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**EXECUTIVE COUNCIL**  
**Forty first Ordinary Session**  
**20 June – 15 July 2022**  
**Lusaka, Zambia**

**EX.CL/1355(XLI)**

Original: English

**REPORT OF THE 6<sup>TH</sup> EXTRAORDINARY SESSION OF THE  
SPECIALIZED TECHNICAL COMMITTEE ON JUSTICE AND  
LEGAL AFFAIRS, 30 JUNE 2022**

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**Sixth Extraordinary Session of the Specialized Technical  
Committee on Justice and Legal Affairs (Ministerial Meeting)  
4 July 2022  
Hybrid (Addis Ababa and Videoconference)**

**Ext/STC/Legal/Min/Report(VI)**

**Original: English**

**REPORT**

## **I. INTRODUCTION**

1. Pursuant to the Rules of Procedure of the Specialized Technical Committee on Justice and Legal Affairs (STC-JLA), the Commission in consultation with the Bureau, convened the Sixth Extraordinary Ministerial Session of the STC-JLA on 4 July, 2022 in a hybrid format (Addis Ababa and videoconference) to consider the following legal instrument:
  - Draft amendments to the Statute of the Africa Centres for Disease Control and Prevention (Africa CDC).
2. The Ministerial Session was preceded and prepared by a meeting of Government Legal Experts from 28-29 June 2022.
3. The STC-JLA comprises Ministers of Justice and Attorneys General or Keepers of the Seals, Ministers responsible for Human Rights, Constitutionalism and the Rule of Law or such other Ministers or authorities duly accredited by the Governments of Member States.

## **II. ATTENDANCE**

4. The following thirty-seven (37) Member States were in attendance:

**People's Democratic Republic of Algeria; Republic of Angola; Republic of Benin; Republic of Botswana; Republic of Burundi; Republic of Cameroon; Republic of Congo; Republic of Cote d'Ivoire; Democratic Republic of Congo; Republic of Djibouti; Republic of Equatorial Guinea; Arab Republic of Egypt; State of Eritrea; Kingdom of Eswatini; Federal Democratic Republic of Ethiopia; Gabonese Republic; Republic of The Gambia; Republic of Ghana; Republic of Guinea Bissau; Republic of Kenya; Kingdom of Lesotho; Republic of Mauritius; Kingdom of Morocco; Republic of Mozambique; Republic of Namibia; Republic of Niger; Federal Republic of Nigeria; Republic of Rwanda; Saharawi Arab Democratic Republic; Republic of Senegal; Republic of Sierra Leone; Republic of South Africa; United Republic of Tanzania; Togolese Republic; Republic of Tunisia;; Republic of Zambia; and Republic of Zimbabwe.**

5. The meeting was also attended by the Secretariat of Africa CDC.
6. The positions of Chairperson and 1<sup>st</sup> Vice-Chairperson being vacant for ongoing consultations within the Northern and Eastern regions respectively, the meeting was chaired by the Minister of Justice and Keeper of the Seals of the Democratic Republic of Congo (DRC), Ms. Rose Mutombo Kiese, in her capacity as 2<sup>nd</sup> Vice-chairperson.

### **III. OPENING CEREMONY**

#### **i. Statement by the Office of the Legal Counsel**

7. The Ag. Legal Counsel, Dr. Guy-Fleury Ntwari, welcomed the ministers to the opening of the Ministerial Meeting of the Sixth Extraordinary Session of the STC-JLA.
8. He highlighted the fact that the Session was convened as a response to a request of The Gambia to the other Member States to convene an Extraordinary Session, in order to consider the draft amendments to the Statute of Africa CDC. He also informed that no Member State objected to the proposal to convene the Extraordinary Session. However, Algeria sent a Note Verbale to OLC stating that the Extraordinary Session should be convened and held in accordance with the Rules of Procedure of the STC-JLA.
9. He highlighted that the operationalization of Africa CDC is considered by the policy organs as one of the key priorities to strengthen the capacity of the continent to respond to pandemics and other diseases.
10. He stated that the task before the distinguished experts was therefore an onerous one as it would contribute to the preparedness of the Union to save lives on the continent.
11. He thanked the members of the Bureau of the STC-JLA for their tireless efforts in working with the Commission during the preparations for the Session and he concluded by wishing all delegates fruitful deliberations.

#### **ii. Statement by the Deputy Chairperson of the Commission**

12. The Deputy Chairperson of the Commission, H.E Dr. Monique Nsanzabaganwa, welcomed the participants to the Ministerial Session and congratulated the Members of the new Bureau for their election.
13. She recalled that the journey of strengthening Africa CDC begun with a call from the Heads of State and Government who to have an autonomous and stronger Africa CDC that can detect any outbreak on the continent and respond rapidly to keep our continent safer.
14. She highlighted that following due process, the Commission has done the following:
  - i. The Chairperson formed a high-level task force of eminent Africans to look into the issues that were giving Africa CDC challenges in performing its duties. The high-level task force presented a report to the Chairperson, including proposing areas for amendments of the Statute;
  - ii. The Commission then presented the amended Statute the STC on Health where it was considered and passed with some further amendments; and

- iii. The Commission then presented the updated Statute to the experts meeting of the STC-JLA that in turn has passed it with some further amendments;
- 15. She recalled that the report of the experts meeting that will be discussed during the Ministerial Session is a consensus of long and very productive discussions and informed that the Commission is looking forward to the ministers endorsing the amended Statute so that it can be forwarded to the Executive Council.

