



**STATUTE OF THE AFRICA CENTERS FOR DISEASE
CONTROL AND PREVENTION
(AFRICA CDC)**

PREAMBLE

We, the Member States of the African Union:

WHEREAS our declaration at the African Union Special Summit on HIV, TB and Malaria (ATM) in Abuja in July 2013, in which we took cognizance of the need for an Africa Centers for Disease Control and Prevention (Africa CDC) to conduct life-saving research on priority health problems in Africa and to serve as a platform to share knowledge and build capacity in responding to public health emergencies and threats;

RECALLING decision **Assembly/AU/Dec.499 (XXII)** adopted at the 22nd Ordinary Session of the Assembly held in Addis Ababa, Ethiopia, in January 2014 that stressed the urgency of establishing the Africa CDC and requested the Commission to submit a report to the Assembly in January 2015 that will include the legal, structural and financial implications of the establishment of the Africa CDC;

NOTING the decision of the 1st African Ministers of Health meeting jointly convened by the African Union Commission (the Commission) and World Health Organization (WHO) held in Luanda, Angola, from 16 to 17 April 2014, in which the Ministers committed themselves to the implementation of Decision Assembly/AU/Dec.499 (XXII) and requested the Commission and WHO, in collaboration with relevant stakeholders, to provide technical support towards the establishment of the Africa CDC;

COGNIZANT of the decision of the Executive Council at its 16th Extra-ordinary Session devoted to the Ebola Virus Disease (EVD) outbreak held in Addis Ababa, Ethiopia, on 8 September 2014, in which the Council decided, inter alia, to request the Commission to “Take all the necessary steps for the rapid establishment of an Africa Centers for Disease Control and Prevention (Africa CDC) pursuant to Assembly Decision AU/Dec.499 (XXII) on the establishment of the Africa CDC; and ensure the functioning of the Africa CDC, together with the establishment of regional centres by mid-2015, including the enhancement of the early warning systems to address in a timely and effective manner all the health emergencies and the coordination and harmonization of health domestic regulations and interventions as well as the exchange of information on good experiences and best practices”;

RECALLING decision **Assembly/AU/Dec.554 (XXIV)** adopted at the 24th Ordinary Session of the Assembly held in Addis Ababa, Ethiopia in January 2015 in which the Assembly endorsed the establishment of the Africa CDC and approved that the Coordination Office should initially be located at the Headquarters of the African Union in Addis Ababa, Ethiopia;

WHEREAS in decision **Assembly/AU/Dec.835(XXXV)** adopted at its 35th Ordinary Session in February 2022 in Addis Ababa, Ethiopia, the Assembly decided to delegate its authority to the Executive Council to consider during its 41st Ordinary Session the endorsement of the amendments to the Africa CDC



Statute in line with its financial, structural and legal implications in order to strengthen the functioning, capacity and capability of the Africa CDC.

HAVE AGREED AS FOLLOWS:

SECTION ONE General Provisions

Article 1 Definitions

In this Statute, unless the context requires otherwise:

“Advisory and Technical Council” means that body which provides technical advice to the Africa CDC;

“Africa CDC” means the Africa Centers for Disease Control and Prevention;

“Assembly” means the Assembly of Heads of State and Government of the African Union;

“AU” or **“Union”** means the African Union as established by the Constitutive Act;

“Board” means the Governing Board of the Africa CDC;

“Commission” means the African Union Commission, which is the Secretariat of the Union;

“Constitutive Act” means the Constitutive Act of the African Union;

“CHSG” means the Committee of Heads of State and Government;

“Development/External Partners” means the institutions and organizations including Africa Private Sector that promote public health and share the strategic objectives of the Africa CDC;

“DG” means the Director General of the Secretariat of the Africa CDC;

“EOC” means Emergency Operation Center;

“Executive Council” means the Executive Council of the African Union;

“HHS” means the Department of Health Humanitarian Affairs and Social Development of the Commission;

“Member States” means the Member States of the Union;

“PHECS” means Public Health Emergency of Continental Security;



“**PHEIC**” means Public Health Emergency of International Concern;

“**Policy organs**” means the Assembly and Executive Council of the African Union;

“**PRC**” means Permanent Representative Committees of the African Union;

“**RECs**” means the Regional Economic Communities;

“**Regional CDCs**” means Public health institutions established by RECs that are mandated to prevent and control diseases in the jurisdiction;

“**Regional Centers or RCCs**” means the Africa CDC’s Regional Coordinating Centers supporting the execution of the Africa CDC’s strategic work plan;

“**RHOs**” means the Regional Health Organizations;

“**Secretariat**” means the Africa CDC’s Secretariat;

“**Specialized Institutions and Agencies of the African Union**” means Specialized Institutions and Agencies created or recognized as such by the African Union;

“**Statute**” means the present Statute of the Africa Centers for Disease Control and Prevention;

“**STC**” means the Specialized Technical Committee on Health, Population and Drug Control;

“**WHO**” means the World Health Organization.

