

African Union, African Regional Bodies

## Statute of the African Centres for Disease Control and Prevention (Africa CDC)

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African Union

# Statute of the African Centres for Disease Control and Prevention (Africa CDC)

Published

**Commenced on 31 January 2016**

*[This is the version of this document at 31 January 2016.]*

## **Preamble**

### **We, 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 22nd 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 Centre;

**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 Centre; 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";

**WHEREAS** in 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;

### **HAVE AGREED AS FOLLOWS:**

## 1 General provisions

### Article 1 – Definitions

In this Statute, unless the context requires otherwise:

"**Advisory and Technical Council**" or "Council" means a body that provides 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:

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

"**DSA**" means the Department of Social Affairs of the Commission;

"**Executive Council**" means the Executive Council of the African Union;

"**IHR**" means the International Health Regulations;

"**Member States**" means the Member States of the Union;

"**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 Centers**" means the Regional Collaborating Centers in Africa supporting the Africa CDC in the day-to-day execution of its 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 status of the Africa Centres for Disease Control

1. The Africa CDC is hereby established as a specialized technical Institution of the Union charged with the responsibility 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 shall:
  - a) Enter into agreements within the applicable Rules and Regulations of the Union; and
  - b) Acquire and dispose of immovable and movable property in accordance with the said Rules and Regulations.
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.

## Article 3 – Objectives and functions

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

- a) The establishment of early warning and response surveillance platforms to address, in a timely and effective manner all health emergencies;
- b) Supporting 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) Supporting Member States in health emergencies response particularly those which have been declared PHEIC emergencies as well as the promotion and prevention of diseases through the strengthening of health systems, by addressing communicable and non-communicable diseases, environmental health and Neglected Tropical Diseases (NTDs);
- f) Promoting partnership and collaboration among Member States to address emerging and endemic diseases and public health emergencies;
- g) Harmonizing disease control and prevention policies and the surveillance systems in Member States; and
- h) Supporting Member States in capacity building in public health through, medium and long term field epidemiological and laboratory training programmes.

## 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 in the prevention of public health emergencies and 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 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;
  8. **Value-addition:** In every strategic aim, objective, or activity, the Africa CDC should demonstrate how its 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 Regional Centers in the pursuit of its strategic objectives. The Africa CDC shall therefore operate within the following framework:

1. Development of a shared 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 African Union specialized institutions and agencies, external partners as well as Africa CDC Collaborating Regional Centres to pursue 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 emergencies;
  - d) timely disseminating critical information to Member States.
4. Establish an emergency operation center (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 CDC.

### **Article 7 – Meeting**

1. The meetings of the Africa CDC shall be held at its Seat, unless a Member State or cooperating partner 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 or cooperating partner shall be responsible for all extra expenses incurred by the Secretariat as a result of holding the meeting outside the seat of Africa CDC.

## **2 Governance and management of the Africa CDC**

### **Article 8 – Structure of the Africa CDC**

The structure of the Africa CDC shall consist of:

- a) Governing Board;
- b) Advisory and Technical Council; and
- c) Secretariat.

### **Article 9 – The Governing Board**

1. The Board shall be the deliberative organ of the Africa CDC.
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 and at the request of:
  - a) The policy organs of the Union;
  - b) The STC;
  - c) Any Member state, upon approval of a two-thirds majority of Member States; or
  - d) The Secretariat, in the event of outbreak of an epidemic or a health emergency, 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 shall be composed of fifteen (15) members, as follows:
  - a) Ten (10) Ministers of Health representing the five Regions of the African Union, two per region nominated by their Region;
  - b) Two (2) representatives of the Commission (Social Affairs and Political Affairs of the African Union);

- c) Two (2) nominees of the Chairperson of the Commission representing the private sector and the Civil society in consultation with the Chairperson of the Board;
  - d) One (1) Representative of Regional Health Organizations on rotational basis.
2. The Legal Counsel or his/her representative shall attend the Board meetings to provide legal advice as may be required.
  3. The Director 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 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.
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 representatives of each AU Region.
3. The term of office of the two 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 nonrenewable.
4. The Board shall elect by a simple majority for a three (3) year nonrenewable term a Chairperson of the Board from among the regional representatives of Member States, taking into account the Union's principle of regional rotation and gender equity.
5. The Board shall also elect, by a simple majority, for a nonrenewable 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;
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 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 for noting;
6. assist the Secretariat in resource mobilization;
7. submit annual reports to the STC on the activities and achievements of the Africa CDC; and
8. examine the Africa CDC Action plan, budgets, activity and reports, and recommend the same for approval.



