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ESTABLISHMENT OF AN AFRICAN CENTRE FOR DISEASE CONTROL AND PREVENTION (ACDCP)
(Item proposed by the Federal Democratic Republic of Ethiopia)

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BACKGROUND

1.   Monitoring the health of the public and addressing their critical needs is one of the priorities and challenging activities of governments. With the change in life style, environment, climates and other complex variables, the public health sector is now faced with many challenges arising from a shift in disease burden[1,2],and frequent emergencies of emerging and re-emerging deadly disease outbreaks[3, 4], some of them with a potential to affect the planet in less than a day or two[5]synergized by high level of travel .

2.   The global burden of diseases study revealed that the developing world, especially sub-Saharan Africa, carries relative high burden of communicable, maternal, neonatal and nutritional disorders[6],[7]. Against our old perceptions, mortality risks for non-communicable disease is highest in middle and low income countries – especially sub-Saharan Africa[8]; adding double burden to non-resilient, vulnerable communities, with poor health service, care, access and social infrastructure.

3.   Far and beyond, the health system is profoundly challenged by public health emergencies—disease outbreaks and emergency events for different reasons - natural and human-made, without respect to geopolitical boundaries[9,10]. With increasing frequency these events are having negative social, economic, political impacts, cost human lives and have been causing tremendous human sufferings[11,12].

4.   Moreover, with increasing globalization, massive and rapid population and commodity mobility across countries and continents, communicable diseases and deadly pathogens of bioterrorism potential have become contributing factor to serious global health threats;[13,14] as witnessed in the 2003 SARS, spreading fast from China

[1] Christopher J L M., Theo V., Rafael L., and et al. Disability-adjusted life years (DALYs) for 291 diseases and injuries in 21 regions, 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010. Lancet 2012; 380: 2197–223

[2]WHO. Risk reduction and emergency preparedness : WHO six-year strategy for the health sector and community capacity development.2007 Geneva, Switzerland.

[3] ibid

[4]Carlos CS. Trends and Directions of Global Public Health Surveillance.*Epidemiol Rev*. 2010; 32: 93-109

[5] ibid

[6] Christopher J L M., Theo V., Rafael L., and et al. Disability-adjusted life years (DALYs) for 291 diseases and injuries in 21 regions, 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010. Lancet 2012; 380: 2197–223

[7]Haidong W., Laura DL., Katherine T L. et al. Age-specific and sex-specific mortality in 187 countries, 1970–2010: a systematic analysis for the Global Burden of Disease Study 2010. Lancet2012; 380: 2071–94.

[8]WHO. Global health risks: mortality and burden of disease attributable to selected major risks. Geneva: 2009.

[9]Carlos CS. Trends and Directions of Global Public Health Surveillance.*Epidemiol Rev*. 2010; 32: 93-109.

[10] The ODFA/CRED International Disaster Database EMDAT. www.em-dat.net. Accessed 29 Jun 2013

[11] ibid

[12]Guha-Sapir D, Vos F, Below R, with Ponserre S. Annual Disaster Statistical Review 2011: The Numbers and Trends. Brussels: CRED; 2012.

[13]Carlos CS. Trends and Directions of Global Public Health Surveillance.*Epidemiol Rev*. 2010; 32: 93-109.

[14]WHO.International Health Regulations (IHR- 2005). Geneva: 2005. (http:// www.who.int.ihr/en). Accessed on 20 June 2012.

infecting individual in 37 countries worldwide within weeks, and the pandemic level VI spread of H1N1[15, 16].

SITUATIONAL ANALYSIS AND JUSTIFICATIONS

5.   With already high burden of communicable diseases like TB, HIV/AIDS, malaria and poor health infrastructure, access to health care, diagnostic capacity etc., Africa remains vulnerable to old and new, difficult to diagnose and treat pathogens, and global health emergency threats which can happen anywhere, any time on the planet[17].