Article 2

Establishment and Legal Status of the Africa CDC

1. The Africa CDC is hereby established as an-autonomous health institution of the Union charged with the responsibility of prevention and control of diseases in Africa.
2. The Africa CDC derives its juridical personality from and through the African Union and in accordance with relevant Rules and Regulations of the Union shall:
 - a) Enter into contracts;
 - b) Receive, acquire, possess and dispose of immovable and movable property; and
 - c) Institute and defend legal proceedings.



3. In the discharge of its functions, the Africa CDC shall be guided by the Framework of Operations annexed to the present Statute as may be amended from time to time by the Governing Board.

Article 3

Objectives and Functions

In carrying out its functions the Africa CDC shall pursue the following strategic objectives which shall include:

- a) Supporting Member States in the establishment of early warning and response surveillance platforms to address in a timely and effective manner all health emergencies and disease threats;
- b) Supporting Member States in public health emergency preparedness and response;
- c) Assisting Member States in collaboration with WHO and others stakeholders to address gaps in International Health Regulations compliance;
- d) Supporting and/or conducting regional and country-level hazard mapping and risk assessments for Member States;
- e) Declaring PHECS in close consultation with affected Member States and, as appropriate, relevant stakeholders;
- f) Coordinating and supporting Member States in health emergencies response particularly those which have been declared PHECS or PHEIC emergencies as well as health promotion and diseases prevention through health systems strengthening, by addressing communicable and non-communicable diseases, environmental health and Neglected Tropical Diseases (NTDs);
- g) Promoting partnerships and collaboration among Member States to address emerging and endemic diseases, pandemics, and public health emergencies;
- h) Harmonizing disease control and prevention policies and the surveillance systems in Member States;
- i) Supporting Member States in capacity building in public health including through medium- and long-term leadership, field epidemiological, public health emergency and laboratory training programmes;



- j) Supporting the establishment, strengthening and networking of public health assets including laboratory systems, in collaboration with Member States and, as appropriate, other stakeholders; and
- k) Coordinating with the relevant departments and institutions of the African Union, to pursue the above strategic objectives in line with Article 22 of this Statute.

Article 4 Guiding Principles

The guiding principles of the Africa CDC shall be:

1. **Leadership:** The Africa CDC is an institution that 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 as in the prevention of public health emergencies and disease 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 ownership of the Africa CDC simultaneously through an advisory role in the shaping of the Africa CDC priorities and through direct programmatic engagement;
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 confirm and/or contain the emergency. Thereafter, the Africa CDC will take the appropriate steps to notify the Commission of its action;
5. **Timely dissemination of Information:** The Africa CDC leadership will regularly update Member States on ongoing actions based on Article 3(d) above and seek their support and collaboration. It should leverage collaboration and engage Member States in strong partnerships and networking;
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; and



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 and other partners.

Article 5 Framework

The Africa CDC is an Africa-owned institution that adds value and is highly credible and shall operate, in coordination with its RCCs, in the pursuit of its strategic objectives. The Africa CDC shall therefore operate within the following framework:

1. Development of a shared understanding on the continent that national public health threats have an impact on regional security and economic viability;
2. Work with the WHO, other multi-sectoral partners such as the African Union specialized institutions and agencies, and external partners to pursue its strategic objectives;
3. Facilitate easy access to critical information by:
 - a) establishing a continental framework for data sharing;
 - b) improving data quality;
 - c) developing interchangeable data elements that prepare countries to respond to disease threats, emergencies and pandemics; and
 - d) timely disseminating critical information to Member States.
4. Establish an Emergency Operation Center (EOC) whose operation shall be guided by the Africa CDC Framework of Operations.

Article 6 Seat of the Africa CDC

1. The seat of the Africa CDC shall be at the Headquarters of the African Union in Addis Ababa, Ethiopia, until the Assembly decides otherwise.
2. The Secretariat of the Africa CDC shall be located at the above Seat of the Africa CDC.

