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**PROGRESS REPORT ON THE OPERATIONALIZATION OF AFRICA
CENTERS FOR DISEASE CONTROL AND PREVENTION
(AFRICA CDC)**

PROGRESS REPORT ON THE OPERATIONALIZATION OF AFRICA CDC

I. INTRODUCTION

1. The establishment of the Africa Centers for Disease Control and Prevention (Africa CDC) was decided by **Assembly Decision/AU/Dec.554 (XXIV)** at the 24th Ordinary Session of the Assembly held in Addis Ababa, Ethiopia in January 2015. Africa CDC was subsequently launched on 31st January 2017 as a Specialized Technical Institution of the African Union, charged with the responsibility to promote the prevention and control of diseases in African Union Member States.

2. Since its establishment, Africa CDC has been supporting AU Member States to strengthen their public health capabilities and response to disease outbreaks, including two major outbreaks of international concern and the ongoing COVID-19 pandemic. Among its many public health initiatives, Africa CDC has launched and is implementing the Regional Integrated Surveillance and Laboratory network (RISLNET), Kofi-Annan Leadership Program, the Africa Joint Continental Strategy for COVID-19 Outbreak, the Partnership to Accelerate COVID-19 Testing (PACT), the AU COVID-19 Response Fund, the Africa COVID-19 Vaccines Strategy, the Saving Lives, Economies and Livelihoods Campaign, the African Medical Supplies Platform (AMSP), the Africa Vaccine Acquisition Task team (AVATT), the Partnerships for African Vaccine Manufacturing (PAVM), the Africa Pathogen Genomics Initiative and the AU Trusted Travel Portal.

3. In its first five years of operations, Africa CDC has become a continental leader and central player in the fight against disease threats in Africa. However, it continues to face numerous administrative, operational and governance related challenges that affect its optimal performance.

II. CHALLENGES IN THE OPERATIONALIZATION OF AFRICA CDC

4. The ability of Africa CDC to fully deliver on its mandate has been significantly constrained by inadequate operational support from AUC Service Departments, unclear reporting lines, inadequate political synergy, and lack of appropriate authority to execute its functions in a timely and efficient manner.

5. Particularly, Africa CDC's ability to carry out effective emergency response is challenged by: a) unclear political and operational linkages within the AUC which slowed down an effective and coordinated response to public health emergencies and disease threats; b) inadequate allocation of AU resources leading to insufficient staffing and logistical support for all aspects of Africa CDC's work; and c) inflexible application of existing AU guidelines, procedures and rules, particularly in procurement, finance and human resources management – this inflexible application does not allow Africa CDC to achieve the purpose for its establishment. For instance, Africa CDC experienced bureaucratic delays of more than

2 months as it tried to mount a timely response to outbreaks of Chikungunya in Sudan and Rift Valley Fever in Kenya in 2018. Africa CDC faced similar challenges in responding to outbreaks of Ebola in Mbandaka and North Kivu in the Democratic Republic of Congo (DRC) where resources were made available when the outbreaks had almost come to an end. The Statute on the other hand, envisions Africa CDC to respond within 36 to 72 hours.

6. Further, the Africa CDC Director's ability to carry out functions as Chief Executive Officer as mandated by the Statute has been severely limited as demonstrated by the delay in the implementation of **Article 4 (4) of the Statute on delegated authority**. This lack of delegated authority results in Africa CDC's planning and execution of its mandate being subject to the decisions of other entities outside of the agency leading to slow response and delayed support to Member States.

7. Overall, delays in full operationalization of Africa CDC led to significant limitations to fully deliver on its mandate. Africa CDC is therefore often not as fast as it should be in its response to disease outbreaks due to long internal approval and bureaucratic processes for procurement, finance, and recruitment as well as ambiguous governance mechanisms.

8. Some of the challenges faced by Africa CDC stem from the Statute and its implementation. The governance structure as provided for in the statute is not explicit on the linkages with the Commission. Some AU policy organs are also not clearly articulated on how they relate to the Africa CDC. Further, as the Africa CDC mandate is health security of the continent, it is critical that during health emergencies and large disease outbreaks, the highest leadership of the Commission, Union and continent are made aware and updated by Africa CDC on a real-time basis to enable fast decisions that save lives.

9. Africa CDC is the premiere health agency on the continent implementing the vision of the AU Heads of State and Government. Its peers are other similar technical agencies from across the globe like the US CDC, China CDC, European CDC, the UK Health Security Agency, the Robert Koch Institute of Germany, Korea CDC amongst others. The mandate, structure, and leadership level of Africa CDC should therefore align with its peers to ensure mutual respect during cooperation.