**iii. Statement by the Chairperson of the STC on Justice and Legal Affairs (STC-JLA)**

- 16. The meeting was opened by the Minister of Justice and Keeper of Seals of DRC, Ms. Rose Mutombo Kiese., in her capacity as 2nd Vice-Chairperson. She welcomed the ministers to the 6<sup>th</sup> Extraordinary Session.
- 17. She recalled that the positions of Chairperson and 1<sup>st</sup> Vice-Chairperson of the Bureau are still vacant and encouraged the Northern and Eastern Regions to continue and conclude their consultations in order to allow the STC-JLA to have a full Bureau.
- 18. She highlighted the importance of the STC-JLA in the work of the African Union and commended the Government Legal Experts for their work done in preparation of the Ministerial Session.
- 19. She then stressed the need for the Ministerial Session to timely conclude its work to allow the submission of its outcomes to the 41<sup>st</sup> Ordinary Session of the Executive Council that will take place in Lusaka, Zambia, from 14 to 15 July 2022.
- 20. She concluded by wishing everyone successful deliberations.

**IV. CONSIDERATION AND ADOPTION OF DRAFT AGENDA AND PROGRAMME OF WORK**

- 21. The Ag. Legal Counsel upon the request of the Chairperson introduced the draft agenda that was adopted without any amendments, as follows:
  - 1. Opening Ceremony
  - 2. Consideration and adoption of the draft agenda
  - 3. Organization of work
  - 4. Consideration of the Report of the Meeting of Government Legal Experts
  - 5. Consideration of the draft amendments to the Statute of the Africa Centres Disease Control and Prevention (Africa CDC)

6. Adoption of Draft Amendments and Draft Report of the Ministerial Session
  7. Closing ceremony
22. The meeting considered and adopted its Draft Programme of Work without amendment.

**V. CONSIDERATION OF THE REPORT OF THE MEETING OF GOVERNMENT LEGAL EXPERTS**

23. The Chairperson of the meeting of the Government Legal Experts, Ms. Pélagie Ebeka, Chief of Staff of the Ministry of Justice and Keeper of Seals of DRC, presented the Report of the meeting that took place from 28-29 June 2021.
24. She informed that the meeting of Government Legal Experts was attended by thirty-four (34) Member States and highlighted some of the issues extensively discussed by the meeting of the Government Legal Experts as follows:
- i. The STC-JLA to focus only on legal issues as per its mandate;
  - ii. The reintroduction of the STC on Health, Population and Drug Control in the Governance Structure of Africa CDC with the clarification that the Committee of Heads of State and Government (CHSG) will provide political leadership and strategic guidance and oversight to Africa CDC while technical health issues shall be referred to the STC on Health via the reports to be submitted every two years;
  - iii. The reference to two (2) Deputy Director General was deleted to the draft amendment and should be addressed following due process during the consideration of the new structure of Africa CDC;
  - iv. The recruitment of the Director General to be endorsed by the Assembly upon recommendation of the CHSG and to be aligned with similar provisions in the Statute of AUDA-NEPAD;
  - v. The “Framework of Operations” to be submitted to Member States for consideration
25. She informed then the ministers that the experts were able to reach consensus on all the provisions of the draft amendments and that no contentious issues was referred to the Ministerial Session.
26. She concluded by informing that the meeting of Government Legal Experts recommended the Draft Amendments to the Statute of Africa CDC to the minister for consideration and adoption.
27. It was requested to reflect the consensus reached on the deletion of the reference to the two (2) positions of Deputy Director General in the report of the Government Legal Experts.

28. The Ministerial Meeting took note of the Report of the Meeting of Government Legal Experts and the recommendation herein contained.

## **VI. CONSIDERATION OF DRAFT AMENDMENTS**

29. During the deliberations of the on Draft Legal Amendments, clarification was sought on the following:
- i. The link between the Committee of Heads of State and Government (CHSG) and the Assembly;
  - ii. The relevancy of having in the draft amendments article 8 ter on Supervisory authority of the Chairperson;
  - iii. The recruitment process of the Director General that needs to combine technical and political levels;
  - iv. The need to include an article on obligations of Member States;
  - v. The need to specify who will represent the Chairperson of the Commission with the Governing Board;
  - vi. The double representation of Ministers of Health within the Governing Board and the STC on Health; and
  - vii. The need to retain Article 19(4) establishing the Director General as Chief Executive Officer.
30. The Ag. Legal Counsel provided the following clarifications:
- i. In accordance with Articles 6(2) and 9(1,b) of the Constitutive Act of the African Union, the CHSG shall report to the Assembly that is the supreme organ of the Union, and which receives, considers and takes decisions on reports and recommendations from the other organs of the Union;
  - ii. In accordance with Article 7 of the Statute of the Commission, the Chairperson of the Commission is the Chief Executive Officer and Accounting Officer of the Union and shall therefore exercise supervisory authority over Africa CDC with regard to financial and administrative matters. In addition, there is a precedence on having such provision in other Statutes such as the Statute of AUDA-NEPAD;
  - iii. The recruitment of the Director General as reflected in the Draft Amendments reflects both technical and political levels as the recruitment process is going to be competitive and conducted in accordance with AU Rules and Regulations (technical level) and will be referred to the CHSG that will make recommendation for endorsement by the Assembly (political level);

- iv. The obligations of Member States derives from AU Constitutive Act;
  - v. It is advisable not to specify who will be the representative of the Chairperson of the Commission as the designation and portfolio of advisers and other special appointees may change depending on the Chairperson;
  - vi. Article 19(4) seems to be a repetition of Article 21(1,a) and the deletion was requested by the meeting of Government Legal Experts;
  - vii. The RoP of the CHSG and of the Governing Board will elaborate more on some issues that are not captured in the Draft Amendments.
31. After discussion, the following was agreed:
- i. A paragraph to be inserted in the Draft Amendment stating that the CHSG will submit its reports and recommendations to the Assembly;
  - ii. Article 8 ter on supervisory authority of the Chairperson of the Commission over Africa CDC to be maintained; and
  - iii. Article 19(4) to be retained.
32. The Ministerial Meeting adopted the Draft Amendments to the Statute of Africa CDC with the proposed amendments.

