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PEACE AND SECURITY COUNCIL
742ND MEETING

ADDIS ABABA, ETHIOPIA
11 JANUARY 2018

PSC/PR/BR. (DCCXLII)

PRESS STATEMENT

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The Peace and Security Council (PSC) of the African Union (AU), at its 742nd meeting held on 11 January 2018, received a briefing by the Africa Centre for Disease Control and Prevention (Africa CDC) on Public Health Threats to Peace and Security in Africa.

Council took note of the presentation made by the Director of the Africa CDC, Dr. John Nkengasong. Council also took note of the statements made by the Head of the World Health Organization (WHO) Liaison Office to the AU, Dr. Innocent Ntaganira, and by the representative of the European Union.

Council recalled Article 15 of the Protocol Relating to the Establishment of the Peace and Security Council of the African Union, which mandates Council to take active part in coordinating and conducting humanitarian action in order to restore life to normalcy in the event of conflicts or natural disasters. Council also recalled Article 13 (3f) which mandates the African Standby Force to undertake humanitarian assistance to alleviate the suffering of the civilian population in conflict areas and support efforts to address major natural disasters.

Council further recalled all its previous decisions and pronouncements on the Ebola Virus Disease (EVD) outbreak in parts of the continent, in particular, Communiqué PSC/PR/COMM.(CDL) adopted at its 450th meeting held on 19 August 2014, which authorized the deployment of an AU-led military, civilian and humanitarian mission to fight the EVD; Communiqué PSC/AHG/COMM.3(CDLXXXIV) adopted at its 484th meeting held on 29 January 2015 at the level of Heads of State and Government; Communiqué PSC/PR/COMM.(DXI) adopted at its 511th meeting held on 29 May 2015; Communiqué PSC/PR/COMM.(DXX) adopted at its 520th meeting held on 29 June 2015 and Communiqué PSC/PR/COMM.(DXXIX) adopted at its 529th meeting held on 31 July 2015. Council also recalled decision Ext/EX.CL/Dec.1(XVI) on the same issue, adopted by the 16th Extraordinary Session of the Executive Council held in Addis Ababa, on 8 September 2014.

Council acknowledged that disease epidemics, including those of non-communicable nature, are increasingly posing serious social, economic, political and security threat to many parts of the African continent. In this regard, Council stressed the need for the AU to mainstream Africa's public health security within the overall framework of the African Union Peace and Security Architecture.

Council noted that pathogens and epidemics do not respect political boundaries, and acknowledged that, in the last two decades, the global health landscape has undergone rapid transformation and Africa is increasingly witnessing the emergence and re-emergence of infectious disease threats, which are being driven by many factors, including weak national health

systems, high population growth rates, rapid urbanization, increased mobility of people across and beyond the continent due to advanced systems of public transportation, adverse effects of climate change, such as floods, drought and desertification, as well as increased interaction between animals and humans.

Council acknowledged that no one single country within the continent is immune to disease epidemics. In this regard, Council emphasized the need for Member States to embrace and further enhance their collective security approaches and cooperation in preventing, controlling and combating disease epidemics.

Council underscored the importance of joint strategies with the Africa CDC in responding to outbreaks of infectious diseases, fight antimicrobial resistance and address the increasing threat of non-communicable diseases on the continent.

Council emphasized the importance of harnessing existing public health capacities, as well as adopting multi-sectoral approaches and fostering strategic partnerships in the fight against disease epidemics. In this regard, Council commended the partnership among the Africa CDC, WHO, and the Commission, within the context of the collaboration framework signed in August 2016.

Council underscored the need for Member States to invest more in disease prevention, among others by prioritizing public health and education in national budgets, as well as by promoting public awareness campaigns on the importance of personal hygiene and water sanitation in disease prevention and control.

Council encouraged the Africa CDC to work very closely with the African Standby Force and to further strengthen ongoing efforts in the area of infectious disease pandemic preparedness and response, joint public health training on outbreak responses, logistics and supply chain management, in line with Communique PSC/AHG/COMM.3 (CDLXXXIV), referred to above.

Council underlined the need for the AU to put in place a medium to long-term programme for building Africa's capacity for disease prediction and intelligence to more effectively deal with any future public health security emergencies and threats. Furthermore, Council underlined the need to ensure that, in the medium to long term, African countries attain all International Health Regulations (IHR) capacities and systems.

Council commended the Africa CDC for its relentless efforts, aimed at assisting in strengthening the capacity of national public health institutions in the Member States, including the establishment of the Regional Integrated Surveillance and Laboratory Networks (RISLNET), which seeks to harness public health assets in all the regions of the continent. In the same

context, Council welcomes, as very important steps, the launching by the Africa CDC, of the Antimicrobial Resistance Surveillance Network which seeks to fight antibiotic resistance across Africa; the establishment of rapid response surge teams at different levels to respond to outbreaks timeously and efficiently. Council also commended Africa CDC, in partnership with WHO and other public health stakeholders, for swiftly responding to disease outbreaks in some Member States, which included Lassa Fever, Monkey Pox Virus, Meningitis, Malaria, Ebola, Cholera, Plague and the mudslides in Sierra Leone.

Council underlined the need to expedite the activation of all Africa CDC regional collaborating Centres.

Council expressed sincere gratitude to all partners for their continued support to the AU efforts aimed at preventing, controlling and fighting public health threats to peace and security in the continent.

Drawing lessons from the fight against the Ebola Virus Disease outbreak in parts of West Africa, Council commended both, the private sector and civil society for their relentless efforts and encouraged them to also continue to make contributions towards building the capacity of the continent to more effectively prevent, control and fight public health peace and security threats.

Council requested the Chairperson of the Commission to appoint a Special Representative for Public Health, Peace and Security. In the same context, Council recommended the designation by the AU Assembly of a Head of State or Government as the Champion for the public access to affordable vaccines in the continent.

Council agreed to have a regular briefings by the Africa CDC on public health threats to peace and security in Africa, at least once every year, and whenever the need arises, within the context of early warning.

Council agreed to remain actively seized of the matter