines. And I think John's point is not just about dispelling these myths and misconceptions. Although that's a critically important role, particularly in countries like the U.S. where we're very much dealing with this problem, but also just in terms of logistics, right. I think what we've also seen in our own vaccination campaign, campaigns elsewhere, it is unprecedented for us to be rolling things out in this way in all of these countries. And credit to the governments who are really trying to step up and make this happen, building on existing programs, but also credit to communities, families, healthcare providers, and others who are also assisting people and finding where they can get that vaccine understanding, that they have to go back for a second shot, and there's a lot of, there's just a lot of assistance and navigation required with a number of people who have to line up for this particularly, sort of, as they get older and maybe less savvy about how to access some of these products and programs. And so that's one, I think, critical role that folks here and others in that generation can play.

There's also, really I mean, our surgeon general put out an advisory about mis- and disinformation, as well, and again, there's a sort of broadly speaking, the importance of just education and awareness about how these vaccines were developed and why there's so much confidence in their effectiveness. But specifically around mis- and disinformation, there's still some steps that people can take in terms of really targeting some of this bad information and media at the source. Really sitting down with people and sort of addressing their questions head on. I think also to the degree that younger people can help on the social media front. I know it sounds very cliché, but there is a lot we can do to report when something looks fishy, right, not share that information or pass it along, otherwise, really challenge all media companies, including social media companies, to be more stringent with regards to what's available in the media space because that is just as virulent as COVID in some ways, right. I mean that travels thousands of miles around the world and what people are hearing and seeing here in the States that might be misleading is also being picked up in Nigeria, in the Philippines, and other parts of the world. And I've heard this directly from colleagues, from friends who are sort of sharing the same misinformation, so I think I'm trying to stop that in its tracks. For those who are more engaged online, in those spaces, could be incredibly valuable too.

Babatunde Okunlola: Well thank you very much. You just made my job easier because I was going to ask a question about the misinformation, and this information, fake news, you've got a lot there. But thank you so much for speaking about strategies and approaches, and how you've got to handle all of this. John, I want to come to you. You work on the continent. What are some ways that you think young African professionals and medicine, public health, community health, or other sectors, basically people, young people, are at the front line of the pandemic? What ways do you think they can leverage on networks in the United States and the continent? Are there any examples of existing U.S./ Africa collaborations in this space?

John Nkengasong: Wonderful. I think this crisis is generational, Babatunde. I mean, we will, this is to put it very fairly, this is your crisis. Okay, I mean, we are happy now that we are at the end of our careers. I mean, you would have to carry this on for years to come because this is not going to go away. And even if it goes away, there will be consequences of this, the disruption that this has created. So it calls for a generational leadership, for people of your age and the young people on the continent. Remember: 60 to 70% of our population in Africa are less than 30 years old. So this is truly work that you have to, we have to do, you have to continue doing so there's the, first of all, if you ask me what have been some of the most important lessons from this crisis, I'll say there are two things. I mean, the behavioral shocks, that is, the gap between the knowledge, the attitudes, and the practice, I mean, of this pandemic, is really unbelievable. Then second is what are called the "limits of optimism" that, I mean, so let me just expand this, and why this is important for the youths, the young people, to play in this space.

First of all, the behavior has been shocking to me at multiple levels. We have the tools to fight this pandemic, we know how to do it, we are better equipped than in 1918, where, until the pandemic was over, they didn't even know what they were dealing with. Okay, they didn't even have a test, didn't have a vaccine. Here we are, we have a test, we know we have a vaccine, and we know, even modern epidemiology has evolved since 100 years, but our behavior, what I call the "Four P's in Public health", that is: the pathogens, understand the pathogen; understand the population; understand policy; and then good politics. If you combine those four p's there, and it gives you, the young people really have a role to play in connecting those four p's together so that we can begin to change those behaviors.

So I think behavior, at individual level, behavior at national levels, and behavior at regional level. If you see where this panoramic started, Europe was in total disorder. The EU is, perhaps the most, the biggest block, also the oldest block. You could see that Italians were not allowed to go to France, Germans were not allowed to go to, it collapsed, the whole thing, but the young people need to come together and say, "We can do better in terms of shaping behaviors for the future."

Second is the social media. The social media cannot be wished away. We have to factor that into all responses that we deal with in public health today. That is the number one influence of behavior. I mean, the rate at which people transmit false information is alarming, and the anxiety, or the ease at

which they consume it, is also very unbelievable. So if you do a simple exercise: you take facts, send it to your network group, and you see how it dies very quickly. But if you take rumors, secrets, that this virus was created by somebody, it goes wild and whatever. They're so, I mean, who are those, who know these tools, the young people that can in Africa, can do that.

