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**POLICY ORIENTATIONS ON THE ESTABLISHMENT OF CENTRES OF EXCELLENCE  
FOR DISEASE SURVEILLANCE, PUBLIC HEALTH LABORATORIES,  
FOOD AND MEDICINES REGULATION**

**Report of the Regional Director**

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**RESOLUTION**

AFR/RC59/R3 Policy orientations on the establishment of centres of excellence for disease surveillance, public health laboratories, food and medicines regulation



## BACKGROUND

1. Centres of Excellence for Disease Surveillance and Control [CEDSC] can be broadly defined as “a network of health facilities selected to support disease surveillance, laboratory and food and medicines regulatory services. These facilities are selected based on set criteria such as experience, outcomes, quality, efficiency and effectiveness”.<sup>1</sup>
2. The overall goal of the CEDSC will be to support ongoing efforts aimed at strengthening national core capacity in disease surveillance including international health regulations, public health laboratory services, and food and medicines regulation through enhanced collaboration and cooperation within and between Member States.
3. A significant number of Member States of the African Region have limited infrastructural and human capacities to effectively and comprehensively deal with complex health-related issues such as disease surveillance and response, laboratory investigation, and food and medicines regulation that require highly specialized technical facilities and competence.
4. Furthermore, there is limited coordination between disease surveillance, laboratory services, and food and medicines regulatory services. In most Member States, these services operate independently of one other and are located in different divisions or departments of the ministry of health, making coordination difficult.
5. Through resolutions AFR/RC48/R2 on integrated epidemiology surveillance of diseases<sup>2</sup> and AFR/RC58/R2 on strengthening public health laboratories,<sup>3</sup> Member States of the African Region have begun addressing gaps in disease surveillance and timely access to highly specialized laboratory facilities including supporting public health laboratory networks.
6. In order to further strengthen disease surveillance, laboratory services, and food and medicines regulatory services, Member States will need to establish multidisciplinary centres of excellence for disease surveillance, either as integrated services under one roof and management or as physically independent facilities operating under one management. The centres will support the implementation of a wide range of health and environment-related programmes at national level.
7. The CEDSC will serve as hubs between national health systems, institutions and/or agencies involved in disease surveillance and control. They will contribute to the sharing of knowledge and technologies necessary to ensure rapid and reliable identification of disease outbreaks and provide support for the establishment of early warning systems for potential public health emergencies in the African Region.
8. The CEDSC will build a critical mass of skilled and specialized experts who will support the regional research agenda including operational research. The CEDSC will work in collaboration with

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<sup>1</sup> [www.futurehealth.ucsf.edu/cnetwork/resources/glossary/gloC.html](http://www.futurehealth.ucsf.edu/cnetwork/resources/glossary/gloC.html): Managed care Glossary. 2nd Ed. 1999.

<sup>2</sup> Resolution AFR/RC48/R2, Integrated epidemiological surveillance of diseases: Regional strategy for communicable diseases. In: *Forty-eighth session of the WHO Regional Committee for Africa, Harare, Zimbabwe, 31 August-4 September 1998, Final Report*. Harare, World Health Organization, Regional Office for Africa, 1998 (AFR/RC48/15), pp.5-6.

<sup>3</sup> Resolution AFR/RC58/R2: Strengthening public health laboratories in the WHO African Region: a critical need for disease control. In: *Fifty-eighth session of the WHO Regional Committee for Africa, Yaounde, Cameroon, 1-5 September 2008, Final Report*. Brazzaville, World Health Organization, Regional Office for Africa, 2008 (AFR/RC58/20), pp 11-13.

existing initiatives such as the African Vaccine Regulatory Authorities Forum (AVAREF) and the global Salmonella Surveillance Initiative (Global Salm surv) in developing this critical mass of skilled experts.

9. A framework document to guide Member States in the process of establishing CEDSC has been developed. This document takes into consideration the inequities in capacities and infrastructure that exist in the Region and the need for a stepwise approach in setting up national CEDSC beginning with already existing capacities and then later by incorporating the weaker components.

10. This policy orientation document encourages Member States with national capacity to establish Centres of Excellence in their respective countries as a way forward in rationalizing the use of limited resources as well as improving coordination of disease surveillance, laboratory services and food and medicines regulatory activities.