### **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 Council.
2. The Board shall adopt its own Rules of Procedure and that of the Council.

### **Article 14 – Advisory and Technical Council**

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

### **Article 15 – Composition of the Council**

1. The Council shall be composed of twenty three (23) members as follows:
  - a) Five (5) Representatives of the Regional Collaborating 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) 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; and
  - h) One (1) Representative of World Organization for Animal Health.
2. Director of the Africa CDC shall serve as the Secretary of the Council.
3. The Advisory council may invite such expertise from relevant stakeholders as necessary.

### **Article 16 – Term of office of the 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 nonrenewable term of two (2) 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;
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 Council**

1. The sessions of the 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 Council.

### **Article 19 – Secretariat**

1. The Secretariat shall be responsible for ensuring the implementation of the decisions of the policy organs of the Union; the STC, and the Board of the Africa CDC.
2. The Secretariat shall convene the meetings of the Governing Board, Advisory 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 and shall report to the Commission through the DSA.
4. The Director shall be the Chief Executive Officer of the Africa CDC.
5. The Director shall be appointed by the Commission on the approval of the Board, and shall serve for a period of four (4) years and renewable only 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 as stipulated in Article 19(5).
9. AU rules, procedures, regulations and directives 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 program 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 information centers that guide Member States and other stakeholders and serving as the main source 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 disseminating the findings of the studies to Member states and other Stakeholders; and
- i) Preparing health map of Africa for communicable and non-communicable diseases.

## **Article 21 – Functions of the Director**

1. The Director shall:
  - a) As the Chief Executive Officer be responsible for the overall management of the Africa CDC;
  - b) Implement directives from the Board 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 Board and the Council and act as Secretary to the Board and 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 shall apply in the operation of the Africa CDC.

### 3 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**

The Department of Social Affairs as the policy Department on the subject matter shall ensure synergy between the Africa CDC and the Commission.

#### **Article 24 – Africa CDC Regional Collaborating Centres**

1. In the execution of its strategic work plan, Regional Collaborating Centres (RCC) shall support the Africa CDC. The collaboration and support of the 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 of the Africa CDC, there shall be a minimum of five (5) RCC 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.
4. Each Region shall be responsible for selecting their RCC in accordance to 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 Collaborating Centre may also be a regional CDC where such a Regional CDC exists.

#### **Article 25 – Selection of Regional Collaborating Centres**

1. Each region shall select one Regional Collaborating Centre based on the following guiding principles and criteria:
  - a) **Guiding principles:**
    - i) Synergy between Regional Center's internal goals and Africa CDC aims;
    - ii) Good governance & respected leadership;
    - iii) Sustainable funding and fiscal accountability;
    - iv) History of collaboration between health sectors.

- 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 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) Ability to represent regional constituency;
  - vi) Track record of expertise in region-specific health hazards;
  - vii) Willing and able to provide surge capacity to other countries if country capacity is lacking, particularly during public health emergencies; and
  - viii) A 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 evaluate the performance of RCC. Pursuant to the evaluation, the Governing Board may replace a non-performing or underperforming RCC 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 Ministries of Member States responsible for health and agencies that deal 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, 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.

## **4 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.

## **5 Final provisions**

### **Article 31 – Working languages**

The working languages of the Africa CDC shall be same as those of the African Union.

### **Article 32 – Amendment**

1. The present Statute may be amended upon the recommendation of:
  - a) The Executive Council;
  - b) The STC; 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 twenty-sixth Ordinary Session of the Assembly, held in Addis Ababa, Ethiopia**

**31 January 2016**