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AFRICAN PUBLIC HEALTH EMERGENCY FUND: ACCELERATING THE PROGRESS OF IMPLEMENTATION

Report of the Secretariat

CONTENTS

ANNEXES

BACKGROUND

1. In recognition of the high occurrence of public health emergencies in the African Region and the lack of adequate resources to respond effectively to these emergencies, the African Public Health Emergency Fund (APHEF) was established. This was in line with Regional Committee Resolution AFR/RC61/R3[1] and Article 50 (f) of the WHO Constitution. The article recommends additional appropriations by the governments of countries of the WHO regions if the proportion received from the central budget of the Organization is insufficient for carrying out their functions. The APHEF is expected to supplement the efforts of governments of affected Member States and partners and promote solidarity among Member States in addressing public health emergencies.

2. In order to accelerate the implementation of the APHEF, the Regional Committee through Resolution AFR/RC61/R3 requested the Regional Director to: (a) set up the operations of the APHEF including drawing up the operations manual governing its effective functioning; (b) negotiate with the African Development Bank (AfDB*)* on the instrument for the establishment of the APHEF; (c) continue advocacy with Heads of State and Government, the African Union and Regional Economic Communities to ensure sustained contribution to the APHEF; and (d) report to the Sixty-second session of the Regional Committee, and on a regular basis thereafter, on the implementation of the APHEF.

3. Since the adoption of this resolution, the operations manual of the APHEF has been developed. The manual outlines the management, administrative and governance processes of APHEF. In addition, the manual sets forth procedures for resource mobilization, monitoring and evaluation of the Fund. The Monitoring Committee of the Fund endorsed the manual at its first meeting held in Brazzaville, in May 2013.

4. To ensure sustained contribution to the APHEF, the Regional Director has continued advocacy with Heads of State, the African Union and Regional Economic Communities (RECs). This high level advocacy resulted in the endorsement of the Regional Committee resolutions on APHEF by the Heads of State and Government at the 19th ordinary Assembly of the African Union[2] (Assembly/AU/Dec.436(XIX).

5. The Regional Office keeps inviting the African Development Bank (AfDB) to take up its role as the Trustee of APHEF. As an interim measure, the WHO Regional Office for Africa has continued to receive APHEF contributions as recommended by the Sixty-second session of the Regional Committee.[3]

6. Since the establishment of the APHEF in 2012, eight of the 47 Member States[4] had paid a total of US$ 3 611 731 by the end of May 2014. A summary of the yearly Member States' contributions is attached herewith as Annex 3. A total of US$ 1 326 073 from APHEF has been used to provide immediate financial assistance to seven countries,[5] upon their request, for the management of declared public health emergencies.

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1 Resolution AFR/RC61/R3, Framework Document for the African Public Health Emergency Fund. In: *Sixty-first session of the WHO Regional Committee for Africa, Yamoussoukro, Cote d'Ivoire, 29 August–2 September 2011, Final report,* Brazzaville, World Health Organization, Regional Office for Africa, 2011 (AFR/RC61/14) pp.10–12.

2 http://www.au.int/en/sites/default/files/Assembly%20AU%20Dec%20416-449%20%28XIX%29%20_E_Final.pdf. Accessed on 12 March 2014.

3 Document AFR/RC62/19: Establishment of the African Public Health Emergency Fund – Report of the Regional Director.

4 Angola, Cameroon, Chad, Democratic Republic of Congo, Eritrea, Ethiopia, Gambia and Rwanda.

5 Burundi, Cameroon, Central African Republic, Guinea, Liberia, South Sudan and Zimbabwe.

7. In this regard, APHEF supported life-saving interventions in Central African Republic (improving access to quality health care in three districts including rehabilitation of the Bangui Paediatric Hospital), South Sudan (strengthening emergency surgical services for war-related and other surgical emergencies in conflict-affected areas), Burundi and Zimbabwe (provision of immediate health care to populations affected by floods), Guinea and Liberia (for controlling the Ebola Viral Haemorrhagic Fever outbreak), and Cameroon (to provide emergency health intervention to Central African Republic refugees).