## **ISSUES AND CHALLENGES**

11. The absence of national policy framework and guidelines on CEDSC is a major hindrance to the establishment of these centres. In addition, no legal framework exists, making it difficult to establish a well-coordinated CEDSC.

12. The weakness of health systems in the African Region is a major barrier to the provision of quality disease surveillance, laboratory services<sup>4</sup> and food and medicines regulatory services. The prevailing limitation of human resource capacity, lack of basic equipment and their maintenance are impediments to the establishment of CEDSC in all Member States.

13. Most Member States do not have a comprehensive inventory of the range of human and technical competencies and infrastructure that may be used to support the establishment of CEDSC. In addition, no standard tools are available for use in assessing the required core capacities.

14. In most Member States, disease surveillance, public health laboratory services and food and medicines regulation fall under different departments or sectors and are housed in different physical locations. Laboratories supporting disease surveillance may be housed in academic institutions outside the control of the national ministry of health thus posing additional challenges to establishing a single and unified organizational structure for CEDSC.

15. The levels of competence in the areas of disease surveillance, laboratory services, and food and medicines regulation differ among countries in the Region. It is thus not possible to set up all the proposed components of CEDSC all at once. Member States may choose to establish the CEDSC in a phased manner beginning, for example, with strengthening disease surveillance and then adding on laboratory services, and food and medicines regulatory services, depending on their capacities and resources.

16. CEDSC are meant to be built on a platform of existing disease surveillance capacities. Although the African Region has adopted both the integrated disease surveillance and response

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<sup>4</sup> Resolution AFR/RC58/R2: Strengthening public health laboratories in the WHO African Region: a critical need for disease control. In: *Fifty-eighth session of the WHO Regional Committee for Africa, Yaounde, Cameroon, 1–5 September 2008, Final Report*. Brazzaville, World Health Organization, Regional Office for Africa, 2008 (AFR/RC58/20), pp 11–13.

strategy and the International Health Regulations,<sup>5</sup> not all countries in the Region have fully implemented these at all levels.

17. A few countries in the African Region have the laboratory facilities and the technical capacity for the diagnosis of outbreaks of diseases of international importance such as Ebola, Marburg, and avian influenza. Countries are thus obliged to ship their specimens abroad, sometimes outside the Region, with attendant delays in the availability of results and response.

18. In most Member States, authorities have limited or no capacity to control and regulate importation of food and medicines. This has led to the proliferation of medicines and food products of poor quality on the open market. Member States have often relied on international health systems in order to detect and remove products unfit for human consumption.

19. The financial resources needed to establish and sustain activities related to disease surveillance, public health laboratory services, and food and medicines regulation are limited in many Member States. Where funds are available for these activities, they are not used cost-effectively and, in many cases, are spread over several uncoordinated sectors in Member States. By establishing CEDSC, these resources will be pooled and be used in a cost-effective way to deliver disease surveillance, laboratory services, and food and medicines regulatory services.

## **ACTIONS PROPOSED**

20. **Conduct an assessment:** As an initial step, countries should conduct an assessment of the available infrastructure and human capacities that may be used as components of their CEDSC. The assessment should, among other things, address issues related to the organizational structures of the proposed centres including regulations which may be essential for the establishment of the CEDSC.

21. **Develop national policy framework on CEDSC:** Member States, with the help of partners, should develop national policy frameworks to guide them on how the CEDSC would be established. This document should clearly state how the country would proceed in setting up these centres for disease surveillance, laboratory services, and food and medicines regulation and operational structure, including any legislation that may be required to link CEDSC components existing in different sectors. This policy framework should also define the minimum components, essential facilities, and the staffing necessary to establish the CEDSC.

22. **Undertake advocacy with relevant departments and ministries on the need to create an integrated CEDSC:** In most Member States, disease surveillance, public health laboratories, and food and medicines regulation belong to different departments and, in some cases, different ministries. The ministry of health should work with other relevant ministries and academic institutions to ensure that an integrated CEDSC is established and that the necessary resources needed for this are mobilized.

23. **Develop national implementation plan for the CEDSC:** The implementation plan should define the legal and regulatory framework and how CEDSC will be organized, and should address issues of capacity building, financial sustainability as well as monitoring and evaluation.