6.   Africa is frequently struck with different emergencies and disasters and these have negative consequences on health, social and economic well-being; hindering the achievements of national and international development targets[18] as well as reversing gains made in public health. In Africa, malaria costs about 1.2 billion USD per annum, hindering the annual economic growth by 1.3%[19].Moreover, natural and human -made emergencies and disasters are becoming common and are affecting more people; for example, in 2011, communities affected by natural disasters have increased by 51.3% in relation to a ten year annual average[20].

7.   The health infrastructure for early warning, surveillance, preparedness, and timely response to public health emergencies in Africa is very rudimentary.[21]Assessment done on enabling environment-such as polices and capacities of the health sector for risk mapping and risk management in 32 African countries, showed the absence of relevant legal framework.[22]Past experiences have shown that there is a proclivity to look for resources from outside (usually western countries) at the time of crises resulting in a late response and aggravating the crises and costing lots of lives as it was witnessed in the 2011 Horn of Africa drought and the 2012 Sahel crisis[23].

8.   Celebrating its 50th Golden Jubilee Anniversary this year, the African Union/OAU, from its inceptions in 1963, has been striving for the liberty and quality of human life on the African continent. In the past several developmental programs have been implemented and remarkable achievements in education, infrastructure development, health and security have been attained. Despite these many efforts, African citizens continue to be disproportionately affected by communicable, non-communicable diseases, public health emergencies and the negative health impacts of the environment and climate change.

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[15]Smith, R. D. (2006). "Responding to global infectious disease outbreaks, Lessons from SARS on the role of risk perception, communication and management".*Social Science and Medicine* **63** (12): 3113–3123.doi:10.1016/j.socscimed.2006.08.004.PMID 16978751.

[16]WHO. Weekly Epidemiological Record on Pandemic H1N1.2009: Geneva.

[17]Carlos CS. Trends and Directions of Global Public Health Surveillance.*Epidemiol Rev*. 2010; 32: 93-109.

[18]African Union.Social Policy Framework for Africa CAMSD/EXP/4(I).First Session of the AU Conference of Ministers in Charge of Social Development. Windhoek, Namibia. 27 - 31 October 2008.

[19]Sachs, J Maloney Pia. The economic & social burden of malaria, Nature: 415, 7 Feb 2002, pp. 680-685.

[20]Guha-Sapir D, Vos F, Below R, with Ponserre S. Annual Disaster Statistical Review 2011: The Numbers and Trends. Brussels: CRED; 2012.

[21]WHO-Regional office for Africa. Disaster Risk Management: a Health Sector Strategy for the African Region AFR/PSC62/STR.DOC/. Brazzaville, Congo: June, 2012.

[22] ibid

[23]Save the Children and Oxfam. A Dangerous Delay: The cost of late response to early warnings in the 2011 drought in the Horn of Africa. Joint Agency Briefing Paper. London, Save the Children and Oxfam; January, 2012.

9.   Africa, as a continent bearing all these burdens, lacks a system (a) For Early warning, coordination, preparedness for and response to health emergencies and recover from impacts of disaster; (b) to research on common and high burden diseases across national boundaries; and(c) to set policy directions as a cross-cutting development agenda to win the African dream- *integrated, prosperous and peaceful Africa*[24].

10.   Therefore, in order, to strengthen the efficiency of early warning systems, monitoring trends and disease prediction and timely public health emergency interventions for the benefit of the national and international community, it is essential that Africa improves its own capacity in disease recognition and laboratory competence. This concept note with the initiative of linking African academic and research institutions in smart partnership with centre of science excellence as well as international research centres, strives to strengthen Africa's capacity to detect, identify and monitor infectious diseases of humans and animals, to better manage health and socio-economic risks posed by them, and to improve research capacity in investigating the biologic, socio-economic, ecologic and anthropogenic factors responsible for emergence and re-emergence of infectious diseases as well as increasing burden of non-communicable diseases.

11.   In light of the aforementioned facts, the intent of this concept paper is to recommend the establishment of African Centre for Disease Control and Prevention (African CDCP) by the AU— under the AU umbrella and based in Ethiopia—to manage health priorities of the continent in general and public health emergencies and disasters in particular which challenge resilience of the community and cost many lives, resulting in reversing and disfiguring of all successes and its image.