## **VII. ADOPTION OF THE REPORT OF THE MINISTERIAL SESSION**

33. The Ministerial Meeting deliberated and adopted its report with proposed amendments.
34. The Ministerial Session decided to submit the Draft Legal Amendments to the Statute of Africa to the Executive Council for consideration and adoption.

## **VIII. CLOSING REMARKS BY THE CHAIRPERSON OF THE MINISTERIAL MEETING**

35. In her closing remarks the Chairperson of the Ministerial Meeting thanked the Ministers for their presence and active participation, which allowed to have a consolidated draft amendments to the Statute that is recommended to the Executive Council for consideration and adoption.
36. She commended the Commission for the support and work well done.
37. She then closed the meeting.



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Ext/STC/Legal/Min/Report(VI)  
Annex

## STATUTE OF THE AFRICA CENTRES FOR DISEASE CONTROL AND PREVENTION (Africa CDC)

*With proposed amendments underlined or ~~struck-through~~*

## PREAMBLE

**We, the Member States of the African Union:**

**WHEREAS** our declaration at the African Union Special Summit on HIV, TB and Malaria (ATM) in Abuja in July 2013, in which we took cognizance of the need for an Africa Centre for Disease Control and Prevention (Africa CDC) to conduct life-saving research on priority health problems in Africa and to serve as a platform to share knowledge and build capacity in responding to public health emergencies and threats;

**RECALLING** decision **Assembly/AU/Dec.499 (XXII)** adopted at the 22<sup>nd</sup> Ordinary Session of the Assembly held in Addis Ababa, Ethiopia, in January 2014 that stressed the urgency of establishing the Africa Centre for Disease Control and Prevention and requested the Commission to submit a report to the Assembly in January 2015 that will include the legal, structural and financial implications of the establishment of the Africa CDCCentre;

**NOTING** the decision of the 1<sup>st</sup> African Ministers of Health meeting jointly convened by the African Union Commission (the Commission) and World Health Organization (WHO) held in Luanda, Angola, from 16 to 17 April 2014, in which the Ministers committed themselves to the implementation of Decision Assembly/AU/Dec.499 (XXII) and requested the Commission and WHO, in collaboration with relevant stakeholders, to provide technical support towards the establishment of the Africa CDC;

**COGNIZANT** of the decision of the Executive Council at its 16<sup>th</sup> Extra-ordinary Session devoted to the Ebola Virus Disease (EVD) outbreak held on 8 September 2014, in which the Council decided, inter alia, to request the Commission to “Take all the necessary steps for the rapid establishment of an Africa Centre for Disease Control and Prevention (Africa CDC) pursuant to Assembly Decision AU/Dec.499 (XXII) on the establishment of the Africa CDCCentre; 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”;

**RECALLING** decision **Assembly/AU/Dec.554 (XXIV)** adopted at the 24<sup>th</sup> Ordinary Session of the Assembly held in Addis Ababa, Ethiopia in January 2015 in which the Assembly endorsed the establishment of the Africa CDC and approved that the Coordination Office should initially be located at the Headquarters of the African Union in Addis Ababa, Ethiopia.

**WHEREAS** in decision **Assembly/AU/Dec.835(XXXV)** adopted at its 35<sup>th</sup> Ordinary Session in February 2022 in Addis Ababa, Ethiopia, the Assembly decided to delegate its authority to the Executive Council to consider during its 41<sup>st</sup> Ordinary Session the amendments to the Africa CDC Statute in line with its financial, structural and legal implications in order to strengthen the functioning, capacity and capability of Africa CDC.

**HAVE AGREED AS FOLLOWS:**

## **SECTION ONE**

### **General Provisions**

#### **Article 1**

#### **Definitions**

In this Statute, unless the context requires otherwise:

**“Advisory and Technical Council”** or **“ATCCouncil”** means a that body that which provides the technical advice to the Africa CDC;

**“Africa CDC”** means the Africa Centers for Disease Control and Prevention;

**“Assembly”** means the Assembly of the African Union;

**“AU”** or **“Union”** means the African Union as established by the Constitutive Act;

**“Board”** means the Governing Board of the Africa CDC;

**“Commission”** means the African Union Commission;

**“Constitutive Act”** means the Constitutive Act of African Union;

**“CHSG”** means the Committee of Heads of State and Government;

**“Development/External Partners”** means the institutions and organizations including Africa Private Sector that promote public health and share the strategic objectives of Africa CDC;

**“DG”** means the Director General of the Secretariat of Africa CDC;

**“DDG”** means a Deputy Director General of the Secretariat of Africa CDC;

**“DSA”** means the Department of Social Affairs of the Commission;

**“EOC”** means Emergency Operation eCenter;

**“Executive Council”** means the Executive Council of the African Union;

**“HHS”** means the Department of Health Humanitarian Affairs and Social Development of the Commission;

**“IHR”** means the International Health Regulations;

**“Member States”** means the Member States of the Union;

**“PHECS”** means Public Health Emergency of Continental Security;

**“PHEIC”** means Public Health Emergency of International Concern;

**“Policy organs”** means the Assembly and Executive Council of the African Union;

**“PRC”** means Permanent Representative Committees of the African Union;

**“RECs”** means the Regional Economic Communities;

**“Regional CDCs”** means Public health institutions established by RECs that are mandated to prevent and control diseases in the jurisdiction;