8. The above interventions show that the APHEF has started to prove its value. However, the optimal functioning of the Fund faces significant challenges as summarized below.

ISSUES AND CHALLENGES

9. **Low level of contributions to APHEF:** There has been a low level of response by Member States regarding their commitment to APHEF. Of the expected total contributions of US$ 50 000 000 each year, only US $ 1 770 740 (3.6%), US$ 1 621 123 (3.2%) and US$ 220 068 were actually contributed in 2012, 2013 and by the end of May 2014 respectively. The total amount paid by the countries over the three years is US$ 3 611 731. That amount represents 2.4% of the US$ 150 000 000 that should have been received by the end of 2014. In other words, Member States in the Region are yet to contribute a total balance of US$ 146 388 269. The total contribution of APHEF was largely insufficient, as measured against the emergency needs expressed by countries. For instance the estimated funding needs for the public health response to the crises in the Central African Republic and South Sudan totalled US$ 117 730 000 for one year only.

10. **Delay in AfDB becoming the Trustee for the Fund:** Negotiations with the African Development Bank for the trusteeship arrangements have taken over two years. To date, no Memorandum of Understanding has been signed with the bank on its expected roles. As a result, WHO has continued to receive and manage the Fund using its financial system.

11. **Limited involvement of the private sector and wealthy and willing individuals in Africa:** The APHEF Operations Manual recommends the involvement of a wide range of stakeholders to supplement countries' contributions.[6] Currently, however, only Member States of the Region have made contributions to the APHEF.

ACTIONS PROPOSED

12. In order to address the issues above and accelerate the implementation of the APHEF, the actions presented below are proposed.

13. **Establish flexible options for contributing to the APHEF:** The Regional Committee should request Member States to honour their commitments. To facilitate payment and motivate countries to meet their obligations, there may be need to consider additional flexible options such as payment by instalment (as already provided in the operations manual). Member States may also establish specific lines within the budgets of ministries of health that would be used to pay their contributions to the APHEF.

14. **Trustee arrangements**: The Regional Committee may wish to consider the WHO financial system as an appropriate alternative mechanism for managing the APHEF.

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[6] WHO: African Public Health Emergency Fund (APHEF) Operations Manual page 21, World Health Organization.

15. **Widen the scope of contributors to APHEF to include the private sector and wealthy and willing individuals in countries:** The Regional Committee should permit the APHEF Secretariat to engage wealthy and willing individuals and the private sector to solicit contributions to the APHEF. Based on their contributions and their level of support, some of these individuals and private sector contributors could later be considered as "APHEF champions" and be involved in advocacy for APHEF, in line with the WHO policy on engagement of non-State actors. In addition, Member States should explore the use of innovative financing approaches to help raise additional funding for the APHEF.

16. **Conduct advocacy to raise awareness of APHEF (RECs and in-country):** Member States should consider undertaking increased advocacy for the APHEF. Specifically, the following are proposed:

(a) Advocacy for APHEF should be extended to all the Regional Economic Communities (RECs) by organizing regional and subregional sensitization activities to promote information sharing and support for APHEF. The RECs should be encouraged to make payments either directly to APHEF or through supporting contributions of countries of their choice.

(b) The ministries of health should undertake in-country advocacy for the APHEF at the appropriate levels. Intensified advocacy should be supplemented with in-country processes and commitments endorsed by parliament to facilitate the creation of regular APHEF budget lines as recommended.[7]

(c) Generic communication and advocacy material on the APHEF should be developed, displayed and shared for intensive advocacy activities thereafter.