All right then, lastly, is what I call the "limit optimism". We have always believed that, and been optimistic, that science is the solution to resolving our public health problems. But we've seen the limit of that optimism where the diagnostics of vaccines are available, but there's a value of debt on transferring that, those technologies, into action, into people's (unintelligible). We are starving here on the continent, not because there are no vaccines, there are vaccines across. So I call on the young people in Africa to work with us so that when the vaccines arrive, the continent, we should move, we should build a such capacity, to put those vaccines into people's arms so that the value of that is there. So those are the two things that I would like to call on the young people to work with us.

Babatunde Okunlola: All right, John. Thank you so much for that. Time's the only thing. I could listen to you all day, but at this point in time, this is not to monopolize the conversation. Let's have some questions, and this one's from Melvin Muna.

Melvin Muna: My name is Melvin Muna from Kenya, currently taking the Leadership in Business and Entrepreneurship training at the University of Iowa. My question concerns the coronavirus vaccine uptake in Africa. Currently, Africa has managed to vaccinate just 1.1% of its population. As a key development ally, what is the United States doing to ensure vaccine uptake in Africa improves to ensure people are able to return to their normal lives?

Babatunde Okunlola: Thank you. So we have the question. I want to direct this one to Loyce, Loyce Pace.

Loyce Pace: Sure, happy to take that on. Well, I am happy that we've been able to work, as I mentioned earlier, with the likes of John at Africa CDC, as well as the African Union, to try and get vaccines to the countries all across the continent. We know that there's more to do, and it's not enough. And to this point that needs to happen, hand in glove, with those government officials, with people on the ground who really understand these communities. But we've been able to deliver 20 million of 20 million doses to the continent, so far, with aspirations and commitments to send even more again on that timeline and with that predictability that John spoke to. And that is going to be key to ensuring uptake, and he can speak to all this much better than I can, right, knowing what the needs are on the ground. But as he said, we know that there's readiness. It's a matter of having that supply meet the very real demand. And then supporting these organizations and institutions, including community-based organizations to mobilize communities so that they can receive these vaccines. So, very hopeful that we'll see those rates take up in the way that they have in other parts of the world. Again, much more to do, but it is hopefully a strong start to an ongoing commitment that we have.

Babatunde Okunlola: All right, thank you so much Melvin, I hope that answers your question. Well, we have another one here from Lusindiso Holiday. He was under the Leadership in Civic Engagement from South Africa at the Presidential Precinct. Here it goes.

Lusindiso Holiday: Hi everyone, my name is Lusindiso Holiday. I am from South Africa. I am representing the Presidential Precinct Institute. I am from the Civic Leadership track, and my question is: How does the American government approach the social, behavioral, and structural determinants of health, which are often the primary causes of many health crises? And what lessons can we take from them, as we are the young African leaders? Thank you. Well, we're back, Nicolette, would you like to answer that question?

Dr. Nicolette Louissant: Sure, happy to. So I think one of the biggest lessons is that, really any anything is possible, from the vantage point that, when we're talking about, kind of, where we go next in public health, and how we move forward, and move this field forward, I think there are principles of leadership that we've seen in in years past. But I think the creativity, the innovation that the younger generation brings to this is really what's desperately needed right now. Frankly, the world looks different than it did 50 years ago, or even 20 years ago, when some of us were trained. So, understanding those principles of leadership, how we're able to think broadly about coordination, how we're able to pull in unusual partnerships, how we're able to take challenge models, for example, to boost innovation. But doing it in a way that feels authentic to them, I think is a real opportunity here.

Babatunde Okunlola: All right, well thank you very much, Nicolette, for that. I have this one that's been sent in, and I want to ask John. I know you have limited time, we're mindful of that. Just a couple of minutes, I think this is going to be the last question, John. This one says: How do young people still partner to ensure that authorities do not lose out, and the attention given to other illnesses, like polio, meningitis, CSM in Ghana, due to COVID-19 claiming all the attention and resources now? I fear our children are at risk of delayed vaccinations. That's Sayida Sadik from Ghana.

John Nkengasong: Wonderful question, when we conceived our Joint Continental Strategy for the continent and presented it to the leadership, the head of states, we had three pillars. I mean, this was eighteen months ago, the first pillar was to prevent deaths, second was to prevent/limit transmission, and then third was harm. So the harm there was very deliberate. The harm on non-COVID illnesses that we face, the immunization programs there, because we knew, I mean, from history and, if you have been in public health for long, that these pandemics, or outbreaks, tend to disrupt. And the consequences are far-reaching, not because of the deaths from the outbreak or pandemic, but due to the pandemic. So in other words, many more people who died from HIV, TB, malaria then they would die from COVID. And we have to factor that into that, but I've been, and there's some data statistics already and evidence showing that has happened.

