2017 2021

Africa Centres for Disease Control and Prevention Strategic Plan

African Union

AFRICA CDC
Centres for Disease Control and Prevention
Safeguarding Africa's Health

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ACKNOWLEDGEMENT

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The African Union Commission expresses its appreciation and gratitude to everyone who has contributed to the development of this Africa CDC Strategic Plan (2017—2021). These include representatives of organizations/institutions, especially persons whose valuable contributions have influenced the development and finalization of this important document.

ABBREVIATIONS AND ACRONYMS

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AUC	African Union Commission
Africa CDC	Africa Centres for Disease Control and Prevention
HSG	Heads of State and Government
IHR	International Health Regulations
NCD	Non-communicable diseases
NPHI	National Public Health Institute
NTD	Neglected tropical diseases
PHEIC	Public health emergency of international concern
RCC	Regional Collaborating Centres
REC	Regional Economic Committee
SDG	Sustainable Development Goals

Health as a development issue affects the economic, social and security concerns of countries and regions when infection or epidemics occur as witnessed during Ebola outbreak in West Africa in 2014/2015. The African Continent currently faces the triple burden of communicable and non-communicable diseases (NCDs), and injury and trauma. Challenges resulting from outbreaks such as Yellow fever, Cholera, natural disasters as a result of climate change and conflict still affect the continent adversely and continue to pose threats.

Bearing in mind all these concerns that the continent faces, the African Union Heads of State and Government (AU HoSG) at the Special Summit on HIV and AIDS, TB and Malaria in Abuja (July 2013), recognized the urgent need to put in place a Specialised Agency to support African Union Member States in their efforts to strengthen health systems through capacity building which will result in effectively responding to emergencies, addressing complex health challenges and conduct life-saving research in the Public Health Sector. In this Special Summit, the Assembly requested the African Union Commission to work out the modalities of establishing the Africa Centres for Disease Control and Prevention (Africa CDC).

Subsequently, the Africa CDC was established and its statute approved by the 26th Assembly of the Heads of State and Government in January 2016 and officially launched on 31st January 2017 in Addis Ababa, Ethiopia. The Africa CDC Governing Statute anchors the institution in the following guiding principles: Leadership, Credibility, Ownership, Delegated authority, Timely dissemination of information, Transparency, Accountability, and Value-addition. In all its initiatives, the Africa CDC shall demonstrate how each activity will support the above principles. The Africa CDC endeavours to support Member States in improving the health of their people through building the capacity of public health institutes to focus on prevention of infection, surveillance and response to emergencies (including outbreaks, man-made and natural disasters, and public health events of regional and international concern), and building capacity to reduce disease burden on the continent.

Building on these guiding principles and mission, the Africa CDC has developed a five-year strategic plan (2017—2021). This strategic plan describes five strategic pillars, which will help the Africa CDC to achieve its mission and vision. These are:
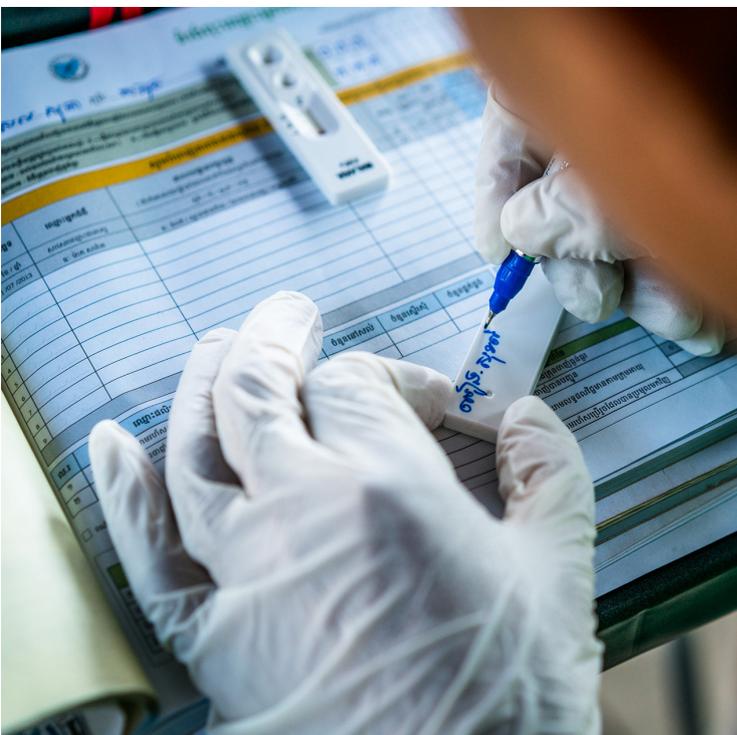
- Surveillance & Disease Intelligence
- Information Systems
- Laboratory Systems and Networks
- Emergency Preparedness and Response
- Public Health Research

From these strategic pillars, several strategic objectives are derived with a defined set of activities and performance measures. Functionality and implementation of these pillars will require the support of cross-cutting enablers (workforce, partnership, innovation, finance and leadership and management) that provide the backbone for the operations of the Africa CDC.

The inspired impacts of these strategic pillars and objectives is to empower the national public health institutes of Member States and the Africa CDC to prevent and control public health events on the continent and to achieve Agenda 2063.
To achieve these strategic pillars and objectives, Africa CDC will work through the Regional Collaborating Centres (RCC) and Member States (Ministries of Health and National Public Health Institutes).

This Strategic Plan will support Africa CDC programs from 2017—2021. It has been prepared by conducting an in-depth situational assessment of policy frameworks of the African Union—including Agenda 2063: the Africa We Want, the Africa Health Strategy 2015—2030, Catalytic Framework to End AIDS, TB and Eliminate Malaria in Africa by 2030; other continental and global commitments like the Sustainable Development Goals (SDG), International

Health Regulations (IHR-2005). Other continental and global health determinants like demographic, cultural, and socio-economic factors were also considered.

Health policy frameworks developed by the African Union Commission provides the Africa CDC with an enabling environment to achieve its mandate of facilitating and supporting Member States in capacity-building for enhanced preparedness and prompt response to public health threats. These commitments endorsed by the AU Heads of States and Government provide the necessary authority to collaborate with Member States and ensure that they comply with promoting prevention, surveillance, emergency preparedness and response, and translation of evidence-based research into policies and intervention.

In general, the ultimate purpose with this Strategic Plan, in line with Agenda 2063, is to attain an integrated and prosperous Africa that has healthy, well-nourished citizens with long life spans by controlling and/or eradicating all communicable diseases including neglected tropical diseases (NTDs) and infections; and strengthening health systems to significantly reduce non-communicable and injury and trauma. This Strategic Plan will be cascaded to all levels of the Africa CDC structure. It will also be translated into annual operational plans. Its implementation will be consistently monitored using the monitoring and evaluation framework stipulated in the Plan.

BACKGROUND

The Africa CDC aims to address these challenges by supporting African countries to improve the health of the people by reducing the disease burden - especially infectious diseases - through prevention and treatment, surveillance and response to emergencies (including outbreaks, man-made and natural disasters, and public health events of regional and international concern), and capacity-building.

Successes and Challenges

In calling for the creation of the Africa Centre for Disease Control and Prevention (Africa CDC), the African Union recognized that Member States have put significant effort into containing and reducing the negative impact of diseases, conditions and events by adopting and implementing strategic policies. Initiatives - including those for disease surveillance, control and prevention, health system strengthening, disaster preparedness and response, and the recent success in addressing the Ebola outbreak in West Africa through ASEOWA - have resulted in significant progress. However, significant challenges remain in efforts to improve disease prevention and control; primarily because of structural weaknesses in health systems. The health infrastructure lacks adequate human resources capacity, equipment and facilities; limited disease surveillance; insufficient laboratory diagnostic capacities; and delayed preparedness and response to health emergencies and disasters.

African countries have realised numerous successes in combatting infectious diseases[1] , pioneering innovations in disease prevention , and limiting or overcoming major infectious disease outbreaks. These successes[2] - including progress on many objectives of the Millennium Development Goals[3] and the control of the devastating Ebola Virus Disease outbreak- have stimulated interest in, and optimism for, further efforts toward reducing the challenges of infectious and non-communicable diseases that persist on the African continent.

Despite these successes, challenges in addressing prevention and control of diseases still remain. While the spread of HIV/AIDS, malaria, tuberculosis, EBV, yellow fever, cholera and [4]other re-emerging and emerging infectious diseases are declining reduced through existing programs and interventions, clear gaps in national capacities to combat communicable diseases through focusing on prevention and control have been acknowledged.