12.   To this end, it's imperative that AU and partners could take the following actions:

- to establish continent wide, self-resilient coordination and reliable information relay and dissemination centre;

- create a medium to member states to share lifesaving critical data and information to and from a designated and accountable body through the AU;

- have a coordinated and coherent risk reduction, preparedness, emergency response ,capacity building (in disease detection, scientific research and quality laboratories, risk mapping, response….) and recovery mechanisms for Africa;

- establish a centre to work in African context and priorities of the member states in the arena of the health sector;

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[24]African Union.Vision of the African Union.www.au.int/en/about/. Accessed on 10 June, 2013.

- establish a continent wide centre for scientific and laboratory research on high burden diseases and risk factors to the continent and global threats and solutions.

ORGANIZATIONAL DESCRIPTION OF THE CENTRE

13. The African CDCP will be an agency like the European Union Center for disease control and Prevention (European CDC)[25] and the US America- CDC[26]that promotes healthy community and prevent disease across the continent.
Vision:

"Safeguard and secure health equity of African Citizens"

Mission:

14. The mission of African CDCP is to identify, assess and communicate current and emerging threats to human health posed by communicable, non-communicable diseases and environmental health threats and enhance member state readiness to mitigate and respond to Public Health emergencies whilst strengthening Member States implementation capacity.

Objectives:

15. In order to achieve its mission, African CDCP will work in line with the Africa Health Strategy and AU social policy framework[27] and in partnership with African nation's health protection bodies across Africa to strengthen and develop continent-wide diseases surveillance and early warning systems. By working with experts throughout Africa, African CDCP pools Africa's health knowledge to develop authoritative scientific opinions about the risks posed by current, emerging and re-emerging communicable and non-communicable diseases.

16. The African CDCP within the field of its mission, shall:

- Facilitate responses to health emergencies in Africa;

- Provide timely information to the AU and member states, community agencies and international organizations within the field of public health;

- Search, collect, evaluate and disseminate relevant scientific and technical data; and work to create an African system of health innovation;

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[25]http://www.ecdc.europa.eu/en/pages/home.aspx
[26] http://www.cdc.gov/
[27]African Union.Social Policy Framework for Africa CAMSD/EXP/4(I).First Session of the AU Conference of Ministers in Charge of Social Development. Windhoek, Namibia. 27 - 31 October 2008.

- Strengthen research on strategies and measures for disease control and prevention through centres of excellence;

- Organize and implement control and prevention plans for different kinds of diseases;

- Carry out public health management for food and waterborne diseases, occupational and environmental health;

- Provide technical guidance, staff training and public health services throughout the continent;

- Exchange information, expertise, scientific data and enhance best practices of public health throughout Africa;

- Act as African networking group of disease prevention emergency, relief and construction of public health information systems.

Scope and Peculiarities of the centre:

17.   The African CDCP is a grand Pan – African Initiative. It is an idea born at the time when Africa is rising on one hand and various pandemics are intimidating the globe on the other hand.

18.   Three peculiar features of the African CDCP are worth noting:

1) **Political Mandate**
   The African Union shall vest the African CDCP with a political mandate to request Member States to share health information and make interventions where there is a Public Health Emergency across the African continent be it man-made or natural.

2) **Complementarity**
   The African CDCP seeks to avoid duplication of efforts/resources or taking over the activities of existing initiatives or organizations. Its approach emphasizes complementing the efforts of continental organizations and regional initiatives.

3) **Wider Scope**
   As a truly Pan – African institution, its scope looks at the entirety of the African continent.

19.   The African CDCP shall have the following three major roles;

1) It shall facilitate information exchange among African Member States. The African CDCP will have a political mandate to request countries to send information to AU-CDC which could be then shared.

2) It shall build or improve the Lab. Capacity across the African continent. Here, the ASLM (African Society of Laboratory Medicine) is counted on to play a critical role. ASLM may form the Laboratory Arm of the AU – CDC. The AU – CDC, headquartered in Addis Ababa, can have centers of excellences across Africa.