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<sup>5</sup> Resolution WHA61.2, Implementation of the International Health Regulations (2005). In: Sixty-first World Health Assembly, Geneva, 19–24 May 2008. Volume: Resolutions and Decisions. Geneva, World Health Organization, 2008 (WHA61/2008/REC/1), Annex-document WHA61/7 corr.1/2008/REC/1:2–4.

24. **Monitoring and evaluation of the CEDSC:** Countries should establish and/or strengthen monitoring and evaluation systems that will allow them to set targets and measurable indicators to ensure the delivery of quality services related to CEDSC. In this regard, WHO and partners will support countries to develop appropriate monitoring and evaluation tools.

25. **Financing and sustainability of the CEDSC:** Member States should have multiple sources of funding in order to guarantee sustained performance of CEDSC. Several funding mechanisms such as direct government budgetary provision, grants from partners and income-generating activities may be used to support CEDSC.

26. The Regional Committee is invited to examine and adopt the draft resolution attached, along with the proposed actions.

**ORIGINAL: ENGLISH**

**RESOLUTION**

**POLICY ORIENTATIONS ON THE ESTABLISHMENT OF CENTRES OF EXCELLENCE  
FOR DISEASE SURVEILLANCE, PUBLIC HEALTH LABORATORIES, FOOD AND  
MEDICINES REGULATION**

The Regional Committee,

Having carefully examined the technical paper on policy orientations on the establishment of centres of excellence for disease surveillance, public health laboratories and food and medicines regulation;

Aware of the magnitude of the burden of communicable and noncommunicable diseases and the negative social and economic consequences in the African Region;

Deeply concerned about the status of communicable and noncommunicable disease surveillance in the African Region;

Noting that a significant number of Member States have limited capacities for effective and comprehensive disease surveillance and response, laboratory investigation, and food and medicines regulation;

Recalling resolutions AFR/RC48/R2 on integrated disease surveillance; AFR/RC58/R2 on strengthening public health laboratories; WHA58.3 on revision of the International Health Regulations and WHA 61.2 on implementation of the International Health Regulations (2005);

Mindful of the Algiers Declaration and the Bamako Call to Action urging the establishment of centers of excellence for research;

Appreciating the commitment and efforts made so far by Member States and partners to implement integrated epidemiological surveillance of diseases, their strategy for responding to the latter and their quest for better surveillance, control, elimination or eradication and response;

Convinced that the establishment of a network of reference centres for disease surveillance, laboratory investigation and food and medicines regulation will ultimately contribute to a reduced disease burden, attainment of the health-related MDGs and improved quality of life of communities in the Region;

1. APPROVES the proposed actions aimed at strengthening disease surveillance, public health laboratories, and food and medicines regulation through the establishment of centres of excellence by Member States;
2. URGES Member States:
  - (a) to conduct an assessment of existing infrastructure and human capacity as an initial step in determining whether or not the country is ready to set up a centre of excellence for disease surveillance, public health laboratories, and food and medicines regulation;
  - (b) with the necessary resources to develop a national policy framework on centres of excellence for disease surveillance, public health laboratories, and food and medicines regulation, that will guide the establishment of these centres;
  - (c) to sensitize other national departments and ministries to the need to create centres of excellence for disease surveillance, public health laboratories, and food and medicines regulation;
  - (d) planning to establish these centres to strengthen monitoring and evaluation systems that will enable countries to set targets and develop measurable indicators to ensure the delivery of quality services related to centres of excellence for disease surveillance, public health laboratories, and food and medicines regulation;
  - (e) to secure multiple sources of funding for centres of excellence in order to guarantee sustained performance;
3. REQUESTS the Regional Director:
  - (a) to provide technical support to Member States for the development of national frameworks, implementation plans and monitoring and evaluation tools for centres of excellence for disease surveillance, public health laboratories, and food and medicines regulation;
  - (b) to provide technical support for the establishment of a regional network of centres of excellence that will act as reference facilities for disease surveillance, public health laboratories, and food and medicines regulation in the African Region and, with time, become WHO collaborating centres;
  - (c) to advocate for additional resources at national and international levels for the establishment of centres of excellence for disease surveillance, public health laboratories, and food and medicines regulation;
  - (d) to report to the Sixty-first Regional Committee, and every other year thereafter, on the progress made in the establishment of centres of excellence for disease surveillance, public health laboratories, and food and medicines regulation.