Added to this is the increasing prevalence of non-communicable diseases (NCD). NCDs account for more than 60% of all deaths occurring in adults

1 The Catalytic Framework to End AIDS, TB and Eliminate Malaria in Africa by 2030

2 The Africa Health Strategy 2016-2030

3 The Millennium Development Goals Report 2015

4 The Catalytic Framework to End AIDS, TB and Eliminate Malaria in Africa by 2030

above 45 years of age in Africa.[5] Relative increase in the NCD global burden for the next 10 years is projected to occur in Africa; the burden of cancer alone is expected to double between 2008 and 2020. By 2010, Cerebral Vascular Diseases, Diabetes and COPD were ranked the 7th, 8th and 9th leading causes of disease and disability in Africa, South of the Sahara. Likewise, Injury and trauma pose significant health and economic burdens on the Continent, especially in light of already over-burdened health systems.

Many other challenges - such as climate change, food insecurity, conflicts, water shortages and water quality, potential pandemics, human insecurity, increased mobility and settling of previously unoccupied areas by humans (leading to close interaction with animals) - may also cause an increased disease burden on the African Continent.

Africa CDC Establishment:
Legislative and Policy Perspective

Given our common current and future challenges, there is a need to collaboratively develop health programs that are based on accurate information and evidence-based solutions. To do so, and in the light of these many and diverse challenges, the Heads of State and Government (AU HoSG) during the African Union Special Summit on HIV and AIDS, TB and Malaria (ATM) in Abuja in July 2013 recognized the urgent need to put in place a structure to support African countries in their efforts to effectively respond to emergencies, address complex health challenges, conduct live-saving research and build needed capacity. In the 2013 Special Abuja Summit, the Assembly charged the Commission with developing plans for establishing the Africa Centres for Disease Control and Prevention (Africa CDC), with a clear vision and roadmap: to bring the collective strengths of the African nations to bear on shared health challenges. The Africa CDC, under the guidance of the African Union (AU), was charged with moving decisively - with a transparent and collaborative process - to build the necessary infrastructure, collaborations and partnerships to drive progress and achieve success in gaining and

sustaining better health for all countries on the African continent.

The AU HoSG has adopted numerous health policy frameworks that elevated health as a development priority. Since the Abuja call[6], the Africa Union has provided its Member States with leadership and direction on combating the disease burden on the continent. The recently adopted Agenda 2063 emphasizes the need to view health as a development issue if the continent is to prosper and achieve its objective (Aspiration 1, Goal 3) that citizens are healthy, well-nourished, and have long life spans.

> *"By 2063, every citizen will have full access to affordable and quality health care services, universal access to sexual and reproductive health and rights information, and these services will be available to all women, including young women, adolescents, women with disability, those living with AIDS and all vulnerable groups.*
>
> *Africa will be rid of all the neglected tropical diseases (NTDs), and all communicable and infectious diseases, such as Ebola, will be fully brought under control. Robust, integrated systems will be in place to significantly reduce non-communicable and lifestyle changes related diseases, including obesity, diabetes, cardiovascular diseases, and deaths from HIV/ AIDS, Malaria and Tuberculosis will be reduced to zero. Integrated and comprehensive health services and infrastructure will be in place, where services are available, accessible, affordable, appropriate and of quality. The African population of 2063 will be healthy, well nourished, and enjoying a life expectancy of above 75 years." —Agenda 2063*

The Africa Health Strategy (AHS 2016-2030), an overarching document that provides strategic guidance for Member States in the implementation of health policies stipulates the role that Africa CDC will undertake in disease prevention, surveillance and emergency preparedness and response. Additionally, the Africa CDC mandate is clearly outlined in the Concept Document and the Africa CDC Governing

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5 Marquez P V, Farrington JL. The Challenge of Non-Communicable Diseases and Road Traffic Injuries in Sub-Saharan Africa. An Overview. Washington DC; 2013.

6 Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases. Declaration. Abuja: African Union Commission, Department of Social Affairs; 2001

social determinants of health to achieve the health improvement objectives by the year 2030. Furthermore, the document calls for a new paradigm for the establishment of effective disaster preparedness and response management. Member States are urged to strategically focus on disease surveillance, preparedness and response in line with the IHR (2005), and to strengthen and periodically review surveillance and emergency preparedness plans for public health as well as natural disasters that may have implications on the well-being of populations.

The Catalytic Framework to End AIDS, TB and Malaria (CF-ATM) stipulates the need for Member States to efficiently and effectively utilise allocated resources for health intervention and develop financial mechanisms to sustain funding for health programs. The AIDS Watch Africa (AWA) platform, an advocacy and accountability high-level platform, could be useful to leverage the political will and commitment when epidemics arise.

Member States are also encouraged to take concrete actions to allocate at least 1% of Gross Domestic Product (GDP) to Research & Development to ensure that Africa maximises ownership and responsibility for the Continent's developmental path [Science Technology and Innovation Strategy for Africa (STISA 2024)].

The existence of these policies provides the Africa CDC with an enabling environment to achieve its mandate of facilitating and supporting Member States in capacity building for enhanced preparedness and prompt response to public health emergencies. Finally, these commitments by the AU HoSG provide necessary the authority to collaborate with Member States and ensure that they comply with promoting prevention, surveillance, emergency preparedness and response, and translation of evidence-based research into policies and intervention.

African CDC Mandate/Rationale[1]

The following vision and mission statement were created by the Africa CDC Multinational Task Force and endorsed in the Africa CDC Concept Note[2] . In the preparation and launch of the Africa CDC Strategic Plan, a few modifications have been proposed:

Vision

A safer, healthier, integrated and prosperous Africa, in which Member States can efficiently prevent disease transmission, implement surveillance and detection, and always be prepared to respond effectively to health threats and outbreaks.

Mission of the Africa CDC

Strengthen Africa's public health institutions' capacities, capabilities and partnerships to detect and respond quickly and effectively to disease threats and outbreaks based on science, policy, and data-driven interventions and programs.

Guiding Principles

1. Leadership: The Africa CDC 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 building up and promoting their own national public health systems through direct programmatic engagement, and through an advisory role in shaping Africa CDC priorities.
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 support Member States in delivering an effective response. The Africa CDC will take the appropriate steps to notify the Commission of its action at the same time

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1 Special Summit Of African Union On HIV And AIDS, Tuberculosis And Malaria Abuja, Nigeria 12–16 July 2013 & Assembly Decision Au/Dec.499(XXII)

2 Report of the Commission on the establishment of the Africa Centres for Disease Control and Prevention

5. Timely dissemination of information: The Africa CDC leadership will regularly update Member States on ongoing actions and seek their support and collaboration. It shall leverage collaboration and networking to and engage Member States in strong partnerships.

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 that initiative adds value to the public health activities of Member States.

Objectives of the Africa CDC

The objectives of the Africa CDC as outlined by the Concept Document are:

- The objectives of the Africa CDC as outlined by the Concept Document are:

- Establish early warning and response surveillance platforms to address all health threats and health emergencies and natural disasters in a timely and effective manner;

- Assist Member States to address gaps in capabilities required for International Health Regulations (IHR 2005) compliance;

- Support and/or conduct regional- and country-level hazard mapping and risk assessments for Member States;

- Support Member States in health emergency responses, particularly those which have been declared a public health emergency of international concern (PHEIC) emergencies.

- Support health promotion and disease prevention through health systems strengthening, by addressing infectious and non-communicable diseases, environmental health and NTDs;

- Promote partnership and collaboration among Member States to address emerging and endemic diseases and public health emergencies;

- Harmonize disease control and prevention policies and the surveillance systems in Member States;

- Support Member States in public health capacity-building through, medium and long-term field epidemiological and laboratory training programs.

Strategic Pillars of the Africa CDC

The Africa CDC will operate under five functio

1. Surveillance and Disease Intelligence
2. Information Systems
3. Laboratory Systems and Networks
4. Preparedness and Response
5. Public Health Research.
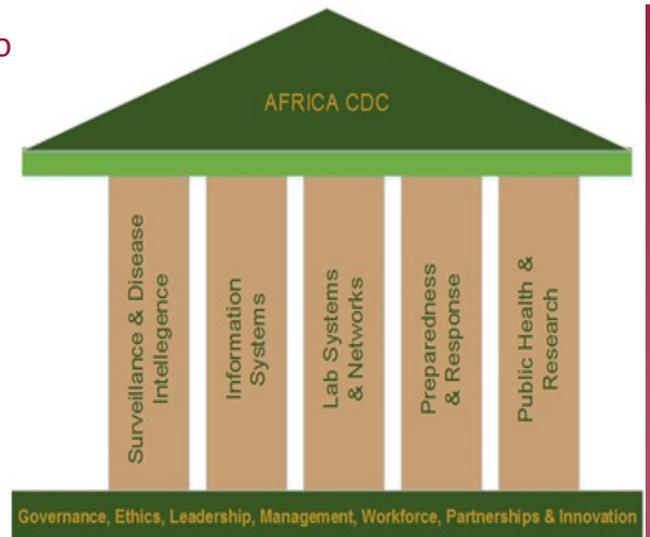
The Africa CDC will promote and strengthen these functional capacities with the Member States in collaboration with the Africa CDC Regional Collaborating Centres (RCC). To ensure that the Functional Pillars are effectively implemented, cross-cutting enablers will provide the backbone for the operations of the Africa CDC (Workforce, Partnership, Innovation, Finance and Leadership and Management).