Article 7 Meetings

1. The meetings of the Africa CDC shall be held at its Seat, unless a Member State offers to host any such meeting.



2. In the event that a meeting of the Africa CDC is held outside its Seat, the host Member State shall be responsible for all extra expenses incurred by the Secretariat as a result of the meeting being held outside the Seat of the Africa CDC.

SECTION TWO Governance and Management of the Africa CDC

Article 8 Structure of the Africa CDC

The structure of the Africa CDC shall consist of:

- a) Committee of Heads of State and Government (CHSG);
- b) Governing Board;
- c) Advisory and Technical Council, and
- d) Secretariat.

Article 8bis Committee of Heads of State and Government (CHSG): Functions and Composition

1. The CHSG shall be the highest governing structure of the Africa CDC and shall:
 - a) provide political leadership and strategic guidance and oversight to the Africa CDC;
 - b) provide guidance, in the event of a PHECS or PHEIC, on specific strategic decisions and actions that the Africa CDC shall take in preparedness and response to any health emergency or disease threat on the continent;
 - c) serve as an advocacy and accountability platform for disease threats, health emergencies, epidemic and pandemic control;
 - d) recommend for endorsement by the Assembly, the recruitment of the DG; and
 - e) submit its reports and recommendations to the Assembly.
2. The CHSG shall be comprised of at least eleven (11) Members as follows:
 - a) Five (5) Members of the Bureau of the Assembly;



- b) Five (5) Member States designated for a term of one (1) year by the Regions of the Union after due consultations; and
 - c) The Chairperson of the Commission.
3. Where the Head of State designated by the Region becomes a member of the CHSG by virtue of the Bureau of the Assembly, the Region shall designate another representative to the CHSG.
 4. The CHSG shall meet at least once every year and when required, in extraordinary sessions.
 5. The Chairperson of the Union shall chair the CHSG.

Article 8ter
Role of the Chairperson of the Commission

The Chairperson of the Commission shall exercise supervisory authority over the Africa CDC, which includes financial and administrative supervision.

Article 9
The Governing Board

1. The Board shall be the deliberative organ of the Africa CDC and report to the CHSG.
2. The Board shall meet at least once a year in an ordinary session. It may meet in extra-ordinary sessions, subject to availability of funds at the request of:
 - a) CHSG;
 - b) the policy organs of the Union;
 - c) the STC;
 - d) any Member State, upon approval of a two-thirds majority of Member States; or
 - e) the Secretariat, in the event of an outbreak of an epidemic or a health emergency, disease threat, or such other emergency situations that necessitate the holding of a Board Meeting.

Article 10
Composition of the Board

1. The Board, which is answerable to the CHSG, shall be composed of nineteen (19) members, as follows:



- a) Ten (10) Ministers of Health representing the five (5) Regions of the African Union, two per Region nominated by their Region. Each minister shall, in the performance of their duties, consult ministers of health in their Region through the ministerial consultative forum in the RCCs;
 - b) One (1) Representative of the Chairperson of the Commission;
 - c) The Commissioner responsible for health and humanitarian affairs in the Commission;
 - d) Four (4) nominees of the Chairperson of the Commission representing the private sector, Regional Financing Mechanism and the environment sector, in consultation with the Chairperson of the Board;
 - e) One (1) Representative of Regional Health Organizations on a rotational basis;
 - f) One (1) nominee of the Chairperson of the Commission representing the animal health sector, in consultation with the Chairperson of the Board ; and
 - g) One (1) nominee of the Chairperson of the Commission representing the Civil society, in consultation with the Chairperson of the Board.
2. The Legal Counsel of the Union or his or her representative shall attend the Board meetings.
 3. The DG shall serve as the Secretary of the Board.
 4. The Board may invite such expertise as may be necessary.

Article 11 Election and Term of Office

1. The ten (10) members of the Board representing Member States shall be selected by their Regions through regional consultation.
2. Where applicable, the term of office of members of the Board shall be a non-renewable period of three (3) years for five (5) Member States representatives of each AU Region and a non-renewable period of two (2) years for the other five (5) regional representatives of Member States.
3. The term of office of the seven (7) members nominated by the Chairperson of the Commission and the one (1) member representing Regional Health organizations shall be two (2) years on a rotational basis and non-renewable.