**“Regional Centers or RCCs”** means the Africa CDC’s Regional Collaborating Coordinating Centers in Africa supporting the ~~Africa CDC in the day-to-day~~ execution of its Africa CDC’s strategic work plan;

**“RHOs”** means the Regional Health Organizations;

**“Secretariat”** means the Africa CDC’s Secretariat;

**“Specialized Institutions and Agencies of the African Union”** means Specialized Institutions and Agencies created or recognized as such by the African Union;

**“Statute”** means the present Statute of the Africa Centers for Disease Control and Prevention;

**“STC”** means the Specialized Technical Committee on Health, Population and Drug Control;

**“WHO”** means the World Health Organization.

## Article 2

### Establishment and Legal Status of Africa Centers for Disease Control

1. The Africa CDC is hereby established as an specialized autonomous health institution ~~technical institution~~ of the Union charged with the responsibility of ~~to promote the~~ prevention and control of diseases in Africa.
2. The Africa CDC derives its juridical personality from and through the African Union and in accordance with relevant Rules and Regulations of the Union shall:
  - a) Enter into contracts;
  - b) Acquire and dispose of immovable and movable property;
  - c) Institute and defend legal proceedings.
3. In the discharge of its functions, the Africa CDC shall be guided by the Framework of Operations annexed to the present Statute as may be amended from time to time by the Governing Board.

## Article 3

### Objectives and Functions

In carrying out its functions the Africa CDC shall pursue the following strategic objectives which shall include:

- a) Supporting Member States in the establishment of early warning and response surveillance platforms to address in a timely and effective manner all health emergencies and disease threats;
- b) Supporting Member States in public health emergency preparedness and response;
- c) Assisting Member States in collaboration with WHO and others stakeholders to address gaps in International Health Regulations compliance;

- d) Supporting and/or conducting regional and country-level hazard mapping and risk assessments for Member States;
- e) Declaring PHECS in close consultation with affected Member States and, as appropriate, relevant stakeholders.
- f) Coordinating and supporting Member States in health emergencies response particularly those which have been declared PHECS or PHEIC emergencies as well as health promotion and diseases prevention through health systems strengthening, by addressing communicable and non-communicable diseases, environmental health and Neglected Tropical Diseases (NTDs);
- g) Promoting partnerships and collaboration among Member States to address emerging and endemic diseases, pandemics, and public health emergencies;
- h) Harmonizing disease control and prevention policies and the surveillance systems in Member States; and
- i) Supporting Member States in capacity building in public health including through medium- and long-term leadership, field epidemiological, public health emergency and laboratory training programmes.
- j) Supporting the establishment, strengthening and networking of public health assets including laboratory systems, in collaboration with Member States and, as appropriate, other stakeholders.
- k) Coordinating with the relevant departments and institutions of the African Union Africa CDC, will pursue the above strategic objectives, in line with Article 23 of this Statute.

#### **Article 4** **Guiding Principles**

The guiding principles of the Africa CDC shall be:

1. **Leadership:** The Africa CDC is an institution that provides strategic direction and promotes public health practice within Member States through capacity building, promotion of continuous quality improvement in the delivery of public health services as well as in the prevention of public health emergencies and disease threats;
2. **Credibility:** The Africa CDC's strongest asset is the trust it cultivates with its beneficiaries and stakeholders as a respected, evidence-based institution. It plays

an important role in championing effective communication and information sharing across the continent;

3. **Ownership:** The Africa CDC is an Africa-owned institution. Member States will maintain ~~national-level~~ ownership of the Africa CDC simultaneously through an advisory role in the shaping of Africa CDC priorities and through direct programmatic engagement;
4. **Delegated authority:** In the event of a public health emergency on the continent with cross border or regional implications, the Africa CDC is mandated to deploy responders, in consultation with affected Member States to confirm and/or contain the emergency. Thereafter, the Africa CDC will take the appropriate steps to notify the Commission of its action;
5. **Timely dissemination of Information:** The Africa CDC leadership will regularly update Member States on ongoing actions based on Article 3(d) above and seek their support and collaboration. It should leverage collaboration and engage Member States in strong partnerships and networking;
6. **Transparency:** Open interaction and unimpeded information exchange between the Africa CDC and Member States is inherent in the mission of the Africa CDC;
7. **Accountability:** The Africa CDC is accountable to Member States in its approach to governance and financial administration; and
8. **Value-addition:** In every strategic aim, objective, or activity, the Africa CDC should demonstrate how that initiative adds value to the public health activities of Member States and other partners.

## **Article 5 Framework**

The Africa CDC is an Africa-owned institution that adds value and is highly credible and shall operate, ~~in collaboration with~~ in coordination with its RCCs, in the pursuit of its strategic objectives. The Africa CDC shall therefore operate within the following framework:

1. Development of a shared ~~understanding/perception~~ on the continent that national public health threats have an impact on regional security and economic viability.
2. Work with the WHO, other multi-sectoral partners such as the African Union specialized institutions and agencies, and external partners ~~as well as Africa CDC Collaborating Regional Centres~~ to pursue its the strategic objectives of the Centre.
3. Facilitate easy access to critical information by:

- a) establishing a continental framework for data sharing;
  - b) improving data quality;
  - c) developing interchangeable data elements that prepare countries to respond to disease threats, emergencies and pandemics; and
  - d) timely disseminating of critical information to Member States.
4. Establish an eEmergency eOperation eCenter (EOC) whose operation shall be guided by the Africa CDC Framework of Operations.