Include governance as enabler

Each Strategic Pillar of the Africa CDC has an over-arching goal and corresponding objectives for the first 5 years. However, for 2017 & 2018, the Africa CDC will prioritize a few strategic objectives of each pillar to build capabilities to expand other priority capacities.

Pillar 1

Surveillance and Disease Intelligence

Goal:
Strengthen health-related surveillance systems for improved public health decision making and action

Strategic Objectives:
(priorities for 2017-2018 in bold)

1 Establish event-based surveillance as an important mechanism for early warning, risk assessment, disease predictions, and response.

2 Support establishment and strengthening of National Public Health Institutes to coordinate surveillance systems in a multi-sectoral approach and ensure surveillance data informs national policy and public health actions.

3 Strengthen implementation of the existing surveillance systems (such as IDSR) within member states and ensure linkages with animal, agriculture and environmental sectors

4 Support countries to strengthen disease-specific surveillance systems for priority diseases (e.g. HIV and AIDS, TB Malaria, Hepatitis and NCD) appropriate for the African context.

5 Facilitate and strengthen Regional Coordinating Centres (RCC) in promoting inter-country and regional collaboration on surveillance, shared data use, and engagement with laboratory networks.

6 Support enhanced FETP training to strengthen study design knowledge and competency and statistical analysis of meta and demographic data.

7 Assist AU Member States to develop a surveillance workforce sufficient for national responsibilities and continued development of tools that support strengthening of the workforce to support IDSR and IHR requirements.

Pillar 2

Information Systems

Goal:
Develop and strengthen information systems that support public health strategies in Africa

Strategic Objectives:
(priorities for 2017-2018 in bold)

1 Design and implement a continental data-sharing platform for Member States by linking public health institutes in each country through a wide area network managed by Africa CDC for secure electronic transmission of relevant data and reports, enable data queries and provide dashboard reporting to monitor priority objectives and outbreak responses. The network may support functional regional networks within the WAN.

2 Organize, convene and support working groups to develop and promote network domains, and adoption of informatics guidelines and standards to enable interconnectivity and electronic transmission of data and information among Africa CDC member institutes.

3 Support training through RCCs on informatics such as geographic information systems, network domains, analytical and management software, and hardware including functional needs assessments, and procurement.

4 Establish data observatories at Africa CDC RCCs through training and collaboration

Pillar 3

Laboratory Systems and Networks

Goal:
Strengthen Africa's clinical and public health laboratory systems and networks by continually improving continually improving workforce competency to assure quality and safety

Strategic Objectives:
(priorities for 2017-2018 in bold)

1 Support countries and regions to map existing laboratory systems to defined requirements of a tiered national laboratory system (specifically quality, standards, and biosafety), and networks [specifically links to disease surveillance and clinical care (public and private sector]

2 Assist countries in developing comprehensive national laboratory strategic and implementation plans and enabling policies, which include regulations of laboratory diagnostic testing and secure and safe handling of highly dangerous pathogens.

3 Support Africa CDC Regional Collaborating Centres and national-level laboratory networks to implement modern advanced molecular technologies and multiplex pathogen assays

4 Support the introduction of a patient-centred approach for integrated point-of-care diagnostic testing for syndromic management and surveillance at the community level

5 Develop and manage strain banks as repositories for diagnostic and vaccine development for emerging and re-emerging pathogens

6 Support laboratory workforce development, which may include the creation of a Field Laboratory Training Program

Pillar 4

Emergency Preparedness and Response

Goal:
Ensure effective public health emergency preparedness and response

Strategic Objectives:
(priorities for 2017-2018 in bold)

1 Support the development and testing of multi-hazard and multi-sectoral preparedness and response plans for public health emergencies at national, regional, and continental level

2 Support the development of surge capacity at national, regional, and continental levels that integrates capabilities of NPHIs and RCCs

3 Support the establishment of functional national public health emergency operation centres (EOC), as part of National Public Health Institutes

4 Establish and manage national and regional stockpiles for public health emergency response

5 Facilitate and promote sustained partnerships for multi-sectoral coordination and collaboration

Pillar 5

Public Health Research

Goal:
Strengthen public health science and improve public health decision-making and practice to achieve positive health outcomes

Strategic Objectives:
(priorities for 2017-2018 in bold)

1 Establish Africa CDC public health research agenda with goals and objectives to address priority health issues, which may include certain suitable capacities.

2 Strengthen public health research capacity within public institutions in partnerships with academic institutions in Member States

3 Promote collaboration and coordination among existing networks to conduct research on priority issues of public health research agenda

4 Recharacterize the known burden of "disease" and other health concerns from a continental and/or regional perspective (core epi, clinical descriptive)

5 Assess effectiveness of existing public health interventions on health conditions that have been prioritized by the health policy instruments of the African Union

6 Support research on surveillance methodologies: quality interventions and innovative technologies

7 Apply multi-sectoral/cross-cutting One Health strategies to the Africa CDC public health research agenda

PLANNING, BUDGETING AND FINANCING

For sustainability and continued functional operations, there is need for a dedicated Fund for the Africa CDC. Predictable and assured funding for the specialized organ is pertinent for its functionality. Currently proposed source of fund for the Africa CDC include the additional 0.5% of the operational budget of the Africa Union; Voluntary contributions and donations from Member States; Financial support from Africa Private Sector and contributions from development partner; foundations around the world while ensuring that the Agenda is driven by Africa CDC. The Africa CDC intends to come up with other innovative mechanism to fundraise and will be involved in partnerships with various stakeholders within the continent to ensure sustainable financing.

To ensure accurate and effective management, the Africa CDC will activate an assets management system where a proper tracking mechanism will be put in place for all the assets of the Africa CDC. An Assets management manual will be put to ensure accountability of assets at Secretariat, the Regional collaborating Centres and within Member States. The Africa CDC will also develop its own inventory

MONITORING AND EVALUATION

The cores of this strategic plan are the result matrixes in annex (2). Attainment of planned results in this plan has to be monitored, evaluated and reported on for the provision of evidence based decision support information on Africa- CDC programmes implementation. Within the context of this strategic plan, implementation progress in relation to set targets will be tracked continuously and reported on annually. Monitoring tools will be developed by the Africa-CDC in consultation with key programmes actors within Regional Collaborating Centres and Member States.

Within the context of the Strategic plan's implementation, mid-term and end-of-strategy evaluations will be carried out in June 2019 and in December 2021 respectively. Evaluation will be important for course correction during plan implementation, and serves as a basis for strategic plan revision and formulation of a new one. The following among others be evaluated:

- Relevance: the continued relevance of the strategic plan's goal and strategic objectives in light to the dynamic environment during and after its implementation;

- Efficiency: The extent to which the management of the Strategic plan implementation were within budget;

- Effectiveness: the extent to which outputs were translated to outcomes;

- Sustainability: the extent to which Africa- CDC programme results will be appreciated well after project implementation.

within the Stores unit of the Africa CDC and allocate a dedicated staff for this function.

In the case of emergency operations in line with Articles 4(h) and (j) of the Constitute Act, the procurement process shall be in accordance to Article 41(3) of the AU financial Rules and Regulations (FRR) and in furtherance to the aforementioned Articles, the Africa CDC will develop standing frameworks agreement/contracts that will allow pre agreed upon procurement procedures with reputable institutions who will provide goods and services during emergencies responses. The Africa CDC will also train staff from various departments who will be re-allocated the Emergency Operations Centre during emergency response. In line with the AU Budget calendar, the activities the Africa CDC will be planned and the budget approved in the preceding year. However, the Africa CDC will allocate a fund yearly, which will be earmarked for emergency operations. The unutilised funds will be rolled over to the next year in situations where emergencies did not occur or if the emergencies were of a lower magnitude compared to what was budgeted.

Stakeholder Level	Roles and Responsibilities	Monitoring Cycle
Africa- CDC (Continental level)	• Develops annual implementation plans	Annual
	• Leads the process of design, roll out and updating of M&E Systems	Plan Inception and on-going
	• Consolidates semi-annual and annual reports form the five RCCs and reports to AU Policy Organs and Partners	Semi-annual Annual
	• Monitors compliance with Africa-CDC monitoring and evaluation standards and procedures and lead in data quality assurance checks at all levels	Continuous
	• Provides technical capacity building	
	• Tracks and updates progress on Strategic Plan Implementation	Semi-annual Annual
	• Responsible for the Midterm and end of Strategy Evaluation	June 2019 Dec 2021
African Union Commission	• Department of Strategic Planning to provide Planning, Monitoring & Evaluation Technical and Capacity building Support	As necessary
Regional Collaborating Centres (RCCs) (Regional level)	• Overall planning, implementation and monitoring of Africa- CDC programs based on the Strategic Plan	Continuous
	• Provide technical and Capacity building Support to Member States	Continuous
	• Receive and consolidate reports from MS	Semi –Annually
	• Step down Africa-CDC monitoring and evaluation standards and systems to Member States	Continuous
National level (Member States)	• Utilize existing structures for the facilitation and coordination of semi-annual and annual monitoring and reporting	Continuous
	• Tracks progress towards the attainment of targets as underpinned in the Plan and report to RCCs on progress.	Continuous

Monitoring and evaluation responsibilities of the Africa – CDC strategic plan.