10. Therefore based on the above challenges, the lessons learnt when preparing and responding to numerous disease threats including the COVID-19 pandemic, and following numerous calls by several heads of states for a stronger and more autonomous of Africa CDC, it has become necessary to review its Statute.

III. EXECUTIVE COUNCIL DECISIONS

11. With the context of the above challenges, the Executive Council in its Decision **EX.CL/Dec.1106(XXXVII) REQUESTED** the African Union Commission to: *“prepare a report, including a road map and Framework of Operations, outlining the financial, legal and structural implications to fully operationalize the Africa CDC in line with its Statute, for*

submission to the Council at its 38th Ordinary Session through AU Policy Organs” taking into consideration the lessons learnt from the response to the current COVID-19 pandemic and the need for a timely and effective health emergency preparedness and response on the continent.

12. Successively, the Executive Council in its decision EX.CL/Dec.4(XXXVIII) **INSTRUCTED** the Commission to produce a Road Map and Framework of Operations for Africa CDC as outlined in its Decision EX.CL/Dec.1106(XXXVII), for the consideration of the AU Policy Organs.

IV. ACTIONS TAKEN BY THE COMMISSION

13. In accordance with the requests of the Executive Council, the Chairperson of the Commission established a **Taskforce on Operationalization of the Africa CDC** to propose relevant recommendations, including a Road Map and Framework of Operations outlining the financial, legal and structural implications to fully operationalize the African CDC in line with its Statute.

14. The Africa CDC Operationalization Taskforce divided the work into two phases: **Phase I** – to propose the administrative functions that should be transferred to Africa CDC, based on the current Statute, to allow it to function more effectively. These functions were to be limited to what the Chairperson can approve immediately; and **Phase II** – to review the Statute of Africa CDC and where applicable, propose amendments that would address the numerous concerns and requests made on the urgent need for an autonomous Africa CDC, by several Heads of States including H.E President Paul Kagame, H.E President Matamela Cyril Ramaphosa, and H.E President Felix Antoine Tshisekedi Tshilombo.

15. The Task Force on Phase I completed its work in June 2021, and presented recommendations that were subsequently approved by the Chairperson of the Commission. These recommendations, which are critical in addressing some of Africa CDC’s immediate operational challenges, are in the process of implementation.

16. To build on the work of the Phase I Taskforce and considering the need to address the Statute of Africa CDC, the Chairperson of the Commission then established a high-level Task Force for Phase II. The Phase II taskforce, chaired by the Deputy Chairperson of the Commission, H.E. Dr Monique Nsanzabaganwa, reviewed the challenges faced by Africa CDC as well as the Phase I report. The high-level taskforce then extensively deliberated on the Statute of Africa CDC and the legal basis upon which the institution derives the authority and mandate to carry out its activities. The high-level Taskforce agreed that to cure most of the challenges, there was need for the revision of the Africa CDC Statute. The recommendations were duly forwarded to the Chairperson of the Commission, including justifications and recommendatuions. The Chairperson of the Commission approved the recommendations, including the proposed amendments to the Statute. The proposed

amendments to the Statute are herein presented for the Executive Council's review and onwards transmission to the Assembly for consideration.

V. DELIBERATIONS OF THE HIGH LEVEL TASKFORCE ON PHASE II

17. In view of the vision that Africa's top leadership has of Africa CDC and the need to sustain its achievements on the continent, enhance its rapid response capabilities and solidify its voice on the global scene, the high-level Taskforce proposed to make Africa CDC a specialized health agency of the Union that enjoys autonomy to plan, execute and manage its operations and is politically accountable to the Union and its Executive arm. This requires a revision of the Statute and review of the nomenclature and grade of the leadership of Africa CDC.

18. The high-level Task Force further conducted an in-depth analysis on sustainable financing of Africa CDC. The current funding arrangement for Africa CDC is fragmented and predominantly donor-driven. The high-level TaskForce proposed establishing a financing facility with a three prong structure: a) Core Funding – through which Member States' funds are used for activities of capacitating the Africa CDC secretariat and its Regional Collaborating Centers (RCCs); b) Program Funding - through which operational expenses related to planning, implementing and monitoring of relevant program operations tailored to the Africa CDC strategic pillars are funded, and c) Emergency Response Operations - through which support is provided to Member States in health emergency response, particularly to those which have been declared a public health emergency of international or regional concern. The high-level Taskforce further suggested the different potential sources of funding for the three prongs, a governance structure and relevant accountability mechanisms.

19. More specifically, the high-level Taskforce proposed that the current AU COVID-19 Response Fund be upgraded to a fully fledged Africa Epidemics Fund with a governance structure which draws lessons from other similar initiatives such as the Peace Fund, so as to assure the highest fiduciary standards and therefore attract funding and support from Member States, multi-lateral institutions, philanthropies, private sector and others.

