



**Ministerial Meeting  
STC-HPC Working Group  
21 May 2016  
Geneva, Switzerland**

**Update on the operationalization of the Africa Centres for Disease  
Control and Prevention (Africa CDC)**

**CONTENTS**

	<b>Paragraphs</b>
<b>BACKGROUND.....</b>	<b>1 – 4</b>
<b>PROGRESS MADE .....</b>	<b>5 –18</b>
<b>RESOURCE MOBILIZATION.....</b>	<b>19–20</b>
<b>NEXT SEPS.....</b>	<b>21</b>

**ANNEX:**

(a) Statute of the Africa CDC

## BACKGROUND

1. At the 1st African Ministers of Health meeting jointly convened by the African Union Commission (AUC) and World Health Organization (WHO) in Luanda, Angola, from 16 to 17 April 2014, the Ministers committed themselves to:
  - i. the implementation of AU Decision Assembly/AU/Dec.499 (XXII) stresses the urgency of establishing the African Centre for Disease Control and Prevention (Africa CDC) while taking cognizance of the existing regional centres of excellence;
  - ii. the creation of a multinational task force by May 2014 to define the modalities and work out the roadmap for the establishment of the Africa CDC, including the legal, structural and financial implications relating to the Centre;
  - iii. request the AUC and WHO, in collaboration with relevant stakeholders, to provide technical support towards the establishment of the Africa CDC.
2. Pursuant to the implementation of the commitment by the Ministers, the AUC immediately established the Multinational Taskforce comprising of 16 Member States namely: Botswana, Burkina Faso, Cameroun, DRC, Egypt, Ethiopia, Gabon, Ghana, Kenya, Libya, Nigeria, Rwanda, South Africa, Tunisia, Uganda, and Zambia. Relevant stakeholders were invited to join the Multinational Task Force, including WHO, US CDC, EU CDC, China CDC and the Pan-American Health Organization (PAHO).
3. The unprecedented Ebola virus disease outbreak in West Africa underscored the need for action and provided the impetus to accelerate the establishment of the Africa CDC, to support building core capacities for preparedness, alert, early detection, and response. Hence, at the 16th Extraordinary session of the African Union Executive Council meeting on Ebola held on 8 September 2014, the Council decided inter alia to request the AU Commission to:

Take all the necessary steps for the rapid establishment of an Africa Centres for Disease Control and Prevention Africa CDC, pursuant to Assembly Decision AU/Dec.499 (XXII) on the establishment of the Centre; and ensure the functioning of the Africa CDC, together with the establishment of regional centres by mid-2015, including the enhancement of the early warning systems to address in a timely and effective manner all the health emergencies and the coordination and harmonization of health domestic regulations and interventions as well as the exchange of information on good experiences and best practices.

4. In line with the mandate from the Policy Organs of the African Union, the Commission convened a meeting of the Multinational Task Force on 29 to 30

October 2014. In approaching its work, the Multinational Task Force was guided by the decisions of the Assembly, Executive Council and the Ministers of Health, as well as its Terms of Reference (TOR). The Task Force analysed the policies and required frameworks for the establishment and operation of the Africa CDC, including a comprehensive terms of reference, minimum infrastructure requirement, human resource capacity and capability to attain its objective. The Task Force also mapped out a clear roadmap with a timeline for the establishment and functioning of the Africa CDC by mid-2015, as well as the financial implications for the establishment, operationalization and sustainability of the Africa CDC. Finally, the Task Force defined the roles and responsibilities of Member States, AUC, WHO and other relevant stakeholders for supporting the Africa CDC establishment and operationalization.