Current communication approaches

- The Africa CDC has a website under the African Union Website www.au.int/africacdc. The website is interactive and therefore has more potential to facilitate better and easier communication with member states. There is need to advocate for the existence of the Africa CDC and popularize it within the Member States in the continent. Currently the website provides documents only in English. Africa CDC will ensure that all documents appearing on the website are translated into all the four AU working languages (English, French, Portuguese and Arabic) to acknowledge that the Institution is accessible to and supported by the continent.

- The Africa CDC has a twitter account, @AfricaCDC that has gained momentum since it was launched in 2016. As the centre becomes more active, the account is expected to gather more followers due to the increased amount of information to share.

- Interviews with the leadership of the Africa CDC have been organised

- The communication section is working to ensure all requests from the public, either through email or social media, are forwarded to the Africa CDC management for responses

- A logo has been designed for the Africa CDC. It is used on all the centres' communication and branding materials. This logo has now been translated into all four working languages of the African Union.

- communication plan for the launching the Africa CDC was designed and activated. However, pressures of the 28th ordinary session of the Assembly of the AU, prevented full implementation of the plan.

The following short to medium term strategies will be adopted:

- Collaborate with the Regional Economic Committees (RECs) to promote visibility by inclusion on the agenda of every REC meeting. The Africa CDC will also provide branding materials in the RCCs and the RECs, sign MOUs with the two or three media houses in the regions and establish a network of communicators in each region. Africa CDC website will soon be linked to other websites within the Member States such as Ministries of Health and other relevant ministries.

- To ensure that the Africa CDC has country presence within the Member States, the AUC will liaise with member States to appoint a focal point office within the Ministries of Health or National Public Health Institutes that will deal with all matters pertaining to the Africa CDC. Member States will provide office space and personnel while the Africa CDC will support the establishment of these offices with the support of external Partners. Additionally, as the Africa CDC gains country presence and recognition, it will identify and reach out to key persons in government, partners and institutions such as universities to advocate for and collaborate in specific priority areas that will benefit both the Africa CDC and the institutions.

- The Africa CDC also intends to increase its visibility through conferences, forums, assemblies and meetings to advocate for its mission and report on its progress. A monthly newsletter highlighting what is happening within the Africa CDC and the RCCs will be shared with experts from the Member States to encourage visibility. The newsletter can also provide a means to feature Member States' accomplishments. The Africa CDC will publish stories and follow-ups from successful projects like the triumph over the EVD outbreak including survivors' histories.

- The Africa CDC will establish a hotline that will serve to facilitate communication with key stakeholders in emergency situations

- The Africa CDC Secretariat plans to visit RCC within the first quarter of 2017 to share experiences as part of communication and advocacy. In the next two years, the Africa CDC will produce an accredited Journal that will link public health agencies and associations to publish public health research

articles from within the Continent. The Africa CDC plans to participate in side events in various global platforms such as Disaster Risk Reduction (DRR). Furthermore, The Africa CDC will hold yearly continental conferences on public health beginning in the year 2018.

In order to have a more long term approach to communication, the Africa DC will design and develop a 5 year communication strategy. It will consolidate and build on the short to medium term communication plans and will serve to support the Africa CDC achieve its objectives, especially as highlighted in principles 1 to 9 above. The communication strategy will have the following pillars:

Public information: The aim would be to keep African people and international audiences informed about the activities and successes of the Africa DC, to win their hearts and minds and to contribute to achievement of health targets in Agenda 2063 as well as the AU goal of being a people centred Union. Public information will also be used to communicate about the different types of public health emergencies or PHEICs, and to save lives through the provision of timely and accurate information and guidelines for the public. Above and below the line channels and tools will include the website, social media, mass media, field visits, coverage of meetings and conferences, advertising, branding, multi-media productions, calendar of events, newsletters

Internal communication; in order to keep internal audiences updated and on message, the AUC will utilise channels and tools such as face to face or online meetings, ICTs, databases of stakeholders, training in specific and relevant areas etc

Advocacy i.e. producing specifically targeted information materials that will serve the requirements of identified stakeholders. Training of key opinion makers such as journalists or other specialists through the Africa Health Volunteers Corps will be done in order to establish a core of communicators. The role of the Africa CDC ambassador in communicating on its work will be critical

Crisis communication plan to support the African Union's and continental response to public health emergencies and/ or PHEICs.

Branding and public relations: to include popularisation of the Africa CDC logo and slogan, its key messages, successes etc.

REGIONAL COLLABORATING CENTRES

Core Functions of the RCCs

The RCCs will provide technical support to the Member States within each region in implementing the strategic objectives of the five functional pillars of Africa CDC. The enablers of the functional pillars - workforce, partnerships, innovation, finances and leadership and management- will form the core activities of the RCCs. The RCCs will serve as technical support institutions for the Africa CDC that work closely with the Member States to ensure that the vision and mission of the Africa CDC is supported across the continent. The RCCs will support the Member States in the regions to ensure that core capacities in surveillance, laboratory systems and networks, information systems, emergency preparedness and response, and public health research are implemented and strengthened. The RCCs will leverage existing capacities with the regions to strengthen collaboration among the Member States in emergencies, disease outbreaks, and in responding to epidemic and pandemic infectious diseases and non-communicable diseases. Other functions will include providing training to public health personnel in Member States, ensuring adequate flow of communication among the Member States, RCCs and Africa CDC Secretariat, establishing focal point offices within the Ministries of Health and actively collaborating and liaising on the public health status of each Member State within their regions.

Standards

The five RCCs will operate in a similar manner following standard policies and procedures. The function and activities of each RCC will be based on the Africa CDC guideline of operations. Each RCC will provide functions including (but not limited to):

i. One Health and governance supporting One Health

ii. Infrastructures

iii. Processes and tools

iv. Integrations among co-sectors (internal and external integrations)

v. v.Preparedness

vi. Surveillance

vii. Reporting standards

viii. Laboratory processes

ix. Confidentiality and ethics

Strategies for Gaining Buy-In for Regional Public Health Collaboration

RCC's are a new concept within Africa and Africa CDC must justify their role and make the case for their establishment, which is crucial to achieving the objectives of Africa CDC. Strategies to show the value-added, to promote buy-in, include:

a. Publicity and communication with Member States within each region

b. Demonstrate relevance through improved responsiveness - rapid risk assessment and management

c. Build capability for predictive public health science

d. Coordinate surge capacities for resources (workforce, stockpiles)

e. Engage Member States and relevant stakeholders in participatory planning and implementation of the functional pillars of the Africa CDC

f. Provide support and not overburden the Member States with demands for extra activities (e.g. ministry of health providing data to WHO, other partners, Africa CDC etc.).

g. Ensue that International agreement is set with other regional bodies e.g. WHO are there to serve the Member States and not to overburden them.

h. Network and link all available capacities in the region and turning them into capacities and capabilities.

Risk Assessment, Management, and Communication

The RCC will support and assist Member States with undertaking risk assessment and mapping of laboratory capabilities and gaps, which will be correlated with demographic, environmental and other information to identify high risk areas for disease outbreaks, and gaps in capabilities as a basis to decide on strategic initiatives to assure preparedness and effective response to health threats. The functions will include but are not limited to:

I). Risk management

    a.   Internal risks

    b.   External risk (conflicts, migration, climates, environmental, chemical, communicable diseases, non-communicable diseases)

    c.   Modelling risk (mapping)

    d.   Key populations (mining, prisons, refugee, and migrants)

    e.   Data mining

ii). Risk communication

    a.   Release of weekly or monthly reports on diseases (mortality and morbidity)

    b.   Use of social media for communication of risk profiling

    c.   Responsible data driven communication capacity building

    d.   Strategy on breaking the bridge between early warning and credibility of information e.g. creating internal mechanism for risk communication like EPI – X