20. The high-level TaskForce, in accordance with the Executive Council Decision EX.CL/Dec.970 (XXXI), also called for immediate Implementation of 0.5% of the annual operational budget of the Union be allocated to the Africa CDC as reserve fund for response activities; and per Decision EX.CL/Dec.1106(XXXVII), for the budget of Africa CDC to be carried over to the subsequent calendar year. This will go a long way in increasing Member States' participation in funding Africa CDC's operations.

21. The high-level Taskforce also observed that Africa CDC will benefit from an equally strong and effective regulatory agency as well as a solid network of national health agencies across the continent. Hence the need to fast-track operationalization of the Africa Medicines Agency (AMA) and ensure synergy between the two sister organisations. The high-level

Taskforce further recommended that all Member States ratify the AMA treaty and establish an effective national level regulatory

VI. JUSTIFICATIONS FOR THE AMENDMENT OF THE AFRICA CDC STATUTE

22. The Statute of the Africa CDC is being proposed for amendments for the following reasons:

- i)** A stronger and more effective Africa CDC requires a Statute that is coherent with the mandate of the agency and is structured to rapidly respond to any disease threat on the continent;
- ii)** The Africa CDC should have its governance structure clearly outlined including linkages with the Commission as well as a platform for the continent's political leadership to get real-time updates on any large scale disease outbreak or pandemic;
- iii)** The Africa CDC leadership should be empowered in the Statute to be an effective Chief Executive Officer (CEO) with full delegation of authority to run the agency including administrative, financial, procurement and human resource responsibilities; and
- iv)** The Africa CDC as the premier health agency on the continent should be structured in a way that makes it able to engage with its peers globally on the basis of mutual respect.

VII. PROPOSED AMENDMENTS TO THE AFRICA CDC STATUTE FOR CONSIDERATION

23. The Commission is proposing the following amendments to the Africa CDC Statute for consideration:

- 1) upgrade the Africa CDC to an AU specialized agency status, similar to the AUDA-NEPAD legal status, and enable it to exercise its mandate with large autonomy while being governed by AU Regulations and Rules ;
- 2) A new governance institutional structure allowing for strategic leadership and ownership by Member States at the highest level and strengthening the relevant contribution of the different stakeholders in the global public health field;
- 3) the Africa CDC Secretariat to be headed by a Director General at a proper grade comparable to that of the CEO of AUDA-NEPAD, and with a clearer determination of its relationship with the Commission and in particular the supervisory power exercised by the Chairperson of the Commission.

VIII. LEGAL, STRUCTURAL AND FINANCIAL IMPLICATIONS

24. The draft revised articles of the Statute have been finalised and the Commission is ready to table them for review by deliberating organs immediately after the Summit. It is important to underline that the structural and financial implications are anticipated to be limited, with the only substantive change being the elevated position of the leadership of Africa CDC. The actual numbers will be finalised in tandem with the approved amendments.

IX. RECOMMENDATIONS OF THE COMMISSION AND WAY FORWARD

25. After closely studying the challenges facing the full operationalization of Africa CDC, and responding to the decisions of the Executive Council and the calls by some Heads of State and Government for a stronger and more autonomous Africa CDC, the Commission therefore makes the following recommendations to the Executive Council:

- (i) The Executive Council endorses the Commission's two phases approach to immediately implement the administrative actions required to operationalize Africa CDC while addressing the structural and governance challenges by amendments to the Statute;
- (ii) The Executive Council endorses the Commission's proposal to make Africa CDC a specialized health agency of the Union and recommends it to the AU Assembly for consideration;
- (iii) The Executive Council endorses the proposed governing structure allowing for strategic leadership and ownership by Member States at the highest level of Heads of State and Government;
- (iv) The Executive Council endorses the proposal to upgrade the position of the head of Africa CDC;
- (v) The Executive Council reiterates its Decision EX.CL/Dec.970(XXXI) and calls for immediate implementation of 0.5% of the annual operational budget of the Union be allocated to Africa CDC as reserve funds for preparedness and response activities; and its Decision EX.CL/Dec.1106(XXXVII), for the budget of Africa CDC to be carried over to the subsequent calendar year;
- (vi) The Executive Council endorses the proposal to upgrade the current AU COVID-19 Response Fund to a fully fledged Africa Epidemics Fund, and forwards it to the AU Assembly for consideration;
- (vii) The Executive Council reviews the draft report and draft decision on proposed amendments to Africa CDC's Statute and forwards them to the AU Assembly for consideration;
- (viii) The Executive Council instructs the Commission to complete implementation of the Phase I Taskforce recommendations by July 2022 and report to the next ordinary session of the Executive Council; and
- (ix) The Executive Council remains seized of this matter.

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