## PROGRESS MADE

5. In January 2015, the African Union Assembly in its decision **Assembly/AU/Dec. 554(XXIV)** officially endorsed the establishment of the Africa CDC and requested the Commission, in close collaboration with the Multinational Taskforce, to consider the practical modalities for the operationalization of the Centre and report thereon to the Assembly in June 2015.
6. The Multinational Task Force met again from 14-15 April 2015 to consider the Africa CDC: specifically (a) implementation plan, (b) the draft statute, (c) the Framework for the Operationalization of the Africa CDC and (d) Resource Mobilization Plan to ensure the functioning and the operationalization of the Africa CDC.
7. The Ministers of Health, as a Working Group of the AU Specialized Technical Committee (STC) on Health Population and Drug Control met three times in Geneva on the margins of the World Health Assembly (WHA) on 16, 19 and 20 May 2015 to make significant inputs into the Implementation Plan of the Africa CDC that was developed by the Multinational Task Force and decided to continue their meeting in Malabo, Equatorial Guinea from 19 to 20 July 2015, during the International Conference on Africa's Fight Against Ebola .in Malabo, the Ministers endorsed the Africa CDC draft statute for onward transmission to the AU Assembly through the STC on Justice and Legal Affairs. They also endorsed the implementation plan and requested the Commission to revise the plan in accordance with the draft statute.
8. Also, at the Malabo meeting, the Ministers requested that the AUC and WHO define clear mechanisms for collaboration in order to ensure necessary synergies between the WHO and the Africa CDC to avoid duplication. This request is also reflected in Article 27 of the Statute for the Africa CDC which explicitly states: *"The Commission shall pursue closer collaboration with the WHO on the operationalization of the Africa CDC. The Africa CDC shall establish clear procedures for cooperation with the WHO in accordance with established*

*procedures of the Commission. The Africa CDC and WHO shall develop a clear framework for collaboration to avoid overlap in their support to Member States to fulfil the objectives on disease control and prevention as well as the implementation of the Africa CDC's objectives and strategies".* Consequently, the WHO and AUC have developed a Framework for Collaboration that provides guidance on the best ways to pursue closer collaboration during the pre-launch phase and the operationalization of the Africa CDC (copy attached as annex). The Framework is under clearance of the Legal Counsel. However the two sides already started its implementation (Onsite Assessment visit to the RCCs, training, etc...)

9. In November 2015, the STC on Justice and Legal Affairs endorsed the statute of the Africa CDC and its annex (Framework of Operations) after minor amendments while the AU Assembly formally endorsed the statute on 31 January 2016 at its 26<sup>th</sup> Ordinary Assembly. The approved statute is attached as an annex.
10. In December 2015, renovation was completed on the building earmarked by the Commission for the Africa CDC Coordinating Centre inside the AUC premises. Following the completion of necessary renovations for the designated Africa CDC building (Annex to Building B), the US CDC and its implementing partner, Tulane University, have been engaged with the importation of equipment required to install a fully functional surveillance and response unit (which will include an Emergency Operations Center). Installation of the equipment for the Africa CDC Surveillance and Response Unit commenced in February and is ongoing.
11. In February 2016, nine (9) African epidemiologists, recruited through the African Field Epidemiology Network, resumed at the African Union headquarters to begin a 10-weeks training program designed and coordinated by the technical experts of the US Centers for Disease Control and Prevention. These African epidemiologists will form the technical core of the Africa CDC Surveillance and Response Unit. Their induction training included didactic and practical skill-building sessions in the conduct of event-based surveillance and public health emergency management principles (including Incident Management Structure). Informative contributions were made AU organs, including the AU Pan-African Vaccine Center, and by other global health partners including the China CDC, European CDC, European Union, Medecins San Frontieres, and World Health Organization (AFRO).
12. In April 2016, these Africa CDC epidemiologists were invited by the Ministry of Commerce, People's Republic of China, to participate in a "Seminar on Public Health Administration and Disease Prevention and Control for English-speaking African Countries" from 16—26 April 2016. The goal of this study tour was to receive exposure to the public health system in China from the national, provincial, and district levels.
13. Technical activities for the Africa CDC technical staff: While the nine (9) African

epidemiologists await the appointment of the Africa CDC Director and the endorsement of the nominated Africa CDC Regional Collaborating Centers, these staff are already honing their skills in event-based surveillance unit techniques and preparing Standard Operating Procedures and Protocols necessary to effectively conduct surveillance and emergency response activities at a continental scale. However, no formal engagement with African Union Member States or their Ministries of Health has been initiated. As such, the Africa CDC epidemiologists are relying on their contacts to obtain additional information about public health events detected through online public health portals and media sources.