And it will continue to happen, so, but the first thing is that, unfortunately, we, you, we, have to get rid of COVID in order to get back to addressing those challenges there because it's all over the COVID, it is not just a disease, but the power of disruption is amazing. I mean it's just so disruptive, and it it begins to attack the economic basis of our own societies which is where the dimension that is important in fighting other diseases, so in other words, if we keep doing the lockdowns continuously during the third wave, the fourth wave, economies suffer, the monies that country are supposed to generate to fight those other diseases, that is not there. So that you get into this vicious cycle, it's very important that, in as much as we think of, how do we fight those other diseases. We focus on COVID, get it out. I mean, it's like, to just conclude, it's like your house is on fire. The first thing you do is that you have an emergency, when you're done with the emergency, you face the crisis. The crisis is that your poor home has been run down. You have to go into a crisis mode of rebuilding that home, so that is a crude analogy of describing the COVID situation and other endemic illnesses that we have to fight.

Babatunde Okunlola: Wow, thank you so much. There's so many beautiful, brilliant questions right here. It's a struggle right now because we have just about six minutes more, and then it's a wrap on this. But very quickly, Nicolette, I think this one's for you: What have we learned from the COVID-19 outbreak that the Ebola outbreak of 2014 did not teach us? And in line with that, how do we address the disconnect between the lessons learned during epidemics, and using that information for action, for better preparedness? That's from (unintelligible) from Ethiopia. Did you get that, Nicolette?

Dr. Nicolette Louissant: I did. That's a great question. Thank you, so I think one of the things that we've learned from COVID that we've, I don't know that we learned from Ebola. We heard it, but I don't think we actually actually embodied it, is that leadership matters when we're thinking about how we've been able to move forward. Where we have left to advance in COVID, it's not just about public health leadership. And so, oftentimes, we pivot and say, "what's the health minister doing? What are health companies doing?" But it really is about national and international leadership as well. Where we've been able to go, as it relates to fighting misinformation, has been driven by information coming out of the UN system. What we've been able to see, as it relates to, not just the public health supports, but also the supports that have allowed people to sustain, and survive, and live through the pandemic, have come from presidents.

And I think it's really important to take that holistic view of not just one type of leadership, not just the health leaders doing their part, which is critical. And I think we've seen that, in a way, in COVID, that we got to avoid with Ebola, because in some ways we were able to contain Ebola at particular points where we saw the leadership in West Africa step up. We saw leadership in the United States step up, but it didn't require the entire globe. So that, to me, is one big lesson that I hope we carry out from this. The other is that it doesn't take a pathogen, like Ebola, so it can be something that does lead to some people being asymptomatic and some people being fatally sick, and understanding that, even in an instance where not everyone is going to be lethally sick and see fatality, do we have to mount a full-scale global response.

Babatunde Okunlola: Wow, well thank you very much for that. And we have to sign out, or just got a couple of minutes left, but I want you, Loyce, to give a call of action. What's the call to action that you would give to young African professionals in medicine, public health, and community health on the continent? Very quickly please.

Loyce Pace: I think I'll pull from something Nicolette said earlier, just about being ready, right, which is her whole mission right now with everything that she's doing. We not only need to respond to this crisis, but we need to be ready for the next one, because the next one's coming right. If history's taught us nothing, we'll have to face something like this again, hopefully not at this scale, but let's be ready. And John said there is so much talent and promise awaiting us in you, right, and there are a number of resources beyond (unintelligible) that you could tap. I know in the US, we have these epidemiology training programs, lab training programs, other programs through the CDC that are available and accessible. We also have research grants through our NIH, for those of you who like to dig into data and try to advance health, and through research, and through those needs and discovery. And then there are a number of other opportunities I'm sure that are available, but if this is something that you're interested in, now is the time. And I imagine there will be many more opportunities that emerge, now that everyone truly understands, even more fully, how critical it is to focus on health. because it's the gateway to everything we do. So that's my call to action for what it's worth, and, again, thanks to each of you for being as engaged as you are. Thanks for allowing me to be a part of this discussion too.

Babatunde Okunlola: Thank you, thank you. A big thank you to John Nkengasong, a big thank you to Loyce Pace, and a big thank you to you, Nicolette. Thank you thank you thank you. Time's the only thing we don't have. I could talk to you all every day and I know you're really, really busy people. So this means a lot to young people out there, and to my colleagues, and fellow Mandela Washington Fellow Alumni. It would be interesting, I think, to know and to figure out how history, what history, would say about this particular point in time of history. Well the great part is that it has still been written, and we can still play a part, which is all this is all about. A big thank you to our amazing panelists, a big thank you to you Fellows for participating, and we wish you the best. We celebrate you. A big thank you to the technical committee and everyone who has made this happen.