#### **Article 6**

#### **Seat of the Africa CDC**

- 1. The seat of the Africa CDC shall be at the Headquarters of the African Union in Addis Ababa, Ethiopia until the Assembly decides otherwise.
- 2. The Secretariat of the Africa CDC shall be located at the above Seat of the CenterCDC.

#### **Article 7**

#### **Meeting**

- 1. The meetings of the Africa CDC shall be held at its Seat, unless a Member State offers to host any such session.
- 2. In the event that a meeting of the Africa CDC is held outside its seat, the host Member State shall be responsible for all extra expenses incurred by the Secretariat as a result of the meeting being held outside the seat of Africa CDC.

### **SECTION TWO**

### **Governance and Management of the Africa CDC**

#### **Article 8**

#### **Structure of the Africa CDC**

The structure of the Africa CDC shall consist of:

- a) Comittee of Heads of State and Government (CHSG);
- b) Governing Board;
- c) Advisory and Technical Council, and
- d) Secretariat.

**Article 8bis**  
**Committee of Heads of State and Government (CHSG): Functions and Composition**

1. The CHSG shall be the highest governing structure of the Africa CDC and shall:
  - a) provide political leadership and strategic guidance and oversight to Africa CDC;
  - b) provide guidance, in the event of a PHECS or PHEIC, on specific strategic decisions and actions that Africa CDC shall take in preparedness and response to any health emergency or disease threat on the continent;
  - c) serve as an advocacy and accountability platform for disease threats, health emergencies, epidemic and pandemic control; and
  - d) recommend for endorsement by the Assembly, the recruitment of the Director General of Africa CDC;
  - e) submit its reports and recommendations to the Assembly.
2. The CHSG shall be comprised of at least eleven (11) Members as follows:
  - a) Five (5) Members of the Bureau of the Assembly;
  - b) Five (5) Member States designated for a term of one (1) year by the Regions of the Union after due consultations; and
  - c) The Chairperson of the Commission.
  - d) Where the Head of State designated by the Region becomes a member of the CHSG by virtue of the Bureau of the Assembly, the Region shall designate another representative to the CHSG.
3. The CHSG shall meet at least once every year and when required, in extra-ordinary sessions.
4. The Chairperson of the Union shall chair the CHSG.

**Article 8ter**  
**Role of the Chairperson of the Commission**

The Chairperson of the Commission shall exercise supervisory authority over the Africa CDC, which includes financial and administrative supervision.

**Article 9**  
**The Governing Board (Board)**

1. The Board shall be the deliberative organ of the Africa CDC and report to the CHSG.



2. The Board shall meet at least once a year in ordinary session. It may meet in extra-ordinary sessions, subject to availability of funds at the request of:
  - a) CHSG;
  - b) the policy organs of the Union;
  - c) the STC;
  - d) any Member state, upon approval of a two-thirds majority of Member States; or
  - e) the Secretariat, in the event of outbreak of an epidemic or a health emergency, disease threat, or such other emergency situations that necessitate the holding of a Board Meeting.

### Article 10

#### Composition of the Board

1. The Board, which is answerable to the STC CHSG, shall be composed of ~~fifteen~~ nineteen (15/19) members, as follows:
  - a) Ten (10) Ministers of Health representing the five Regions of the African Union, two per region nominated by their Region. Each minister shall, in the performance of their duties, consult ministers of health in their region through the ministerial consultative forum in the RCCs;
  - b) ~~Two (2) representatives of the Commission (Social Affairs and Political Affairs~~ One (1) Representative of the Chairperson of the Commission;
  - c) The Commissioner responsible for health and humanitarian affairs in the Commission;
  - d) ~~Two~~ Four (2/4) nominees of the Chairperson of the Commission representing the private sector, and Regional Financing Mechanism and the environment sector, in consultation with the Chairperson of the Board; ~~and the Civil society in consultation with the Chairperson of the Board;~~
  - e) One (1) Representative of Regional Health Organizations on rotational basis;
  - f) One (1) nominee of the Chairperson of the Commission representing the animal health sector, in consultation with the Chairperson of the Board ; and
  - g) One (1) nominee of the Chairperson representing the Civil society, in consultation with the Chairperson of the Board.
2. The Legal Counsel of the Union or his/her representative shall attend the Board meetings.
3. The Director General of the Africa CDC, shall serve as the Secretary of the Board.
4. The Board may invite such expertise as may be necessary.

## **Article 11**

### **Election and Term of Office**

1. The ten (10) members of the Board representing Member States shall be selected by their Regions ~~failing which they shall be elected by the Working Group on Health~~ through regional consultation.
2. Where applicable, the term of office of members of the Board shall be a nonrenewable period of three (3) years for five Member States representatives of each AU Region and a nonrenewable period of two (2) years for the other five regional representatives of Member States;
3. The term of office of the ~~two~~ seven (7) members nominated by the Chairperson of the AU Commission and the one (1) member representing Regional Health organizations shall be two (2) years on rotational basis and non-renewable.
4. The Board shall elect by a simple majority for a three (3) year non-renewable term a Chairperson of the Board from among the regional representatives of Member States taking into account the African Union's principle of regional rotation and gender equity;
5. The Board shall also elect, by a simple majority, for a non-renewable two (2) year term, a Vice Chairperson of the Board also from among the regional representatives of Member States, taking into account the African Union's principle of regional rotation and gender equity;
6. The term of office of the 10 representatives of Member States of the Board shall be guided by the principle of succession based on equitable regional and gender representation.

