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

Information Document

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BACKGROUND

1. The African Region continues to carry the double burden of communicable and noncommunicable diseases, as well as public health emergencies and consequences of disasters on health. Over 100 public health events are reported annually. A notable example is the recent Ebola virus disease epidemic. These considerations reinforce the need to strengthen public health emergency preparedness and response capacities.
2. The African Union Heads of State and Government Special Summit in Abuja, Nigeria in 2013¹ and the subsequent first meeting of African Ministers of Health in Luanda, Angola, in 2014² agreed on the urgent establishment of an Africa Centre for Disease Control and Prevention (Africa CDC) in response to public health emergencies and threats. The African Union Commission (AUC) and WHO, in collaboration with relevant stakeholders, were requested to provide technical support for the establishment of the Africa CDC.
3. Following the World Health Assembly in May 2015, officials from the AUC and the WHO Regional Offices for Africa and the Eastern Mediterranean met in Brazzaville in July 2015. Procedures for the establishment and operationalization of the Africa CDC were defined at that meeting. This report summarises the progress made since then, including challenges to the establishment of the Africa CDC, and proposes the next steps.

PROGRESS MADE

4. As a member of the taskforce, WHO contributed to the development of the Africa CDC statute, which was formally endorsed by the AU Assembly in January 2016.³ To enable the selection of the five proposed Regional Collaborating Centres (RCCs), WHO contributed to the development of the assessment tools, participated in joint country assessment visits and in the designation of the five Africa CDC RCCs.⁴
5. WHO, in close collaboration with the AUC, developed the framework for collaboration on the establishment and operationalization of the Africa CDC⁵ to improve health security in Africa. The eight areas of collaboration include: advocacy and partnerships; designation and re-designation of the Africa CDC RCCs; surveillance and laboratory systems; event-based surveillance; an Emergency Operations Centre (EOC); capacity building on the implementation of the International Health Regulations (IHR); deployment of public health professionals; and Regional stockpiles for emergency response. The framework was signed by WHO and the AUC during the Sixty-sixth session of the Regional Committee for Africa.

¹ African Union Special Summit on HIV and AIDS, Tuberculosis and Malaria held in Abuja, July 2013.

² Commitment: AUC/WHO/20124/Doc.5, The establishment of an Africa Centre for Disease Control and Prevention, first meeting of African Ministers of Health, Luanda, 16–17 April, 2014

³ Assembly of the Union, Twenty-Sixth Ordinary Session: Decision on the specialized technical committees: Assembly/AU/Dec.589(XXVI), Addis Ababa, 30 - 31 January 2016

⁴ Five proposed RCCs: Kenya Medical Research Institute (KEMRI), Tropical Disease Research Center (TDRC), Zambia, Centre of Disease Control, Nigeria, Centre international de Recherches médicales de Franceville (CIRMF), Gabon and Ministry of Health Central Laboratories, Cairo, Egypt .

⁵ Framework for collaboration between the World Health Organization (WHO) and the African Union Commission (AUC) on the establishment and operationalization of the Africa Centre for Disease Control and Prevention (Africa CDC) to improve health security in Africa, version, January 2016

6. The AUC in collaboration with WHO and partners, has established the Africa CDC Surveillance and Response Unit. Africa CDC fellows have been recruited to support event-based surveillance and public health emergency preparedness and response. WHO conducted training on emergency preparedness and response strategies and systems for nine of the fellows at the African Union Headquarters, Addis Ababa, Ethiopia, in April 2016. The training focussed on IHR, Integrated Disease Surveillance and Response (IDSR), the WHO Emergency Response and EOC Frameworks.

7. In an effort to strengthen and harmonize the regional emergency workforce capacity, WHO has contributed to the development of the concept note and procedures to establish, enhance capacity and harmonize deployment of the African Volunteer Health Corps. The corps will be deployed during disease outbreaks and other health emergencies.

8. Despite the progress made, there have been delays in signing the framework for collaboration between the AUC and WHO and the operationalization of some critical areas of collaboration such as the deployment of public health professionals and regional stockpiles for emergency response. Additionally, the selected RCCs are not yet functional to facilitate joint implementation of the response to emergencies.

NEXT STEPS

9. WHO, the AUC and the Africa CDC should continue to work together in the context of the agreed framework for collaboration to ensure early detection and rapid response to outbreaks and emergencies.

10. WHO and the AUC should: (i) continue to jointly advocate for achieving and maintaining IHR (2005) core capacities; (ii) engage in initiatives to improve regional, subregional and cross-border collaboration to strengthen preparedness and emergency response activities.

11. The AUC and partners should mobilize resources for the operationalization of the Africa CDC and RCCs.

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