3) It shall lead and coordinate interventions or the Public Health Emergency response to address the outbreaks or calamities threatening the continent. The African CDCP here as well will have a political mandate vested on it by the AU Assembly of Heads of State & Government to make the necessary interventions when Public Health threats or wrath occur in any part of Africa. This way, it may be linked to the Peace and Security Commission of the AU. Whenever there is, for instance, coup d'état in a country, it intervenes and engages in peace making & keeping process.

Programs:

1) Communicable diseases:
   1.1. HIV/AIDS, STD, viral hepatitis, TB and malaria prevention
   1.2. Immunization and Respiratory disease
   1.3. Food and water born disease and other parasitic disease prevention
   1.4. Emerging and zoonotic infectious disease and one health initiative

2) Non –communicable disease, injury, environmental health and toxicology:
   2.1. Maternal and child health
   2.2. Chronic disease prevention and health promotion
   2.3. Injury prevention and control
   2.4. Environmental health and toxicology
   2.5. Mental health

3) Surveillance, epidemiology and laboratory science:
   3.1. Health statistics
   3.2. Laboratory science and practice
   3.3. Epidemiology and analysis
   3.4. Public health surveillance and informatics
   3.5. Scientific education and publication

4) Public health preparedness and emergency response:
   4.1. Disaster epidemiology and response
   4.2. Pre -hospital care and emergency response system development
   4.3. Emergency operation center

5) Occupational safety and health

20.   The ACDCP is proposed to be headquartered in Addis Ababa, Ethiopia. The establishment will be ratified and signed by the African Union Assembly of Heads of State and Government.

21.   The center, for it to effect quality and timely actions, will have relay centers of excellence in Member States to work closely with the Ministries of Health of AU Member States, and some regional centres of excellence on specific subject areas.

22.   In order to attain all these objectives, the ACDCP will require professionals with strong credentials. Moreover, the Centre will be a strong focal and channel point to work jointly with other similar organizations like the US CDC, EU-CDC, China CDC…and other UN organization-WHO, UNICEF….

Budget

23.   The estimated budgetary implication of the centre will be studied further.

FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA'S INTEREST AND PECULIARITIES

24.   This proposed centre for disease control and prevention has wider programmatic scope (addressing communicable, non-communicable, environmental, toxicological, disasters and etc)and will be an umbrella organ for those regional centres of excellence that are currently working in different regions of the continent, and some proposed for establishments.

25.   The Initiative of the former president of Egypt, H.E President Mohamed Hosni Mubarak for the Establishment of the African centre for Infectious and Endemic Diseases and HIV/AIDS in Cairo (Item proposed by the Arab Republic of Egypt) at the 5th ordinary meeting of the African Union has a narrower scope, focusing on communicable diseases. The ACDCP has, nonetheless a wider scope embracing communicable, non-communicable, environmental, disaster (human-made, and natural)…etc.

26.   Ethiopia has solid reasons to host this centre in the capital city. Some of them are:

1) Ethiopia is the seat of the AU. The ACDCP is proposed to be set up under the AUC, so it would be automatic to put up the Head Quarter in Addis Ababa;

2) Ethiopia is the originator of this idea and also a champion for its establishment;

3) The Government of Ethiopia has expressed its commitment to the future centre by granting land for free for construction, as it did for the AU and providing all other necessary support for its establishment;

4) The African Society for Laboratory Medicine(ASLM) which sits in Addis Ababa, would be providing critical support to the establishment of the centre;

5) Ethiopia has an excellent and proven track record of promoting pan-African initiatives;

6) It is a country that led, defended and defeated colonialism. Likewise, it could lead the battle against continent's health threats and woes.

CONCLUSION

27. With the changing world and the current high burden of diseases and vulnerability to both human and natural disasters in Africa, individualistic and border-bound efforts no more help states to be immune for challenges of the neighbour.

28. The establishment of this centre of excellence is believed to bring a paradigm shift in the continent in the public health effort of member states. It will avoid crises reactive responses through enhancing their capacity for risk mitigation, readiness and timely response to emerging and re-emerging public health emergencies there by contributing significantly to avert and minimize morbidity, mortality and disability including political, economic and social crisis.

2014-01-30

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