4. The Board shall elect by a simple majority for a three (3) year non-renewable term a Chairperson of the Board from among the regional representatives of Member States taking into account the African Union's principle of regional rotation and gender equity.
5. The Board shall also elect, by a simple majority, for a non-renewable two (2) year term, a Vice Chairperson of the Board also from among the regional representatives of Member States, taking into account the African Union's principle of regional rotation and gender equity.
6. The term of office of the ten (10) representatives of Member States of the Board shall be guided by the principle of succession based on equitable regional and gender representation.

Article 12 Functions of the Board

The functions of the Board shall be to:

1. provide strategic guidance to the Secretariat, in accordance with AU policies and procedures;
2. examine decisions and/or proposals submitted by the Secretariat, and submit its recommendations to the CHSG, and/or, as appropriate, the STC and relevant AU policy organ;
3. propose amendments to this Statute based on recommendations by the Secretariat;
4. ensure that the Africa CDC strategic agenda of disease surveillance, detection and response are integrated into continental development strategy;
5. approve the designation and re-designation of the Regional Coordinating Centres based on the recommendation of the Regions and the criteria stipulated in Article 24 of this Statute; and submit the same to the CHSG for noting;
6. assist the Secretariat in resource mobilization;
7. submit annual reports to the CHSG, as well as to the STC and the Executive Council, as appropriate, for onward transmission to the Assembly on the activities and achievements of the Africa CDC;
8. provide briefings to the CHSG on the continent's readiness in preparing and responding to health emergencies and especially during PHECS and PHEIC;



9. examine the Africa CDC Action plan, budgets, activity and reports, and recommend the same for approval;
10. make recommendation to CHSG with regard to the recruitment of the DG, following a competitive and transparent selection process.

Article 13
Quorum and Decision-Making Procedures of the Board

1. The quorum for Board meetings and its decision-making procedures shall be adopted in the Rules of Procedure of the Board and that of the Advisory and Technical Council.
2. The Board shall adopt its own Rules of Procedure and that of the Advisory and Technical Council.
3. The right to vote shall be limited to Governing Board Members from the African Union Member States.

Article 14
The Advisory and Technical Council

The Advisory and Technical Council shall serve as an advisory and Technical body to the Africa CDC.

Article 15
Composition of the Advisory and Technical Council

1. The Advisory and Technical Council shall be composed of twenty (20) members as follows:
 - a) Five (5) Representatives of the Member States hosting the Regional Coordinating Centres;
 - b) Five (5) Representatives of National Public Health Institutes or laboratories or related Institutions on a rotational basis taking into account the AU Regions;
 - c) One (1) representative of Regional Intergrated Surveillance and Laboratory Network (RISLNET) on a rotational basis taking into account the AU Regions;
 - d) Two (2) Representatives of African Health Networks on a rotational basis;
 - e) Two (2) Representatives of the Union with specialized expertise (Medical Services Directorate and African Union Inter-African Bureau for Animal Resources);



- f) One (1) Representative of Regional Health Organizations on a rotational basis;
 - g) Two (2) Representatives of WHO;
 - h) One (1) representative of the environment sector; and
 - i) One (1) Representative of World Organization for Animal Health (OIE).
2. The DG shall serve as the Secretary of the Advisory and Technical Council.
 3. The Advisory and Technical Council may invite such expertise from relevant stakeholders as necessary.

Article 16

Term of Office of the Advisory and Technical Council

1. Members of the Advisory and Technical Council shall serve for a non-renewable term of three (3) years where applicable.
2. The Advisory and Technical Council shall elect its chairperson and Vice Chairperson by a simple majority and they shall serve for a non-renewable term of three (3) years.

Article 17

Functions of the Advisory and Technical Council

The Advisory and Technical Council shall advise the Africa CDC on:

1. Emerging issues and other related matters of disease control and prevention;
2. The strategic plans and activities of the Africa CDC;
3. Opinions on advocacy and resources mobilization;
4. Different aspects of disease surveillance, detection and response on the African Continent; and
5. Research and study areas and merits of the scientific work of the Africa CDC.



Article 18
Meetings, Quorum and Decision-Making Procedures of the Advisory and Technical Council

1. The meetings of the Advisory and Technical Council, its quorum and decision-making procedures shall be provided in its Rules of Procedure.
2. The Board shall adopt the Rules of Procedure of the Advisory and Technical Council.