Legal Framework and Mandate

As organs of the AUC, the RCC will have the legal mandate to work with Member States in line with the guidelines provide by the Commission. The RCC will work within the legal confines of the Commission and the existing Regional Economic Committees as mandated by the Member States. RCC are hosted by a Member State and situated in the National Public Health Institute of the hosting country. The RCC will operate independently with their mandate derived from Africa CDC, AUC and the RECs and separate from the governance structure of the Member State. The Member State hosting the RCC will award the RCC the autonomy it requires to function as a regional body as outlined in the hosting agreement. The RCC generally will operate similar to other regional bodies except its mandate will be in line with the five functional pillars of the Africa CDC.
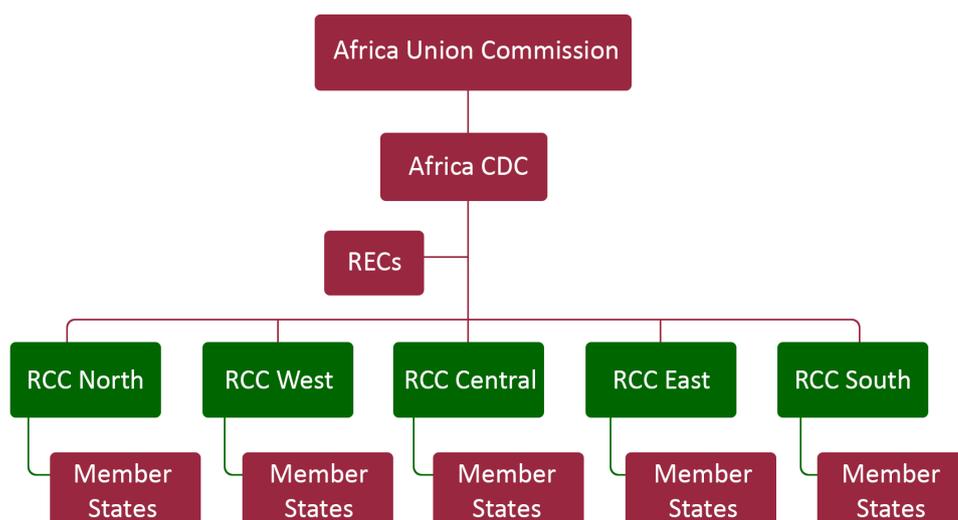
Guiding Principles

i. Synergy between Regional Centres internal goals and Africa CDC mission;

ii. Good governance & respected leadership;

iii. Sustainable funding and fiscal accountability;

iv. History of collaboration between health sectors.

Member States

Roles and responsibilities

- Primary role of the Member State is to set national policy and assure the health of the public through its health programs and initiatives, and lead efforts that support country compliance and effective participation with IHR, IDSR and other applicable international health regulations and guidelines.

- Responsibilities include

- Approval and support of national health policy and strategic plans implemented with sufficient resources

- Development and maintenance of the national health related infrastructure for human resources, technology, facilities and materials required for health systems quality and services

- Participation in the regional, continent-wide and international disease surveillance and response networks and programs to assure the safety and health of the public, disease prevention and response to disease outbreaks, and health threats including natural disasters.

Partners (Other Stakeholders)

Roles and responsibilities

- Primary role of partners is to support the priority health initiatives gable as defined in the national and international policies, strategic plans, regulations and guidelines with resources to include advisory and assistance by experts, training, procurement and direct funding of staff, equipment, facility renovation, commodities and other human or fungible items that directly support and enable accomplishment of priority health objectives.

- Responsibilities include

- Work within the approved national policies and procedures applicable to public and individual health

- Communicate and coordinate activities with the national, regional and Africa CDC contacts within their areas of operation

- Establish activities through communication with and input of national health leadership, Africa CDC regional office and stakeholders to include development of a strategic plan, objectives, expected outcomes, timeline, resources, collaboration and communication

- Report regularly on activity objectives and outcomes

Establish Continental Matrix

- Review existing country level and regional public health networks in each AU geographic region

- Each region develop a proposed matrix for the region and communication and connection to the Africa CDC network, WHO/AFRO network and other current regional, continental or international networks

- Africa CDC establish a working group to develop a proposed continental matrix for presentation at an all Africa conference to discuss, revise and approve a final working continental matrix

ANNEX 1

SWOT ANALYSIS

STRENGTHS

1. Technical staff (nine epidemiologists with clinical, laboratory, and veterinary skillsets) representing broad diversity of continent

2. Africa CDC Regional Collaborating Centers (RCC) will be in a position to leverage and encourage greater information-sharing and coordination between Member States

3. Partnerships with existing AU continental animal health and commercial agriculture institutions (e.g. IBAR, PANVAC, etc.)

4. Consistent endorsement/commitment from Heads of State; Africa CDC will be accountable only to African nations

5. Institutional home (AUC DSA) with successful track record in creating and launching continental initiatives

6. Africa CDC has access to AUC network that can readily bring Ministers of Finance, Immigration, and Trade to the table when cross-border or regional issues arise during a particular public health crisis

7. Technical and financial partnerships already exist with diverse array of institutions (bilateral government, multilateral, non-profit, private sector) who have publicly committed to working with the Africa CDC

8. Framework for Collaboration between WHO and Africa CDC provides space for seeking synergy and strengthening of each institution's comparative advantages

9. A comprehensive Africa CDC communications strategy exists and is ready for the official Africa CDC launch (website, twitter, press releases)

10. Africa CDC Statute approved by the AU Summit and establishing Africa CDC as a specialized technical Institution of the AU

11. Existing of mechanism for providing AUC internal resources for the operational budget of the Africa CDC

12. High level political leadership of the Commission in the operationalization of the Africa CDC

WEAKNESSES

1. Lack of country-level representation and field network with Ministries of Health in Member States

2. AUC has extensive, laborious bureaucracy unused to the unique demands of public health engagement particularly as it pertains to emergency response.

3. Africa CDC is currently situated in a host country whose political climate has led to restrictive and unpredictable internet policies. Africa CDC's primary technical activities (including activation of Emergency Operations Center or daily event-based surveillance) depend almost exclusively on reliable, fast, and unmonitored internet access so that sensitive data exchange with Member States occurs unhindered.

4. Africa CDC internet capacity is shared with other high-demand African Union Commissions. Current AUC policy does not readily allow for Africa CDC to have a dedicated, protected network if the organization is hosted on the AUC campus network.

5. No information-sharing platforms or access to Member State public health data

6. Member States do not currently understand the operational plan for value-added contribution of the Africa CDC and how each MOH is supposed to engage with it

7. Existing communication strategy has not been actualized due to absence of a clear vision from a recognized Africa CDC voice

8. No public health assets to offer Member States (laboratory, human resource, equipment, stockpiles)

9. Clear directives have not yet been provided to the RCCs

10. Configuration and the structure of the RCCs not yet clarified

11. Low representation of francophone in the Africa CDC personnel specially the Epis

12. Delay in the operationalization of basic recruitment structure to achieve the core functions of the Africa CDC

OPPORTUNITIES

1. Post-Ebola epidemic, growing interest in regional approach to public health coordination certain regions (West Africa) have demonstrated early success in securing regional agreements for coordination and data-haring

2. Can establish climate of accountability in which compliance with IHR 2005 Regulations (specifically Annex 2) can be linked to release of emergency funding if a pilot program of the Africa Risk Capacity agency is successful

3. With other continental partners (multilateral, bilateral, and non-profit entities) focused on country-level capacity-building due to gaps in IHR compliance, Africa CDC can focus on defining strategies for a regional and cross-border approach to Africa's public health challenges

4. Africa CDC can leverage existing, successful Africa-based continental networks (e.g. Africa Field Epidemiology Network; African Union Interagency Bureau for Animal Research; Africa Society for Laboratory Medicine)

5. Africa CDC can promote potentially strengthen health system in Members States through facilitation, advocacy and implementation of existing policies on health.

6. International Association of National Public Health Association-Africa)

7. Willingness of Key partners to support Africa CDC in running specific programs in various areas Established good collaboration with other external CDCs

THREATS

1. Lack of short-term and long-term funding strategy

2. Lack of human resources in either Africa CDC coordinating office or RCC locations : current epidemiologists supported through US CDC-funded fellowship which ends in 2018; if AUC is to hire the core Africa CDC technical staff -- AUC hiring procedures can be laborious and time-intensive; RCC (as represented by host MOH) have varying levels of capacity to support dedicated RCC team

3. AUC is particularly beholden to the politics (and optics) of working with Member States; this has led to hesitation to respond to requests for technical assistance for outbreaks occurring in 2016

4. Promise of an "Africa Centers for Disease Control and Prevention" may tempt AUC and Africa CDC leaders to aim too broadly too quickly resulting into exhausting resources without assurance of early, measurable deliverables

ANNEX 2
INDICATORS AND TARGETS FOR MONITORING

INDICATORS AND TARGETS FOR MONITORING

THE WORK OF THE AFRICA-CDC CONTRIBUTES TO THE ATTAINMENT OF ASPIRATION 1, GOAL 3 PRIORITY AREA 1 OF AGENDA 2063

FUNCTIONAL PILLAR 1: SURVEILLANCE / EPIDEMIC INTELLIGENCE

GOAL: STRENGTHEN HEALTH-RELATED SURVEILLANCE SYSTEMS FOR IMPROVED PUBLIC HEALTH DECISION MAKING AND ACTION THAT REDUCES DISEASES MORBIDITY AND MORTALITY.

