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PEACE AND SECURITY COUNCIL 1200<sup>TH</sup> MEETING

8 FEBRUARY 2024 ADDIS ABABA, ETHIOPIA

PSC/PR/COMM.1200 (2024)

COMMUNIQUÉ





## COMMUNIQUÉ

Adopted by the Peace and Security Council (PSC) of the African Union (AU), at its 1200<sup>th</sup> meeting held on 8 February 2024, on Health Security and the Promotion of Peace and Security in the Continent.

## The Peace and Security Council,

**Acknowledging** the interdependence between the promotion of health security, and the promotion of peace and security on the Continent;

**Recalling** Article 6(f), Article 7(p), and Article 15 of the Protocol Relating to the Establishment of the Peace and Security Council of the African Union, which respectively, stipulate, as part of the mandate of Council, humanitarian action and disaster management; empowers the Council to support and facilitate humanitarian action in situations of armed conflicts or natural disasters in Africa; and also mandates the PSC to take active part in coordinating and conducting humanitarian action in order to restore life to normalcy in the event of conflicts and natural disasters;

**Also recalling** Declaration [Ext/Assembly/ AU/Decl.(XV)] adopted by 15<sup>th</sup> Extraordinary AU Humanitarian Summit and Pledging Conference held on 27 May 2022 in Malabo, Equatorial Guinea; and all its previous decisions and pronouncements on public health and humanitarian situation in Africa, particularly, Press Statement [PSC/PR/BR.1155 (2023)], adopted at its 1155<sup>th</sup> meeting (Open Session) held on 18 May 2023, on Humanitarian Action in Africa; Communique [PSC/PR/COMM.1081 (2022)], adopted at its 1081<sup>st</sup> meeting held on 4 May 2022meeting held on 4 May 2022 on the State of Humanitarian Actions in Africa; and Press Statement [PSC/PR/BR.(DCCXLII)] adopted at its 742<sup>nd</sup> meeting held on 11 January 2018 on Public Health Threats to Peace and Security in Africa;

*Mindful* of the myriad challenges facing the delivery primary healthcare services particularly to populations in contexts of armed conflict or areas generally affected by violence, particularly where the fundamental rules of International Humanitarian Law are not effectively especially those relating to the protection of healthcare infrastructure, personnel and services against attacks;

**Taking note** of the opening statement made by H.E. Ambassador Mohamed Arrouchi, Permanent Representative of the Kingdom of Morocco to the AU and PSC Chairperson for February 2024 and the Statement by H.E. Ambassador Bankole Adeoye, AU Commissioner for Political Affairs, Peace and Security; as well as the presentation by AU Health, Humanitarian Affairs and Social Development Department, on behalf of the AU Commission; **also taking note** of the statements made by the Director General of the Africa Centers for Disease Control and Prevention (Africa CDC), the Executive Secretary of the African Commission on Nuclear Energy (AFCONE), the Director of the Pasteur Institute of Morocco, and the Head of the International Committee of the Red Cross (ICRC) Delegation to the AU; and

## Acting under Article 7 of its Protocol, the Peace and Security Council:

1. **Commends** all Member States, Regional Economic Communities and Regional Mechanisms (RECs/RMs) and the AU Commission for the sustained efforts being deployed in the promotion of health security and peace and security in the Continent;

2. **Requests** the AU Commission to expedite the full operationalization of the AU Humanitarian Agency (AHA) and African Medicines Agency (AMA) with adequate resources to ensure that the Agency effectively discharges its mandate; and **also requests** the Commission to urgently develop a Health, Peace and Security Nexus Framework for Africa, which will guide policies and mechanisms at Continental level;



3. **Encourages** Member States to implement the recommendations of the High-Level Ministerial Session on Health Security in Africa, held on 16 July 2022, in Lusaka Zambia, with particular focus on the Lusaka Call-to-Action to strengthen Public Health Emergency Operations Centers (PHEOCs) in Africa;

