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**PROGRESS REPORT ON THE ESTABLISHMENT OF THE AFRICA
CENTRE FOR DISEASE CONTROL**

Report of the Secretariat

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BACKGROUND

1. The increasing double burden of communicable and noncommunicable diseases has led Member States of the African Region to adopt and implement disease prevention and control strategies and policies over the past decades. These include the Integrated Disease Surveillance Strategy,¹ as the framework for implementing the International Health Regulations (2005); the Disaster Risk Reduction Strategy;² and the Brazzaville Declaration on Noncommunicable Disease Prevention and Control in the WHO African Region.³ The recent outbreak of Ebola Virus Disease has underscored this need to strengthen disease prevention and control capacities on the African continent.

2. Recognizing the need for the African continent to have an information-sharing and capacity-building platform for improving response to public health emergencies and threats, African Heads of State and Government, meeting at the Special Summit of the African Union held in Abuja in July 2013, called for the establishment of an Africa Centre for Disease Control and Prevention (Africa CDC).⁴ The Africa CDC will contribute in strengthening prevention, detection and response to public health events. Furthermore, at the 22nd Ordinary Session of the African Union (AU) Summit held in Addis Ababa in January 2014, the Heads of State and Government urged the African Union Commission (AUC), WHO and other stakeholders to support the establishment of the Africa CDC.⁵ This report summarises the progress made, including challenges to the establishment of the Africa CDC, and proposes the next steps.

PROGRESS MADE

3. WHO supported the finalization of the concept note developed by AUC and the government of Ethiopia on the establishment of the African Centre for Disease Control and Prevention. The paper was discussed during the first meeting of African Ministers of Health jointly convened by the AUC and WHO that held in Luanda in April 2014. The ministers undertook to implement previous decisions on the establishment of this entity while taking cognizance of the already existing regional centres of excellence.

4. AUC established a multinational taskforce in June 2014 to define the modalities and roadmap for the establishment of the Africa CDC. Sixteen Member States⁶ were selected, based on geographical representation, from among those that had manifested interest in joining the multinational taskforce. The taskforce also includes WHO, African Union specialized institutions and agencies, the United States of America CDC, the European Union CDC (ECDC), the China CDC and Africa CDC Regional Collaborating Centres.

¹ Resolution AFR/RC48/R2, Integrated disease surveillance in Africa: a regional strategy for communicable diseases, In: *Forty-eighth session of the WHO Regional Committee for Africa, Harare, Zimbabwe, 31 August–4 September 1998, Final report*, Brazzaville, Congo, World Health Organization, Regional Office for Africa, 1998, (AFR/RC48.8).

² Resolution AFR/RC62/R1: Disaster risk management: a strategy for the health sector in the African Region. In: *Sixty-second session of the WHO Regional Committee for Africa, Luanda, Angola, 19–23 November 2012, Final report*, Brazzaville, Congo, World Health Organization, Regional Office for Africa, 2012 (AFR/RC62/21) pp.7–8.

³ WHO. *Brazzaville Declaration on Noncommunicable Diseases Prevention and Control in the WHO African Region*, Brazzaville, Republic of Congo, 6 April 2011.

⁴ African Union Special Summit on HIV and AIDS, Tuberculosis and Malaria in Abuja, July 2013.

⁵ Assembly Decision/AU/Dec.499 (XXII). 22nd Ordinary Session of African Union Summit. Addis Ababa, January 2014.

⁶ Botswana, Burkina Faso, Cameroon, Democratic Republic of Congo, Egypt, Ethiopia, Gabon, Ghana, Kenya, Libya, Nigeria, Rwanda, South Africa, Tunisia, Uganda and Zambia.

5. The existing institutions that are centres of excellence in Africa were assessed by AUC, US CDC and WHO. In addition, a study visit was undertaken to the United States of America CDC (Atlanta), and the China CDC in 2014 by a team from the taskforce. Subsequently, a taskforce meeting was convened by AUC in October 2014 to develop a roadmap for the operationalization of the Africa CDC, define roles and responsibilities of the various Africa CDC stakeholders and determine financial implications.

6. The establishment of the Africa CDC was formally endorsed by the Heads of State and Government in January 2015. They also approved that the Africa CDC coordination office be initially located in the AU headquarters in Addis Ababa and that it should work closely with already existing centres of excellence on the continent. The summit authorized the AUC to mobilize funds from Member States and other partners and requested AU legal organs to develop and submit an ACDC statute to the AU Summit of June 2015. The AUC was also mandated to start approaching potential partners for mobilization of both human and financial resources.

7. In April 2015, a taskforce meeting was held to discuss the draft strategic plan and the administrative structure of the Centre. During the World Health Assembly of May 2015, ministers of health were briefed on the establishment of the Africa CDC. The ministers requested that clear roles and responsibilities be defined for both the Africa CDC and WHO, in order to avoid any duplication with the mandate of WHO. Subsequently, following the WHO-AUC bilateral meeting, held in July 2015 in Brazzaville, Republic of Congo to review progress in implementing the WHO-AUC partnership agreement, and the meeting of the working group of Ministers of Health, held as a side-event during the Ebola conference of July 2015 in Malabo, Equatorial Guinea, a framework for collaboration between WHO and the AUC on the establishment and operationalization of the Africa CDC was developed.

NEXT STEPS

8. The AUC, in collaboration with relevant stakeholders, should mobilize the necessary financial resources to ensure that the Africa CDC is launched as agreed by the end of 2015.

9. The AUC, in collaboration with WHO and other stakeholders, should mobilize the required human resources for the workforce.

10. WHO, AUC and the future Africa CDC should implement the collaboration framework to ensure synergies and avoid overlap in the execution of functions currently performed by WHO. The framework should take into account the existing subregional and national reference public health institutions.

11. WHO to fully play the technical leadership role to support the implementation and operationalization of the Africa CDC.

12. The Regional Committee took note of this progress report and endorsed the proposed next steps.