Results	Description	Indicators	Baseline value	Targets					
				2017	2018	2019	2020	2021	Total
Objective 1: Establish event-based surveillance as an important mechanism for early warning, risk assessment, disease predictions and response.									
Outcome	Outcome 1: Early detection and communication of events	Number of events detected and responded to		3	4	5	5	5	22
Outputs	Output 1.1: Country status on EBS Assessed	Number of countries assessed		25	25	4			55
	Output 1.2: Appropriate information sources identified	number of countries that have finalized lists of information sources		25	40	55			55
	Output 1.3: Context specific EBS systems established and operationalized	Number of countries were EBS systems have been established		10	10	10	10	15	55
		Number of countries with functional EBS		10	10	10	10	15	55
	Output 1.4: Functional EBS Unit established	Functional ASRU						1	1
Objective 2: Strengthen implementation of the existing surveillance systems such as IDSR within member states and ensure linkages with animal, environmental and agricultural sectors.									
Outcome	Outcome 2: Implementation of integrated surveillance systems at MS Level strengthened	Number of MS where surveillance systems were strengthened		5	9	10	10	10	55

	Output/Outcome	Indicator						
	Output 2.1:	Effective surveillance of diseases that are epidemic prone, targeted for elimination or eradication implemented	Number of countries were effective surveillance systems are implemented	5	9	10	10	10	55
Outputs	Output 2.2:	Implementation of surveillance plans at MS level supported	Number of countries were performance indicators of surveillance systems have been improved	5	9	10	10	10	55
	Output 2.3 :	Enhanced linkages between public health systems and other sectors (particularly animal and agriculture sectors)	Number of countries with enhanced linkages	5	9	10	10	10	55

	Output/Outcome	Indicator						
Outcome	Outcome 3:	All member states have a NPHI that performs at least three essential functions (surveillance, linked with public health, laboratory, EOC and RRT)	Number of MS with NPI that perform essential functions	5	9	10	10	10	55
	Output 3.1 :	Advocacy initiatives for each MS to establish to designate and mandate a national public health institute carried out	Number of MS where advocacy initiatives were carried out	5	9	10	10	10	55
Outputs	Output 3.2:	MS supported in the establishment on NPHI	Number of MS supported	5	10	10	15	24	55
	Output 3.3:	Functionality of NPHI in each MS assessed	Number of NPHI evaluated and supported to address gaps identified				24	30	55
	Output 3.4:	MS assisted in sharing Best practices	Number of RCC that effectively facilitated sharing best practices among NPHI				5	5	5

	Output/Outcome	Indicator						
Outcome	Outcome 4:	Surveillance systems that meet IDSR and IHR developed in MS	Number of MS with surveillance systems that meet IDSR and IHR requirements						55
Outputs	Output 4.1:	Gaps in surveillance workforce assessed	Number of countries assessed						55
			Number of RCCs assessed						5
	Output 4.2:	Enhanced capacities for RCCs to support the training of surveillance workforce	proportion of staff trained for disease surveillance	10%	20%	50%	60%	80%	80%

FUNCTIONAL PILLAR 2: INFORMATION SYSTEMS

GOAL: DEVELOP AND STRENGTHEN INTEGRATED INFORMATION SYSTEMS THAT SUPPORT PUBLIC HEALTH STRATEGIES IN AFRICA TO ACHIEVE EFFECTIVE AND EFFICIENT HEALTH SYSTEM PRACTICES AND OUTCOMES.

Results	Description	Indicators	Baseline value 2017	Targets 2018	2019	2020	2021	Total
Objective 1: To establish a continental data sharing mechanism with Members States to help them prepare and respond to public health issues including emergencies								
Outcome	**Outcome 1:** Data sharing mechanism established	Number of countries implementing the data sharing mechanism	10	10	10	10	15	55
		Number of RCCs implementing the data sharing mechanism	5					5
Outputs	**Output 1.1** Due diligence on available datasets conducted	Number of countries assessed	55					55
		Number RCCs Assessed	5					5
	Output 1.2 Useful datasets to receive determined and prioritized	Functional list and ranking of datasets available	1					1
	Output 1.3 A set of technical of principles and technical standards to guide data sharing with Africa CDC developed	Document outlining agreed upon principles and standards						1
	Output 1.4 Draft data sharing mechanism agreed upon	Number of MS agree on the data sharing mechanism						55
		Number of RCCs that agree on the data sharing mechanism assessed						5
Objective 2: Strengthen the quality of data collection and management								
Outcome	**Outcome 2:** Data management system capacity and quality improved	Number of training courses						
		Number countries in which the data management capacity building programs have been rolled out						55

			Indicator				
Outputs	Output 2.1 :	Africa CDC standards piloted and applied across RCCs	Number of RCCs assessed				5
			Number of training courses				55
	Output 2.2:	Data management and improvement program rolled out	Number countries in which the data management capacity building programs have been rolled out				
	Output 2.3:	Africa CDC Data Management Standards developed	Completed document containing Africa CDC data management standards.				1
			Number of training courses				
	Output 2.4:	Information system capacities and data management for the five RCCs assessed	Number of countries in which the data management capacity building programs have been rolled out				55

			Indicator				
Outcome	Outcome 3:	Improved Africa CDC's access to health related data	Number of data sources Africa CDC has access to	0	2	2	2
Outputs	Output 3.1:	Data sharing working group established and functional	Number of working group meetings held per annum				10
	Output 3.2:	Data sharing mechanism generated and piloted	number of data sources included				
	Output 3.3:	Data sharing and usage of the mechanism rolled out to RCCs and Members states	number of RCCs the mechanism has been rolled out			5	5
			Number of MS the mechanism has been rolled out			55	55

Objective 4: Establish data Hubs at the Africa CDC Regional Collaborating Centres

Outcome				May not be achievable in five years		

Objective 5 : Support National Public Health Institutes' Capacity on data analysis for action

Outcome	**Outcome 5:**	Enhanced capacities on data analysis for action for NPIs	Number of emergency responses carried in-formed by data analysis		20	20
	Outcome 5.1:	Appropriate training program on data uti-lization and M&E for RCCs and Member Countries developed	Number of training courses offered			
			Number of public health professionals trained			
Outputs			Number of countries trained		55	55
	Output 5.2:	Training program on data utilization and M&E for RCCs and Member Countries im-plemented	Number of trainings conducted			

FUNCTIONAL PILLAR 3: LABORATORY SYSTEMS AND NETWORKS

GOAL: STRENGTHEN LABORATORY SYSTEMS AND NETWORKS TO ASSURE ACCESS TO SERVICES, AND EFFECTIVE DISEASE SURVEILLANCE AND RESPONSE

Objective 1: Support Countries and regions to Establish a mapping of laboratories to improve systems quality standards and bio safety and networks and linkage to disease, surveillance and clinical care.

Results		Description	Indicators	Baseline values	Targets					
					2017	2018	2019	2020	2021	Total
Outcome	Outcome 1:	Improved systems (quality, standards, bio safety and network linkages	Number of countries supported						55	55
			Number of RCCs supported							5
			Number of countries with improved quality standards						55	55
Outputs	Output 1.1:	GIS Mapping of laboratories in the 5 RCCs established	Number countries covered by the Mapping exercise						55	55
	Output 1.2:	High containment (P4) Labs established at the Africa CDC and in the five RCCs	Number of high contentment laboratories with capacity for sequencing identified							6
			Number of high contentment laboratories with capacity for sequencing established							6
	Output 1.3:	Regional clinical and public health laboratories network including animal health and other areas for one health promoted	Number of laboratory networks strengthened							5
			Number of laboratory networks established							5
	Output1.4:	WHO SLIPTA (Stepwise laboratory improvement process towards accreditation) program implemented by ASLM to support laboratory quality and disease surveillance in countries implemented.	Number of laboratories involved in the step-wise accreditation process							
	Output 1.5:	Output 1.5: Surveillance information system developed	Number of facilities at community level using electronic (SMS) for data capture and reporting							

Objective 2: Support the introduction patient centred approach for integrated Point of Care diagnostic testing for syndromic management and surveillance at country and community level

Outcome	Outcome 2:	Enhanced synodic management and surveillance and country and community level			
Outputs	Output 2.1:	Community health care approach that use rapid test (point of care with integrated menu) for surveillance at community level developed	% of countries that have incorporated the point of care approach in their National Laboratories Strategic Plan	50%	50%
			% of health facilities at community level that utilise the point of care technology		
	Output 2.2:	Surveillance information system developed	Number of facilities at community level using electronic SMS for data capture and reporting		

Objective 3: Assist and support Africa CDC Regional Collaborating centres and Country national Laboratory network to implement modern advance molecular network and multiplex **assays**