## **Article 12**

### **Functions of the Board**

The functions of the Board shall be to:

1. provide strategic guidance to the Secretariat, in accordance with AU policies and procedures;
2. examine decisions and/or proposals submitted by the Secretariat, and submit its recommendations to the STC CHSG, and/or, as appropriate, the STC and relevant AU policy organ;

3. propose amendments to this Statute based on recommendations by the Secretariat;
4. ensure that the Africa CDC strategic agenda of disease surveillance, detection and response are integrated into continental development strategy;
5. approve the designation and re-designation of the Regional Collaborating Coordinating Centres based on the recommendation of the Regions and on the criteria stipulated in Article 24 of this Statute; and submit the same to the STC CHSG for noting;
6. assist the Secretariat in resource mobilization;
7. submit annual reports to the ~~STC~~ , CHSG, as well as to the STC and the Executive Council as appropriate for onward transmission to the Assembly on the activities and achievements of the Africa CDC;
8. provide briefings to the CHSG on the continent's readiness in preparing and responding to health emergencies and especially during PHECS and PHEIC;
9. examine the Africa CDC Action plan, budgets, activity and reports, and recommend the same for approval;
10. make recommendation to CHSG with regard to the recruitment of the DG, following a competitive and transparent selection process.

### **Article 13**

#### **Quorum and Decision Making Procedures of the Board**

1. The quorum for Board meetings and its decisions making procedures shall be adopted in the Rules of Procedure of the Board and that of the Advisory and Technical Council.
2. The Board shall adopt its own Rules of Procedure and that of the Advisory and Technical Council.
3. The right to vote shall be limited to governing board members from the African Union Member States.

### **Article 14**

#### **The Advisory and Technical Council**

The Advisory and Technical Council shall serve as an advisory and Technical body to the Africa CDC.

**Article 15**  
**Composition of the Advisory and Technical Council**

1. The Advisory and Technical Council shall be composed of ~~Twenty Three~~ twenty (23) members as follows:
  - a) Five (5) Representatives of the Member States hosting the Regional Coordinating ~~Gollaborating~~ Centres;
  - b) Five (5) Representatives of National Public Health Institutes or laboratories or related Institutions on rotational basis taking into account the AU Regions;
  - c) One (1) representative of Regional Intergrated Surveillance and Laboratory Network (RISLNET) on rotational basis taking into account the AU Regions; ~~Five (5) Representatives of National Focal Persons of the Ministry in charge of Health in Member States on rotational basis taking into account the AU Regions;~~
  - d) Two (2) Representatives of African Health Networks on rotational basis;
  - e) Two (2) Representatives of the Union with specialized expertise (Medical Services Directorate and African Union Inter-African Bureau for Animal Resources);
  - f) One (1) Representative of Regional Health Organizations on rotational basis;
  - g) Two (2) Representatives of WHO;
  - h) One (1) representative of the environment sector; and
  - i) One (1) Representative of World Organization for Animal Health (OIE).
2. The Director General of the Africa CDC shall serve as the Secretary of the Advisory and Technical Council.
3. The Advisory and Technical council may invite such expertise from relevant stakeholders as necessary.

**Article 16**  
**Term of Office of the Advisory and Technical Council**

1. Members of the Advisory and Technical Council shall serve for a non-renewable term of three (3) years where applicable; and
2. The Council shall elect its chairperson and Vice Chairperson by a simple majority and they shall serve for a non-renewable term of ~~threetwo~~ (23) years.

**Article 17**

### **Functions of the Advisory and Technical Council**

The Advisory and Technical Council shall advise the Africa CDC on:

1. Emerging issues and other related matters of disease control and prevention;
2. The strategic plans and activities of the Africa CDC;
3. Opinions on advocacy and resources mobilization;
4. Different aspects of disease surveillance, detection and response on the African Continent; and
5. Research and study areas and merits of the scientific work of the Africa CDC;

### **Article 18**

#### **Meetings, Quorum, Decision Making Procedures of the Advisory and Technical Council**

1. The sessions of the Advisory and Technical Council~~Council~~, its quorum, decisions making procedures shall be provided in its Rules of Procedure.
2. The Board shall adopt the Rules of Procedure of the Advisory and Technical Council.

### **Article 19**

#### **Secretariat**

1. The Secretariat shall be responsible for the implementation of the decisions of the policy organs of the Union, CHSG, the relevant STC, and the Governing Board of the Africa CDC.
2. The Secretariat shall convene the meetings of the CHSG, Governing Board, Advisory Technical Council~~Meeting~~, or other meetings of the Africa CDC in consultation with the Board ~~and the Council~~.
3. The Secretariat shall be headed by a Director General and shall report to the ~~Commission through the DSA~~ Chairperson of the Commission.
4. The Director General shall be the Chief Executive Officer of the Africa CDC.
5. The Director General shall be appointed through a competitive and transparent selection process to be conducted by the Board in line with the AU Staff Regulations and Rules, taking into account the principle of geographical rotation. Recruitment of the Director General shall be endorsed by the Assembly upon recommendation of the CHSG for a mandate of four (4) years which shall be renewable once.

6. The Secretariat shall consist of administrative, professional and technical and support staff with competence in the various areas of the Africa CDC.
7. The EOC referred to in article 5(4) shall be part of the secretariat;
8. The recruitment of secretariat staff members shall be conducted in conformity with relevant AU rules and procedure except for the appointment of the Director General as stipulated in Article 8bis (1) (d).
9. The AU rules, procedures, regulations, directives, and the Framework of Operations shall apply in the operation of the Africa CDC.