14. In March 2016, AUC Department of Social Affairs led a multi-partner mission to the five countries whose institutions were nominated for consideration as Africa CDC Regional Collaborating Centers. The team was composed by Experts from the AUC and WHO, and supported by Experts from the China CDC and the US CDC.
15. Member States and Deans of Regional Groups were officially asked by AUC to nominate Ministers of Health (2 per region) to serve on the Governing Board. Nominations of the following Ministers have been received: Central Africa – CAR and DRC; East Africa – Ethiopia and Uganda; North Africa – Egypt and Tunisia; Southern Africa – Namibia and Zambia; and West Africa – Guinea and Nigeria. The first meeting of the Governing Board is currently taking place on 09 – 11 May 2016, Addis Ababa to discuss among other issues: (a) designation of the RCCs and (b) approval of the appointment of the Director of the Africa CDC.
16. The AUC has advertised the position of Director of the Africa CDC and has also sent a Note Verbale to Member States to forward names of qualified persons in order to widen the pool of candidates. As decided by the Ministers of Health in Malabo and included in the statute, the Director of the Africa CDC shall be appointed by the Commission upon the approval of the Governing Board. The term of office for the Director shall be for four years and renewable only once.
17. The first meeting of the Africa CDC Governing Board took place in Addis Ababa from **09 to 10 May 2016**. The Board took the following actions: (i) designated 5 Regional Collaborating Centers ( Gabon, Kenya, Egypt, Zambia and Nigeria) and promised to examine more in the near future, (ii) endorsed the nomination of Honorable Dr Richard Nchabi Kamwi, former Minister of Health of Namibia, as a Champion of the Africa CDC for a period of two (2) years, (iii) called upon Member States to make sufficient financial contributions to support the Africa CDC in order to remain an African-owned institution, (iv) conducted extensive interview for 5 candidates proposed by the Commission and nominated the best candidate and (v) requested the Department of Social Affairs and the Africa CDC to provide assistance to the affected countries including the deployment of epidemiologists and assisting members states at risk to strengthen surveillance and preparedness.

18. The Department of Information and Communications (DIC), has prepared a website, press materials, social media accounts, and a logo for the Africa CDC.

## **RESOURCE MOBILIZATION**

19. At their meetings of 16, 19 and 20 May 2015 on the margins of the WHA in Geneva, the Ministers of Health requested the AUC to include seed money of US\$1 million in the Commission's budget for 2016 and also recommended that in the future, 0.5% of the AU operational Budget should be earmarked for the Africa CDC. A total of US\$1.5 million has been allocated to the Africa CDC in the AUC 2016 programme budget.

20. Various partners are committed to support the Africa CDC in different ways. :

- The People's Republic of China has donated US\$ 2 million and will fully support the construction of the Africa CDC's Coordinating Centre within the AUC HQs.
- The United States of America has pledged US\$10 million to support Africa CDC and is also providing technical assistance. The US CDC in collaboration with Africa Epidemiologists Network (AFENET) is supporting the establishment of a 2-year Fellowship Programme for the Africa CDC. The first set of 09 African Epidemiologists Fellows resumed on 12 February 2016.
- Japan has donated US\$100,000 to support the 2016 programme budget of the Africa CDC.
- The African Development Bank (AfDB) pledged US\$2.3 million to support IDSR in the African countries and the African Union Volunteers Health Corps (AVOHC) under the Africa CDC.
- Similarly, the African Against Ebola Solidarity Trust (AAEST) established by the African Private Sector pledged to support the Africa CDC with about US\$ 2.4 million.
- The State of Kuwait pledge US\$ 3 million for enhancing and equipping the Africa CDC

## **NEXT STEPS**

21. The following are the next steps between May and September 2016:

- Recruitment of Senior Management Staff of the Africa CDC (Head of Operations

- + Head of Administration) and Core staff
- Completion of the installation of the Africa CDC equipments
- Signature and implementation of the Framework of Collaboration between the AUC and WHO AFRO on the Africa CDC
- The first meeting of the Technical and Advisory Council
- Development of the first Strategic Plan of the Africa CDC
- The second Meeting of the Governing Board
- Nomination of Hon. Dr Richard Nchabi Kamwi, Former Minister of Health of Namibia as a Champion of the Africa CDC.