Article 19
Secretariat

1. The Secretariat shall be responsible for the implementation of the decisions of the policy organs of the Union, CHSG, the relevant STC, and the Governing Board of the Africa CDC.
2. The Secretariat shall convene the meetings of the CHSG, Governing Board Advisory and Technical Council, or other meetings of the Africa CDC in consultation with the Board.
3. The Secretariat shall be headed by the DG and shall report to the Chairperson of the Commission.
4. The DG shall be the Chief Executive Officer of the Africa CDC.
5. The DG shall be appointed through a competitive and transparent selection process to be conducted by the Board in line with the AU Staff Regulations and Rules, taking into account the principle of geographical rotation. Recruitment of the DG shall be endorsed by the Assembly upon recommendation of the CHSG for a mandate of four (4) years renewable once.
6. The Secretariat shall consist of administrative, professional and technical and support staff with competence in the various areas of the Africa CDC.
7. The EOC referred to in article 5(4) shall be part of the secretariat.
8. The recruitment of secretariat staff members shall be conducted in conformity with relevant AU rules and procedures except for the appointment of the DG as stipulated in Articles 8bis (1) (d) and 19 (5).
9. The AU rules, procedures, regulations, directives, and the Framework of Operations shall apply in the operation of the Africa CDC.



Article 20

Functions of the Secretariat

The functions of the Secretariat shall include but not be limited to the following:

- a) Assisting and supporting Member States to develop appropriate disease surveillance, detection and response policies, programs, systems and structures;
- b) Providing technical support and capacity building to Member States for disease control and prevention;
- c) Developing and Implementing strategic advocacy programs and Stakeholder communication plans;
- d) Networking with Member States, WHO, Regional Health Organizations, RECs, private sector organizations, Regional Health Networks, Partners CDCs, and other relevant Stakeholders to attain the objectives of the Africa CDC;
- e) Serving as the focal point in all matters of the Africa CDC;
- f) Establishing an information center and thereby guide the Member States and other stakeholders by being one of the main sources of information on disease control and prevention on the continent;
- g) Undertaking research and studies in all the relevant areas of competence of the Africa CDC;
- h) Promoting activities undertaken by the Africa CDC and disseminate the findings of the studies to Member states and other Stakeholders; and
- i) Preparing a health map of Africa for communicable and non-communicable diseases.

Article 21

Functions of the DG

1. The DG shall:
 - a) As the Chief Executive Officer, be responsible for the overall management of the Africa CDC;
 - b) Implement directives from the CHSG, the Board, the STC and the Commission as may be applicable;
 - c) Prepare the program, financial and operational report of the Africa CDC;



- d) Draft and submit the Africa CDC's budget, report on activities, rules of procedure and Plan of Action to the Board and the Commission for approval;
 - e) Attend meetings of the STC, CHSG, Board, the Advisory and Technical Council and act as Secretary to the Board and Advisory and Technical Council;
 - f) Collect and disseminate findings on disease control and prevention and related research;
 - g) Ensure the production and publication of the periodical bulletin of the Africa CDC;
 - h) Perform any other functions as may be assigned in line with the objectives of the Africa CDC.
2. AU rules, procedures, regulations and directives, and the Framework of Operations shall apply in the operation of the Africa CDC.

SECTION THREE

Operations of the Africa CDC

Article 22

Coordination with the Commission, Agencies and Technical Institutions of the AU

1. The Commission shall ensure synergy with the Africa CDC as the autonomous health institution of the Union charged with the responsibility of prevention and control of diseases. The modalities of coordination will be elaborated in a Framework of Coordination.
2. The Department of Health, Humanitarian Affairs and Social Development of the AU Commission as the policy Department on the subject matter, shall ensure synergy with the Africa CDC.

Article 23

Africa CDC Regional Coordinating Centres (RCCs)

1. In the execution of its strategic work plan, the Africa CDC will network and harness public health assets in each Region including through its Regional Coordinating Centers (RCCs). The coordination and support of the RCCs is to ultimately bring into reality an "Africa CDC without walls" that supports the continent at the point of need, rather than from a centralized, distant location.



2. At the time of the launching of the Africa CDC, there shall be a minimum of five (5) RCCs in order to ensure that each Region within the continent is represented.
3. The leadership of the RCC shall be designated as an Africa CDC Regional Coordinator within the Africa CDC organizational structure and appointed in accordance with the AU rules and regulations.
4. Each Region shall be responsible for selecting the host country of the RCCs in accordance with the criteria laid down in Article 24.
5. A Regional Coordinating Centres may also be hosted by a Regional Center for Disease Control (CDC) where such a Regional CDC exists.
6. Hosting Agreements shall be concluded with Member States or a Regional CDC where the RCCs are located.