4. **Also encourages** Member States to institutionalize functional multisectoral coordination mechanisms between and among concerned ministries and institutions, on one hand, and on the other hand, to ensure effective coordination with other key stakeholders, including, the private sector and development partners to tackle the remaining challenges such as resource mobilization and the development of health infrastructure to ensure equitable access to healthcare across the Continent;

5. **Underlines** the role of health diplomacy and health systems governance in improving health security and population health, in improving relations between Member States and in engaging a wide range of actors to improve health security in Africa;

6. **Also underlines the need** for the promotion of effective synergies between health security and peace security initiatives, including through collaboration between national health authorities, security forces, humanitarian agencies, international organizations and civil society and in this context, *further underlines the importance* of establishing joint task forces to address the interconnected challenges of infectious diseases and security threats;

7. **Urges** the AU Peace support operations and all belligerents in armed conflicts to always respect and fully comply with International Humanitarian Law, particularly with regard to protection of civilians and civilian infrastructure;

8. **Encourages** the AU Commission to explore the possibility of establishing a platform in which Member States can get an opportunity to share experiences and lessons learned, as well as to further enhance their cooperation on health matters and its linkages to peace and security;

9. **Calls for** further strengthening of early warning systems, at local, national, regional and Continental levels, which integrate health and security intelligence, in order to facilitate timely detection of potential health-related security risks, and swift responses to contain and prevent escalation;

10. **Acknowledges** the institutional capacity challenges facing national health systems, and in this respect, **encourages** Member States to redouble their efforts and further strengthen the institutional capacity of their public health systems, including by ensuring that they are well resourced to effectively discharge their mandate;

11. *Mindful* of the peculiar challenges facing populations in humanitarian settings such as internally displaced persons (IDPs), detainees, refugees, illegal migrants and in particular, those living under the control of armed groups, *encourages* Member States to promote all-inclusive national public health and security policies;

12. *Highlights the importance* of tailored capacity-building programs to address the unique challenges of conflict contexts, including providing necessary support and specialized training for healthcare professionals, security personnel, and local communities to effectively manage health emergencies;

13. *Emphasizes the need* for enhanced regional cooperation on security and health, among others though facilitating collaborative efforts among Member States to jointly address shared security and health challenges and to establish regional forums that bring together leaders, policymakers, and



experts to share best practices, coordinate responses, and collectively strengthen the overall security and health landscape;

14. **Also calls** for a unified continental approach to pandemic prevention, preparedness and response (PPPR), strengthening and recovery of health systems in Africa, within the framework of a Pandemic Response Preparedness Policy and legislation of the AU; and in the same context, **emphasizes the need** for redoubling of efforts in resource mobilization and rationalized resource utilization, as well as the need for the Continent to have adequate and predictable funding for PPPR;

15. *Further emphasizes the importance* of South-South cooperation to establish a framework for holistic collaboration between countries on a bilateral, regional and international basis, in order to promote health security in the Continent;

16. **Expresses deep concern over** the scourge of the trafficking of fake medicines, which causes a significant number of deaths each year in Africa, and which contributes to a climate of health insecurity, as well as being a form of transnational organized crime;

17. **Underlines the need** for investing in research and development, with a view to enhancing Africa's capacity and promoting its sovereignty in local manufacturing of essential health products, including the need to redouble investments in scientific medical research such in nuclear technology and medicines, to avoid vulnerabilities associated with external dependency and in this regard, *commends* the efforts being deployed by AFCONE;

18. **Also underlines** the need for Africa to take advantage of the flexibility under the Agreement on Trade Related Intellectual Property Rights of the World Trade Organization (WTO), given its developing and least developed country classification status under the WTO, with a view to facilitating accelerated production of generic pharmaceutical products;

19. **Underscored** the need for regular meetings between the PSC and the Africa CDC as a platform for taking stock of the interconnection between health security and the promotion of peace and security in the Continent; and

20. *Decides* to remain actively seized of the matter.