Outcome	Outcome 3:				
Outputs	Output 3.1:	Laboratory technologies evaluated and countries informed on their use	% of laboratories evaluated by each region		
	Output 3.2:	Capacities (infrastructure and knowledge) at regional and country level to implement modern advance and emerging technologies enhanced	Number of laboratories with capacities to carry out sequencing / more advanced technologies		

Objective 4: Assist countries in developing National Laboratory strategic plans that include dangerous pathogens

Outcome	Outcome 4:				
Outputs	Output 4.1	Countries assisted to develop/upgrade national laboratory strategic plans and policies to include dangerous pathogens	% of countries that developed / updated national laboratory strategies plans and policies that include dangerous pathogens		
	Output 4.2	A guiding template the development of their National Laboratory Strategic Plans	% of countries that use the template to develop their national laboratory strategic plans		

Objective 5: Develop and manage strain banks as repositories for diagnostic and vaccine development for emerging and re-emerging pathogens

Outcome	**Outcome 5:**	Strain banks developed and managed well within the 5RCCs		
Outputs	**Output 5.1**	RCCs supported to build capacities strain bank repositories in their regions.	Number of RCCs that have built bank repositories in their regions	
	Output 5.2	Networks of stain banks as repositories with each region established	Number of strain bank networks established	

Objective 6: Support laboratory workforce development- field laboratory training program

Outcome	**Outcome 6:**	enhanced workforce capacities		
Outputs	**Output 6.1**	Laboratory Medicine Training Program (LMTP)	Number of LMTP graduates	
	Output 6.2	Capacities of LMTP trainers at community and country levels enhanced		
	Output 6.3	LMTP curricular reviewed and harmonized		

FUNCTIONAL PILLAR 4: EMERGENCY PREPAREDNESS AND RESPONSE

GOAL: STRENGTHEN THE CAPACITIES OF ALL HEALTH SECTORS TO PREPARE FOR AND RESPOND TO PUBLIC HEALTH EMERGENCIES

Results	Description	Indicators	Baseline Values	Targets					
				2017	2018	2019	2020	2021	Total
Objective 1: Support the development and testing of multi-hazard and multi sectoral preparedness and response plans for public health emergencies a national, regional and continental levels									
Outcome	Outcome 1:								
	Output 1.1: Development of pandemic and preparedness response plans advocated for.	% of countries with resourced advocacy preparedness plans		10%	15%	25%	20%	10%	80%
Outputs	Output 1.2: Development of pandemic and preparedness response plans supported.	% of countries with supported to develop advocacy preparedness plans		10%	15%	25%	20%	10%	80%
	Output 1.3: MS supported to test their hazard preparedness plans	% of preparedness plans tested							50%
	Output 1.4: capacities for infection control and biosafety enhanced								
Objective 2: To support the development of surge capacity at national, regional, and continental levels									
Outcome	Outcome 2:								
	Output 2.1: Roster of RRTs that is available for deployment AVoHC and work established.								
Outputs	Output 2.2: Enhanced Capacities to manage and redistribute available stock piles for rapid redeployment								
Objective 3: Coordination, Networking, and Partnerships									
Outcome	Outcome 3:								
	Output 3.1: Establishment of PH EOC supported	% of countries with functional EOCs		10%	15%	25%	20%	10%	80%
Outputs	Output 3.2: Continental risk communication strategy developed and implemented	Continental risk strategy document							
		Number of network risk communicators trained							

FUNCTIONAL PILLAR 5: PUBLIC HEALTH RESEARCH

GOAL: STRENGTHEN PUBLIC HEALTH SCIENCE AND IMPROVE PUBLIC HEALTH DECISION MAKING AND PRACTICE TO ACHIEVE POSITIVE HEALTH OUTCOMES

Results	Description	Indicators	Baseline values	Targets					
				2017	2018	2019	2020	2021	Total
Objective1: Develop and disseminate an Africa CDC public health research agenda with goals and objectives to address priority health issues									
Outcome	**Outcome 1:** Guidelines and recommendations for research activities developed and updated regularly								
Outputs	**Output 1.1:** Guidelines and recommendations for research activities disseminated								
	Output 1.2: Consensus recommended research priority issues published on a regular basis								
Activities	**Activity 1.1:** Convene regional meetings and subsequent continental meeting to adopt research agenda with regional and continental priorities								
	Activity 1.2: Public newsletters on research activities								
	Activity 1.3: Publish research findings								
Objective 2: Strengthen public health research capacity within public and academic institutions in Member States									
Outcome	**Outcome 2:** Public health research is evidence-based and focused on health priorities and emerging trends; findings are translated into meaningful actions in public health practice								
Outputs	**Output 2:** Increased research activities and increased research on consensus priorities								
Activities	**Activity 2:** Promote regional discussions through RCC to develop hypothesis-driven research; convene discussions scientific meetings to shape strategic initiatives								

Objective: 3: Promote collaboration and coordination among existing networks to conduct research on priority issues in the published public health research agenda

Outcome	**Outcome 3:**	Regular meetings attended by researchers to present research works in progress at seminars			
Outputs	**Output 3:**	Seminars scheduled and facilitated by RCCs			
Activities	**Activity 3:**	Seminar agenda and schedules developed by RCCs with advisory groups			

ANNEX 3

LABORATORY SYSTEMS AND NETWORKS

FUNCTIONAL PILLARS OF THE AFRICA CDC

FUNCTIONAL PILLAR 1: SURVEILLANCE AND DISEASE INTELLIGENCE

Goal: Strengthen health-related surveillance systems for improved public health decision-making and action

Objectives	Expected Achievements	Activities
1. Establish event-based surveillance as an important mechanism for early warning, risk assessment, disease predictions and response.	At least 60% of Member States have established a functional EBS unit at National and 1st Administrative level by 2021.	• Assess country status on EBS implementation • Identify appropriate sources of Information for EBS • Help establish capacity for EBS • Assist countries in establishing systems and standards for EBS that are appropriate to their context based on existing guidelines. • Africa CDC to develop a functional EBS unit as part of EOC
2. Strengthen implementation of the existing surveillance systems such as IDSR within member states and ensure linkages with animal, agriculture and environmental sectors	At least 90% of Member States are implementing effective surveillance for diseases that are epidemic prone or targeted for elimination or eradication by 2021	• Assist member states in accelerating implementation of their surveillance plans in close collaboration with WHO • Promote and support linkages between Public health surveillance and systems in other sectors particularly animal and agriculture sectors
3. Support countries to strengthen disease-specific surveillance systems for priority diseases (e.g. Malaria, TB, HIV and NCD) appropriate for the African context	All countries are implementing effective surveillance for at least 5 high burden diseases by 2021	• Assist member states in accelerating implementation of their surveillance plans in close collaboration with WHO and disease specific programs • RCC to create a platform for sharing best practices and innovations to support disease specific surveillance systems
4. Support establishment and strengthening of National Public Health Institutes to coordinate surveillance systems in a multi-sectorial approach and ensure surveillance data inform national policy and public health actions.	All Member States have a NPHI that performs at least 3 essential public health functions (surveillance linked with PH laboratory, EOC and RRT) by 2021	• Advocate and motivate member states to designate and mandate an institution as the NPHI • Support member states in establishing NPHI • Assess and identify gaps in the functional capacity of NPHI and assist member states in addressing those gaps • Assist member states in sharing best practices of NPHI
1. Facilitate and strengthen RCC in promoting inter-country collaboration on surveillance data sharing and use, and promote engagement of countries in regional surveillance and laboratory networks.	All RCC's have established a formal collaboration each of their member states by 2021	Each RCC to establish formal mechanisms for: • Regular information exchange between countries • Rapid identification and cross reporting of events of public health importance • Provide member states access to regional surveillance and laboratory resources

Goal: Strengthen health-related surveillance systems for improved public health decision-making and action		
Objectives	**Expected Achievements**	**Activities**
2. Assist AU Member States to develop workforce for surveillance to meet IDSR and IHR requirement e.g. FETP	At least 80% of Member States have required number of trained staff in the surveillance workforce by 2021	• Assess and identify gaps in surveillance workforce among member states • Enhancing the regional training capacity and support the training of surveillance workforce
Lead stakeholder(s): Africa CDC, RCCs, and Member States **Potential partner(s):**		