## **Article 20**

### **Functions of the Secretariat**

The functions of the Secretariat shall include but not limited to the following:

- a) Assisting and supporting the Member States to develop appropriate disease surveillance, detection and response policies, programs, systems and structures;
- b) Providing technical support and capacity building to the Member States for disease control and prevention;
- c) Developing and Implementing strategic advocacy programs and Stakeholder communication plans;
- d) Networking with Member States, WHO, Regional Health Organizations, RECs, private sector organizations, Regional Health Networks, Partners CDCs, and other relevant Stakeholders to attain the objectives of the Africa CDC;
- e) Serving as the focal point in all matters of the Africa CDC;
- f) Establishing an information center and thereby guide the Member States and other stakeholders by being one of the main sources of information on disease control and prevention on the continent;
- g) Undertaking research and studies in all the relevant areas of competence of the Africa CDC;
- h) Promoting activities undertaken by the Africa CDC and disseminate the findings of the studies to Member states and other Stakeholders; and
- i) Preparing a health map of Africa for communicable and non-communicable diseases.

**Article 21**  
**Functions of the Director General**

1. The Director General shall:
  - a) As the Chief Executive Officer be responsible for the overall management of the Africa CDC;
  - b) Implement directives from the CHSG, the Board, the STC and the Commission as may be applicable;
  - c) Prepare the program, financial and operational report of the Africa CDC;
  - d) Draft and submit Africa CDC's budget, report on activities, rules of procedure and Plan of Action of the Africa CDC to the Board and the Commission for approval;
  - e) Attend meetings of the STC, CHSG, Board, the Advisory and Technical Council and act as Secretary to the Board and Advisory Council;
  - f) Collect and disseminate findings on disease control and prevention related research;
  - g) Ensure the production and publication of the periodical bulletin of the Africa CDC;
  - h) Perform any other functions as may be assigned in line with the objectives of the Africa CDC.
2. AU rules, procedures, regulations, directives, and the Framework of Operations shall apply in the operation of the Africa CDC.

**SECTION THREE**  
**Operations of the Africa CDC**  
**Article 22**

**~~Transitional Provisions~~**

~~The Chairperson of the Commission shall take necessary measures to establish an interim structure subject to the endorsement of the relevant PRC Sub-committee and appoint the required staff in order to facilitate the speedy establishment of the Africa CDC in accordance with the present Statute.~~

**Article 23**

**Role of Department of Social Affairs Coordination with other  
Departments of the Commission  
Coordination with the Commission, Agencies and Technical Institutions of the  
AU**

The Commission shall ensure synergy with Africa CDC as the autonomous health Institution of the Union charged with the responsibility of prevention and control of diseases. The modalities of coordination will be elaborated in a Framework of Coordination.

The Department of Social Affairs Health, Humanitarian Affairs and Social Development of the AU Commission as the policy Department on the subject matter shall ensure synergy ~~between~~ with the Africa CDC and ~~the Commission~~.

**Article 24  
Africa CDC Regional Coordinating Collaborating Centres (RCCs)**

1. In the execution of its strategic work plan, the Africa CDC will network and harness public health assets in each region including through its Regional Coordinating Collaborating Centers (RCCs) ~~shall support the Africa CDC. The coordination collaboration and support of the RCCs Regional Collaborating Centres is to ultimately bring into reality an "Africa CDC without walls" that supports the continent at the point of need, rather than from a centralized, distant location.~~
2. At the time of the ~~take-off~~ launching of the Africa CDC, there shall be a minimum of five (5) RCCs in order to ensure that each region within the continent is represented;
3. ~~Each Regional Centre represents an existing entity that has met Africa CDC criteria in accordance with Article 24 for selection as a Regional Centre. The leadership of the RCC shall be designated as an Africa CDC Regional Coordinator within the Africa CDC organizational structure and appointed in accordance with the AU rules and regulations.~~
4. Each Region shall be responsible for selecting ~~their~~ the host country of the RCCs in accordance with the criteria laid down in article 25. ~~The RCC shall be a government owned institution.~~
5. ~~The Africa CDC shall establish clear procedures for cooperation and collaboration with the RCCs.~~
6. A Regional Coordinating Collaborating Centres may also be hosted by a Regional Center for Disease Control (CDC) where such a Regional CDC exists.



7. Hosting Agreements shall be concluded with Member States or a Regional CDC where the RCCs are located.

**Article 25**  
**Selection of Regional ~~Collaborating~~ Coordinating Centres**

1. Each region shall select one Regional ~~Collaborating~~ Coordinating Centre based on the following guiding principles and criteria:

**a) Guiding Principles:**

- i) Synergy between the RCC's ~~Regional Center's internal~~ goals and Africa CDC aims;
- ii) Good governance & respected leadership ;
- iii) Sustainable funding and fiscal accountability; and
- iv) ~~History~~ Ability to ~~of collaboration between~~ with health sector stakeholders.