17. The Regional Committee is requested to examine and endorse the actions proposed.

[7] Document AFR/RC63/3: http://www.afro.who.int/index.php?option=com_docman&task=doc_download&gid=8641&Itemid=2593

ANNEX 1: AFRICAN PUBLIC HEALTH EMERGENCY FUND (APHEF): STATUS OF UTILIZATION/DISBURSEMENT AS OF 14 APRIL 2014

	Requesting Member State	Date Requested	Reason for Request	Amount Requested	Approved/ Disbursed	Comments/ details of Emergency situation and APHEF support
1	Burundi	28 Feb 2014	Response to flooding with massive destruction and population displacement in Bujumbura	279 760	148 360	On 9 and 10 February 2014, Bujumbura experienced torrential rainfall with severe flooding resulting into massive destruction of property and population displacement. At least 20 000 people (3784 households) were affected including 77 deaths and 182 injuries. The risk of epidemics especially cholera and other diarrheal diseases, malaria and acute respiratory infections was very high. APHEF contributed to the provision of emergency medical supplies and prevention of disease epidemics.
2	Zimbabwe	7 Mar 2014	Response to flooding with population displacement	250 000	65 500	Following continued torrential rains in February 2014, the Tokwe Murkosi Dam rapidly flooded threatening communities within its basin. A phased relocation plan had intended to relocate a total of 6 393 families (32 000 people) and their 18 764 cattle to make way for the dam. The area of relocation did not have basic social services facilities on site. The nearest district hospital is 52 km away. The risk of disease outbreaks was high in both the flooded area and the relocation area especially cholera and other diarrheal diseases, malaria and acute respiratory tract infections. Given the magnitude of the threat of extensive flooding, the President of Zimbabwe declared a State of Disaster. APHEF supported the establishment of temporary health facilities, referrals and provision of emergency/essential medicines for the population relocated.
3	Central African Republic	13 Mar 2014	Provision/restoration of free health care services for the most vulnerable population following intensified armed conflict resulting into total collapse of health systems	421 678	279 723	The crisis in Central African Republic resulted in total destruction of basic infrastructure and loss of essential social services, including health services. The Ministry of Public Health requested for APHEF to provide support for restoration of health services for the most vulnerable populations in Bangui (Complex Pediatric Hospital) and the district hospitals of Mbaiki and Boda. APHEF contributed to the implementation of the free health care policy for a period of three months anticipating return to the normal implementation of public health policies.
4	South Sudan	27 Mar 2014	Re-establishment of free surgical care in 3 State hospitals following armed conflict with collapse of health care services in the affected areas	641 200	523 200	The humanitarian crisis in South Sudan since December 2013 led to disruption of essential health services. Health facilities were looted and destroyed. The State hospitals in Jonglei, Upper Nile and Unity States, in the epi-centre of the crisis, were among those functioning minimally despite increased demand for services. By March 2014, over 10 000 wounded patients had been treated since the onset of the crisis with more than 400 referrals to Juba Teaching Hospital by air, which is very costly. Life-saving surgical interventions due to non-functionality of surgical theatres are among the evident gaps. APHEF contributed to addressing the critical emergency surgical needs by restoring the functionality of operation theatres in Bor, Malakal and Bentiu hospitals; and strengthened emergency surgical operations in Juba University Teaching hospital.
5	Guinea	3 Apr 2014	Control of Ebola outbreak associated with wide spread and high mortality	386 090	140 440	An outbreak of Ebola was declared by the Government of Guinea in February 2014. Detailed investigation revealed that the outbreak started in December 2013 and had spread to the neighbouring Liberia. By the end of March 2013, over 150 cases including 102 deaths had been reported from 5 districts including the capital city, Conakry. Health workers were among the reported Ebola cases, depicting gaps in infection prevention and control. APHEF contributed to strengthening the investigation and response capacity to control the Ebola outbreak.

