**Africa Centres for Disease Control and Prevention—what it meant for?**
By Merawi A

With the change in life style, environment, climates and other variables, public health is now faced with multiple challenges as witnessed in high and shifting disease burden, frequent emergencies of old, new, emerging and reemerging deadly disease outbreaks, and natural and human made disasters and emergencies. Moreover, increasing globalization, massive and rapid population and commodity mobility across countries and continents made communicable diseases and deadly pathogens of bioterrorism potential to be a serious global threats to humanity—as witnessed in the 2014 Ebola and 2015-16 Zika virus outbreaks which spread across borders and continents. The global community is moving forward to addressing these global challenges, saving lives and improving quality of life; and mitigate and if possible prevent the negative social, economic, political impacts of these hazards and threats.

Africa has made tremendous progress to address continental challenges, as seen in response to threats posed by TB, HIV/AIDS and malaria over the past two decades. Working on prevention, treatment, care of HIV/AIDS, Africa was able to drop the number of newly infected people with HIV by about 41% during 2000–2014 (more than in any other region in the world) and reach out with HIV treatment to almost 11 million people by 2014 and has averted an estimated 5.4 million deaths, with AIDS-related deaths being reduced by nearly half since 2005.

However, despite such progress, the continent still faces challenges in public health infrastructure, access to health care, diagnostic capacity etc., making Africa remain vulnerable to high burden of communicable, non-communicable diseases and injury and trauma. Moreover, Africa is frequently struck with different emergencies and disasters that hinder socio-economic development and achievements of different national and international development targets. In Africa, malaria costs about 1.2 billion USD per annum, hindering the annual economic growth by 1.3%. Besides, natural and man-made emergencies and disasters are becoming common and are affecting more people; for example, in 2011, communities affected by natural disasters have increased by 51.3% in relation to the ten year annual average.

Despite the continent is bearing high burdens of communicable, non-communicable diseases and injury and trauma, Africa lacks a system to coordinate, prepare for and respond to health emergencies; research on common and high burden diseases across national boundaries and indicate policy directions on a cross-cutting development and security agenda to achieve the **African Union Dream**—*an integrated, prosperous and peaceful Africa.*

Unlike slow-onset health problems and other development agendas, public health emergencies and disasters demand close monitoring and rapid control and prevention

mechanisms to be in place. These mechanisms include infrastructure for surveillance—early case detection and early warning system, preparedness and capacity building at all administrative levels, and rapid response and recovery mechanism with all the logistics and workforce. However, in certain public health crises, the capacities of an individual country may not be sufficient to meet the challenges resulting from cross-border or regional events

In Africa, the World Health Organization's  minimal core capacities required to handle such public health emergency of concerns are detailed in the International Health Regulations-2005 (IHR-2005). Though many have sought to comply with these regulations, over a decade, no country in Africa has yet met these minimal core capacities. In addition, an assessment that has been completed in 32 African countries to identify policies and capacities leading to an enabling environment for the health sector revealed that no relevant legal framework is in place for risk mapping and risk management.

These gaps and challenges in securing the minimal core capacities in Member States and all the consequences faced for that reason, demand a concerted effort of collaboration and coordination across geo-political boundaries in the continent.

Taking into account all these challenges faced by the African continent and the necessity for an accountability framework for health security and hence protecting citizens of Africa and beyond, the Heads of State and Government, back in July 2013 in Abuja, Nigeria, up on their wisdom came up with an urgent need to put in place a continental public health agency to support African countries in their efforts to effectively respond to emergencies, address complex health challenges and build the needed capacity.

In its Assembly Decision/AU/Dec.499 (XXII) of the 22$^{nd}$ Ordinary Session of the African Union, the assembly adopted in Addis Ababa, Ethiopia, stressing the urgency to establish a centre.
The Africa Centres for Disease Control and Prevention (Africa CDC), as an African owned institution, will provide a strong platform for technical coordination, ultimately strengthening public health systems, preparedness, surveillance and interventions across the continent. Furthermore, Africa CDC will build capacity to respond to public health emergencies including outbreaks, man-made and natural disasters and public health events of regional and international concern.

To meet its mission and vision, Africa CDC will work through regional collaborating centres across the five African Union regions and will frame its strategy around five pillars—surveillance and epidemic intelligence, laboratory systems and networks, information systems, emergency preparedness and response, and public health research.
Envisioning its success and achievements of the strategic pillars, the Africa CDC will therefore play a critical role in:

- the renewed  spirit of Pan-Africanism, as stated in Agenda 2063 African Union AU—to build an integrated, prosperous and peaceful Africa, using the best of the continent's human and material resources,
- addressing the AU priority to protect the African citizens from public health threats and environmental health hazards,
- building a continent-wide information platform, which is going to be a self-resilient information relay and dissemination center to coordinate and share lifesaving critical data and information throughout all AU Member States,
- building a coordinated and coherent risk aversion, preparedness, emergency response and capacity-building (in disease detection, scientific research and quality laboratories, risk mapping, response….) mechanisms for Africa;
- building a scientific and laboratory research on high burden diseases and risk factors of the continent and global threats and solutions.

In conclusion, Africa CDC is a must-have public health institution dedicated to the achievement of the **African Union Dream**. It needs a political commitment and leadership of all and collaboration of all stakeholders.