**b) Criteria:**

- i) Technical proficiency and clear evidence of expertise in the Essential Public Health Operations (EPHO) that are directly relevant to the strategic objectives of the Africa CDC;
- ii) Clear synergy between the Regional Coordinating ~~collaborating~~ Centre's programme objectives and the Africa CDC strategic objectives which results in greater collective impact and capacity building;
- iii) Track record in mobilizing health workforce;
- iv) Laboratory capacity;
- v) ~~Can~~ Representing the regional constituency;
- vi) Track record of expertise in region-specific health hazards; and
- vii) Willing and able to provide surge capacity to other countries if country capacity is lacking, particularly during public health emergencies.
- ~~viii) The Collaborating Regional Center shall either be:~~
  - ~~(a) An existing government institution or~~
  - ~~(b) An institution which provide substantive support to government health institutions~~

2. The Governing Board shall at periodic intervals of not more than 5 years revisit the status of Regional Coordinating ~~collaborating~~ Centers such that if a given RCC fails to perform, it can be replaced with a more suitable Regional Center.

## **Article 26**

### **Cooperation with Member States**

1. In carrying out its functions, the Africa CDC shall dedicate necessary resources to building partnerships aimed at improving the effectiveness of its operations.
2. The Africa CDC shall develop partnerships with Member States' Ministry in charge of Health and agencies dealing with disease control and prevention which shall serve as national contact points.
3. The Africa CDC may be requested by the Member States, the RECs, the Commission, other Organs of the Union, and international organizations to provide scientific or technical assistance in any field within its competence.

## **Article 27**

### **Cooperation with WHO**

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 fulfill the objectives on disease control and prevention as well as the implementation of the Africa CDC's objectives and strategies.

## **Article 28**

### **Cooperation with Other Stakeholders**

The Africa CDC shall maintain working ties with Development partners and stakeholders, particularly with the Regional Health Organizations, RECs, private sector, civil society organizations, Regional Financing Mechanisms, other Organs of the Union and the non-African CDCs in pursuit of its strategic objectives.

## **Article 29**

### **Privileges and Immunities of the Africa CDC**

1. The privileges and immunities of the Africa CDC shall be governed by Host agreements negotiated with Host Country and applicable international law.

2. The Africa CDC and its staff shall enjoy the privileges and immunities stipulated in the OAU General Convention on Immunities and Privileges and the Vienna Convention on Diplomatic Relations.

**SECTION FOUR**  
**Financial Arrangements**  
**Article 30**  
**Budget and Contribution**

1. The budget of the Africa CDC shall be borne by the African Union and shall be within the Union Budget.
2. Other Sources of funding the Africa CDC may include :
  - a) Voluntary contributions from Member States;
  - b) Contributions from Development Partners of the Union and the Commission;
  - c) Contributions from the Private Sector; and
  - d) Any other source of funding in accordance with AU Rules.
3. The budget calendar of the Africa CDC shall be that of the Union.
4. The Africa CDC shall prepare and submit its budget to the relevant policy organ of the African Union for approval and shall carry out its activities in accordance with the AU Financial Regulations and Rules.

**SECTION FIVE**  
**Final Provisions**  
**Article 31**  
**Working Languages**

The Working languages of the Africa CDC shall be the same as that of the African Union.

**Article 32**  
**Amendment**

1. The present Statute may be amended upon the recommendation of:
  - a) The Executive Council;
  - b) The CHSGSTG; or
  - c) The Board or the AUC.
2. Any amendment to the statute shall enter into force upon its adoption by the Assembly.

**Article 33**  
**Entry into Force**

The present Statute shall enter into force upon its adoption by the Assembly.

**ADOPTED BY THE FORTY-FIRST ORDINARY SESSION OF THE EXECUTIVE  
COUNCIL AS DELEGATED BY THE ASSEMBLY, HELD IN LUSAKA, ZAMBIA  
14-15 July 2022**

## **DRAFT DECISION ON THE REPORTS OF THE SPECIALIZED TECHNICAL COMMITTEES (STCs)**

### **I. THE 6<sup>TH</sup> EXTRAORDINARY SESSION OF THE STC ON JUSTICE AND LEGAL AFFAIRS**

#### **The Executive Council,**

1. **TAKES NOTE** of the Report and recommendations of the Sixth Extraordinary Session of the Specialized Technical Committee on Justice and Legal Affairs held from 28 to 29 June 2022 (Meeting of Government Legal Experts) and on 4 July 2022 (Ministerial Meeting) in hybrid format (in Addis Ababa and via videoconference) to consider the Draft Amendments to the Statute of Africa Centers for Disease Control and Prevention (Africa CDC).
2. **RECALLS** Decisions EX.CL/Dec.1106(XXXVII), EX.CL/Dec.1110(XXXVIII) and EX.CL/Dec.1146(XL) on operationalization of Africa CDC.
3. **FURTHER RECALLS** Decision Assembly/AU/Dec. 835(XXXV) of February 2022 whereby the Assembly delegated its authority to the Executive Council to consider during its 41<sup>st</sup> Ordinary Session the endorsement of amendments to the Statute of Africa CDC in line with its financial, structural and legal implications taking into account the following recommendations:
  - (i) that, the Africa CDC shall be an autonomous Body of the Union which is charged with the responsibility of prevention and Control of Diseases in Africa;
  - (ii) a new governance structure that allows for strategic leadership and ownership by Member States at the highest level of Heads of State and Government, or their duly nominated/delegated representative;
  - (iii) the Africa CDC Secretariat to be headed by a Director General at a proper grade; and
  - (iv) Put in place modalities for full implementation of the Africa CDC Statute.
4. **APPROVES** the draft amendments to the Statute of Africa CDC.
5. **ADOPTS** the following Draft Legal Instrument:
  - a) Draft Revised Statute of Africa Centers for Disease Control and Prevention (Africa CDC)

2022-06-20

# Report of the 6th Extraordinary Session of the Specialized Technical Committee on Justice and Legal Affairs, 30 June 2022

African Union

DCMP

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