6	Cameroon	09 Apr 2014	Emergency response to the health needs of refugees from the Central African Republic	192 634	68 700	Following the deterioration of the security situation in the Central African Republic in December 2013, there has been a daily influx of refugees into Cameroon. Between December 2013 and 14 March 2014, a total of 48 000 new CAR refugees arrived in the country. The districts receiving the refugees had to face challenges of providing essential health care to the increased population in their catchment areas, with high risk of disease epidemics especially cholera, that the northern part of Cameroun has been experiencing. The APHEF contributed to provision of emergency medical kits, strengthening surveillance/early warning system mechanisms for early detection and response to epidemics, and supporting polio and measles vaccination.
7	Liberia	17 Apr 2014	Control of Ebola outbreak, causing associated with widespread and high mortality	315 628	100 150	An outbreak of Ebola was declared in Liberia in April 2014. This outbreak was epidemiologically linked to the one that started in Guinea. By 21 April, a cumulative total of 26 clinical cases (6 laboratory-confirmed cases, and 20 probable and suspected cases), causing 13 deaths, have been reported. All 6 laboratory-confirmed cases have died including three health care workers. APHEF contributed to strengthening the investigation and response capacity to control the Ebola outbreak
	Total			**2 487 044**	**1 326 073**	

ANNEX 2: APHEF: STATUS OF MEMBER STATES' CONTRIBUTIONS FOR THE PERIOD 2012–2014

No	Member State	% Contribution	Expected	Received	Outstanding
		%	US$	US$	US$
1	Algeria	19.74	29 604 549	0	29 604 549
2	Angola	3.5	5 251 770	1 750 590	3 501 180
3	Benin	0.81	1 218 294	0	1 218 294
4	Botswana	1.8	2 700 465	0	2 700 465
5	Burkina Faso	0.77	1 154 535	0	1 154 535
6	Burundi	0.01	15 000	0	15 000
7	Cameroon	3.23	4 848 486	1 616 162	3 232 324
8	Cape Verde	0.2	303 165	0	303 165
9	Central African Republic	0.16	247 446	0	247 446
10	Chad	0.37	550 665	183 555	367 110
11	Comoros	0.07	103 473	0	103 473
12	Congo	0.81	1 210 704	0	1 210 704
13	Cote d'Ivoire	3.09	4 628 691	0	4 628 691
14	D R Congo	0.01	15 000	5 000	10 000
15	Equatorial Guinea	0.77	1 160 466	0	1 160 466
16	Eritrea	0.01	15 000	5 000	10 000
17	Ethiopia	0.01	15 000	4 975	10 025
18	Gabon	1.45	2 176 914	0	2 176 914
19	Gambia	0.07	105 516	36 513	69 003
20	Ghana	1.78	2 670 348	0	2 670 348
21	Guinea	0.42	633 990	0	633 990
22	Guinea-Bissau	0.01	15 000	0	15 000
23	Kenya	3.69	5 540 151	0	5 540 151
24	Lesotho	0.34	502 875	0	502 875
25	Liberia	0.01	15 000	0	15 000
26	Madagascar	0.63	951 948	0	951 948
27	Malawi	0.01	15 000	0	15 000
28	Mali	0.8	1 193 535	0	1 193 535
29	Mauritania	0.39	580 428	0	580 428
30	Mauritius	1.27	1 904 127	0	1 904 127
31	Mozambique	0.64	958 398	0	958 398
32	Namibia	1.44	2 163 690	0	2 163 690
33	Niger	0.01	15 000	0	15 000
34	Nigeria	22	33 000 000	0	33 000 000
35	Rwanda	0.01	15 000	9 936	5 064
36	Sao Tome and Principe	0.01	21 030	0	21 030
37	Senegal	1.72	2 581 839	0	2 581 839
38	Seychelles	0.17	249 000	0	249 000
39	Sierra Leone	0.01	15 000	0	15 000
40	South Africa	22	33 000 000	0	33 000 000
41	Swaziland	0.52	782 565	0	782 565
42	Tanzania	1.88	2 815 017	0	2 815 017
43	Togo	0.24	364 632	0	364 632
44	Uganda	1.3	1 944 225	0	1 944 225
45	Zambia	1.26	1 891 551	0	1 891 551
46	Zimbabwe	0.56	835 512	0	835 512
	Grand Total	**100**	**150 000 000**	**3 611 731**	**146 388 269**