FUNCTIONAL PILLAR 2: INFORMATION SYSTEMS

Goal: Develop and strengthen integrated information systems that support public health strategies in Africa		
Objectives	**Expected Achievements**	**Activities**
1. Establish a continental data sharing platform and Strategies with Member States to help them prepare for and respond to public health issues including emergencies	Available list of useful dataset with ranking system according priority Agreed upon shared set of principles and technical standards for sharing data Mechanism on data sharing put in place	• Due diligence on what datasets are available. • Determine which datasets would be useful to receive • Development of a set of principles and technical standards to guide data sharing with the Africa CDC. • Draft an agreement for discussion by MS and other bodies. • Conclude the agreements
2. Strengthen quality of data collection and management	Data baseline assessment developed and undertaken Africa CDC data standards manual piloted and applied across RCCs Data management system capacity and quality improved Data capturing including laboratory promoted and strengthened	• Assessment of information system capacities and data management for the five RCCs • Develop Africa CDC data management standards • Roll out a data management improvement program • Develop an information system that capture information for surveillance purpose (reporting through SMS)
3. Improve Africa CDC's access to health-related data through coordination, collaboration and technical assistance	Data sharing working group established and operationalized Draft of data sharing plan agreed upon Beta test version document on functionality Functional data sharing mechanism in use by all RCCs	• Set up data sharing working group • Generation of a data sharing mechanism initiated • Piloting of data sharing mechanism • Widespread roll out of data sharing and usage of the mechanism
4. Support National Public Health Institutes' capacity on data analysis for action	Appropriate M&E training materials developed Increased capacity to analyse data for utilization	• Develop a training program on Data utilization and M&E. • Initiate training program on data utilization and M&E for RCCs and Member Countries
Lead stakeholder(s): Africa CDC, RCCs, Member States **Potential partner(s):**		

Functional Pillar 3: Laboratory Systems and Networks

Goal: Strengthen Africa's clinical and public health laboratory systems and networks by continually improving quality and safety, information systems, and workforce competency		
Objectives	**Expected Achievements**	**Activities**
1. Support countries and regions to establish a mapping of laboratories to improve systems (quality, standards, and biosafety), and networks with linkage to disease surveillance and clinical care (public and private sector)	At least 20% of countries per year covered by the mapping exercise	Mapping and assessment of Laboratories in each of the 5 regions and identify gaps to strengthen for surveillance on the continent: • Identify partners to provide information on mapping of laboratories functionality, biosafety level at various levels (Country, Regional and Continental) • Develop standardized tools and checklist for mapping • - Establish a GIS Mapping
	At least 1 high containment Laboratory with capacity for sequencing identified or established at HQ and in each region	Establish in the Africa CDC Secretariat a P4 Laboratory and ensure that all the RCCs have a strong functional high level (P4) Laboratories: • Based on the mapping exercise, identify existing P4 laboratories in each region including veterinary laboratories • Support the establishment of high containment (P4) Lab in regions without existing Lab • Engage with existing high containment Laboratories to increase their capability to support the region
	Five functional laboratory networks strengthened/ established	Promote and facilitate regional Clinical and public health laboratories network (including animal health and other areas for one health) in the regions via RCCs • Strengthen national clinical and public health laboratory network in all Member States • Support the RCCs to strengthen and establish regional laboratory network in the region • Support MS in enduring that public health laboratories are accredited by 2021 (Stepwise Laboratory improvement process towards accreditation) • Support RCCs to work with partners in fulfilling these activities
2. Support the introduction of a patient-centred approach for integrated Point of Care diagnostic testing for syndromic management and surveillance at the community-level)	At least 75% of Member States have incorporated and utilize the point of care approach through electronic (SMS) use for data capture and reporting in their National Laboratory Strategy Plan	• Support Member States in the development of community health care approach that use a rapid test (point of care with and integrated menu) for surveillance at community level

#			
3.	Assist and support Africa CDC Regional Collaborating Centres and country National Laboratory network to implement modern advance molecular technologies and multiplex pathogen assays	At least 80% of Laboratories evaluated by each Region At least 1 functional Laboratory with capacity to carry out sequencing/ more advance technologies in each region	• Support RRCs to evaluate laboratory technologies and inform countries on their use • Build the capacities (infrastructure and knowledge) at regional and country level to implement modern advance and emerging technologies (E.g.: molecular technologies and multiplex pathogen assays)
4.	Assist countries in developing national laboratory strategic plans and policies that include dangerous pathogens	At least 75% of countries have developed/updated national laboratory strategic plans and policies that include dangerous pathogens by 2021	• Work with partners to assist countries to develop/ upgrade national laboratory strategic plans and policies that include dangerous pathogens • Develop a template for countries to guide the development of their National Laboratory strategic Plans
5.	Develop and manage strain banks as repositories for diagnostic and vaccine development for emerging and re-emerging pathogens	Five regional strain banks established (1 per region) and one at the HQs At least 1 strain bank network established in each region	• Support RCCs to build capacity of banks repositories in the region • Establish a network for strain banks as repositories within each region
6.	Support laboratory workforce development – Field Laboratory Training Program	At least 10 LMTP graduated per year (2 per region) At least capacity built for 10 trainers per year	• Based on the success of the Field Epidemiology Training Program (FETP), establish Laboratory Medicine Training Program (LMTP) • Review and harmonize the curricula and strengthen capacity of trainers at community and country levels
Lead stakeholder(s): **Potential partner(s):**			

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Functional Pillar 4: Preparedness and response

Goal: Supporting Public Health Emergency Preparedness and Response		
Objectives	**Expected Achievements**	**Activities**
1. Support Preparedness planning in Member States	All-hazards preparedness plans implemented in more than 80% of the Member States 2021 At least more than 50% of plans tested	• Support the development and testing of multi-hazard and multi-sectoral preparedness and response plans for public health emergencies at national, regional and continental level • Advocate for countries to develop pandemic preparedness and response plan • Provide guidance and technical support in developing multi-hazard and multi-sectoral plans • Organize and conduct regional and continental level multi-sectoral simulation exercise • Assist MS to develop capacities for infection controls • Assist MS in developing capacity in biosafety • Technical support to MS to test their preparedness plans (technical guidance, methodologies)
2. Provide capacity building to Member States	Ensure functional operational roster in place by the year 2021	• Establish and maintain operational roster of RRTs/ AVoHC and work with other institutions in the continent • Manage the deployment of RRTs and logistics during emergencies • Training the emergency workforce • Support the development of surge capacity at national, regional and continental level • Develop SOPS, MOUs for deployment Establish and manage virtual stockpiles for PHE and build capacity for rapid deployment
3. Coordination, networking and partnership	By the end of 2021, continental risk communication strategy is developed At least 80% of MS should have established EOCs by the end of 2021	• Support of PH EOC according to minimal common standards • training and testing of EOCs and networking of EOCS • dissemination and adoption of EOC SOPs • supporting MS in training and testing and establishment of EOC • technical advocacy for establishment of EOCs • Build and train an active network of risk communicators
4. Create multi-sectoral coordination platform at continental level	Mechanism for multi-sectoral coordination at continental level in place and functional	• Network with other global and continental public health agencies to monitor health security threats • Create mechanism for coordination of One health approach
Lead stakeholder(s): **Potential partner(s):**		

Functional Pillar 5: Public Health Research

Goal: Strengthen public health science and improve public health decision-making and practice to achieve positive health outcomes

Objectives	Expected Achievements	Actions
1. Establish a (virtual) research unit within the Africa CDC	At least 3 research protocols have been developed, approved, are under execution or published with official endorsement and/or participation of Africa CDC	• Develop research funding mechanism • Africa CDC staff identify research partners who can conduct or sponsor research • Data management and confidentiality procedures are established
2. Establish continental ethical and scientific review mechanism	Definition of research sectors, partners, or topics that would be under jurisdiction of continental research body endorsed by at least 50% Member States	• Inventory of existing national or institutional review bodies • Determine if RECs have existing legal authorities covering de novo research or creation of pilot programs
3. Build the infrastructural and human resource capacity of the continent to conduct research	All the 5 RCC and at least 50% of Member States have a research agenda linked to budget and human resource assets	• Lend AU/Africa CDC communications platform to promoting existing research training fellowships • Recommend FETP programs access Africa CDC research opportunities & partnerships • Create an expert database for specific research topics • Establish links to regional laboratory assets
4. Leverage the functional networks available to conduct research in the continent		• Review research priorities of known continental networks (ASLM, AFENET, WHO Collaborating Centres) to inform Africa CDC approach to possible research gasps
5. Re-Characterize the known burden of "disease" and other health concerns from a (continental and/or regional perspective (core epi, clinical descriptive)	Top 10 health concerns based on morbidity/mortality (or response-gaps) are matched to known actors addressing those concerns	• Desk review of existing reports and publications • Design prevalence studies
6. Assess the effectiveness of public health interventions on priority health conditions as described in the health policy instruments of the African Union		• Research cross-over effect possible between HIV and NCD interventions • Research cross-over effect between HIV and TB innovative diagnostics
7. Support research on innovative technologies and tools in the conduct of disease surveillance		• Conduct operational research to evaluate the utility of mobile technologies as potential surveillance and information dissemination tools
8. Support on the quality and use of surveillance data from a regional and/or continental perspective		

9. To apply multi-sectoral/cross-cutting One Health strategies to the Africa CDC public health research agenda		
10. Systematic translation of research findings to inform policy and programs		
Lead stakeholder(s): **Potential partner(s):**		

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