Article 24

Selection of Regional Coordinating Centres

1. Each Region shall select one Regional Coordinating Centre based on the following guiding principles and criteria:
 - a) Guiding Principles:**
 - i) Synergy between the RCC's goals and Africa CDC aims;
 - ii) Good governance & respected leadership ;
 - iii) Sustainable funding and fiscal accountability; and
 - iv) Ability to collaborate with health sector stakeholders.
 - b) Criteria:**
 - i) Technical proficiency and clear evidence of expertise in the Essential Public Health Operations (EPHO) that are directly relevant to the strategic objectives of the Africa CDC;
 - ii) Clear synergy between the Regional Coordinating Centre's programme objectives and the Africa CDC strategic objectives, which results in greater collective impact and capacity building;
 - iii) Track record in mobilizing health workforce;
 - iv) Laboratory capacity;
 - v) Representing the regional constituency;



- vi) Track record of expertise in region-specific health hazards; and
 - vii) Willing and able to provide surge capacity to other countries if country capacity is lacking, particularly during public health emergencies.
2. The Governing Board shall at periodic intervals of not more than five (5) years revisit the status of Regional Coordinating Centers such that if a given RCC fails to perform, it can be replaced with a more suitable Regional Center.

Article 25 Cooperation with Member States

1. In carrying out its functions, the Africa CDC shall dedicate necessary resources to building partnerships aimed at improving the effectiveness of its operations.
2. The Africa CDC shall develop partnerships with Member States' Ministry in charge of Health and agencies dealing with disease control and prevention which shall serve as national contact points.
3. The Africa CDC may be requested by the Member States, the RECs, the Commission, other Organs of the Union, and international organizations to provide scientific or technical assistance in any field within its competence.

Article 26 Cooperation with WHO

The Commission shall pursue closer collaboration with the WHO on the operationalization of the Africa CDC. The Africa CDC shall establish clear procedures for cooperation with the WHO in accordance with established procedures of the Commission. The Africa CDC and WHO shall develop a clear framework for collaboration to avoid overlap in their support to Member States to fulfill the objectives on disease control and prevention as well as the implementation of the Africa CDC's objectives and strategies.

Article 27 Cooperation with Other Stakeholders

The Africa CDC shall maintain working ties with Development partners and stakeholders, particularly with the Regional Health Organizations, RECs, private sector, civil society organizations, Regional Financing Mechanisms, other Organs of the Union and the non-African CDCs in pursuit of its strategic objectives.



Article 28
Privileges and Immunities of the Africa CDC

1. The privileges and immunities of the Africa CDC shall be governed by Host agreements negotiated with Host Country and applicable international law.
2. The Africa CDC and its staff shall enjoy the privileges and immunities stipulated in the General Convention on Privileges and Immunities of the Organization of African Unity and the Vienna Convention on Diplomatic Relations.

SECTION FOUR
Financial Arrangements

Article 29
Budget and Contribution

1. The budget of the Africa CDC shall be borne by the African Union and shall be within the Union Budget.
2. Other sources of funding the Africa CDC may include :
 - a) Voluntary contributions from Member States;
 - b) Contributions from Development Partners of the Union and the Commission;
 - c) Contributions from the Private Sector; and
 - d) Any other source of funding in accordance with AU Rules.
3. The budget calendar of the Africa CDC shall be that of the Union.
4. The Africa CDC shall prepare and submit its budget to the relevant policy organ of the African Union for approval and shall carry out its activities in accordance with the AU Financial Rules.

SECTION FIVE
Final Provisions

Article 30
Working Languages

The Working languages of the Africa CDC shall be the same as that of the African Union.



**Article 31
Amendment**

1. The present Statute may be amended upon the recommendation of:
 - a) The Executive Council;
 - b) The CHSG; or
 - c) The Board or the AU Commission.
2. Any amendment to this Statute shall enter into force upon its adoption by the Assembly.

**Article 32
Entry into Force**

The present Statute shall enter into force upon its adoption by the Assembly.

**ADOPTED BY THE FORTY-FIRST ORDINARY SESSION OF THE
EXECUTIVE COUNCIL AS DELEGATED BY THE ASSEMBLY, HELD IN
LUSAKA, ZAMBIA
14-15 July 2022**

