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PROGRESS REPORT ON THE AFRICAN PUBLIC HEALTH EMERGENCY FUND

Information Document

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BACKGROUND

1. The African Public Health Emergency Fund (APHEF or the Fund) was endorsed by the Regional Committee and the African Union in 2012. The purpose of the Fund is to provide catalytic resources for initiating timely responses to public health emergencies.
2. Despite all the commitments made, actual contributions to APHEF have remained low. Between 2012 and July 2017, only 16 countries had ever contributed to the Fund.¹ Total contributions stand at US\$ 4.46 million. This constitutes about 1.6% of the expected amount.
3. The Sixty-sixth session of the Regional Committee reiterated the importance of maintaining APHEF as a solidarity and trust fund sustained by Member States. It however expressed concern about the persistent low level of contributions and emphasized the need for a flexible formula for payment of contributions.
4. In June 2016, WHO convened a meeting of a multidisciplinary group of experts from the ministries of health and of finance. The key questions the experts deliberated upon included whether APHEF is needed, why it was not functioning optimally and how its functionality could be improved.
5. This paper summarizes the progress made and proposes actions that should be taken to improve the remittance of financial contributions of Member States to APHEF.

PROGRESS MADE/ACTION TAKEN

6. The Fund has so far disbursed a total of US\$ 2.87 million to support life-saving interventions in 13 countries² (Annex 1). Only four of the countries that have received APHEF support have ever contributed to the Fund.³ For 13 of the 14 requests received from 2014 to 2017, funds were made available within two working days as stipulated in the APHEF operations manual. The total amount received after the Sixty-sixth session of the Regional Committee was US\$ 839 032 from five countries⁴ (Annex 2).
7. A resource mobilization strategy and plan for APHEF is under development, taking into account the new WHO Contingency Fund for Emergencies (CFE) to ensure complementarity, and in accordance with the Framework of Engagement with Non-State Actors (FENSA). It also takes into account the amendments that were proposed during the Sixty-sixth session of the Regional Committee.
8. Country-level advocacy meetings led by the ministries of health with support from the WHO country office were held in ten countries.⁵ These meetings were aimed at bringing on board the ministries of finance and other stakeholders.

¹ Angola, Benin, Chad, Democratic Republic of the Congo, Eritrea, Ethiopia, Gabon, Gambia, Guinea, Lesotho, Liberia, Mauritius, Rwanda, Seychelles, South Africa and Uganda.

² Angola, Burundi, Cameroon, Central African Republic, Democratic Republic of the Congo, Ethiopia, Guinea, Liberia, Malawi, Niger, Sierra Leone, South Sudan and Zimbabwe.

³ Angola, Democratic Republic of the Congo, Ethiopia and Liberia.

⁴ Eritrea, Guinea, Liberia, South Africa and Uganda.

⁵ Angola, Ethiopia, Guinea, Liberia, Mali, Senegal, Sierra Leone, Nigeria, South Africa and Uganda.

9. Internal consultations through experts' opinion to review the formula of assessments were conducted as requested by the Regional Committee. This expert group determined that the current assessed contributions for APHEF are unrealistically high and this has contributed to the persistent underfunding. It proposed the maintenance of the United Nations formula while reducing the funding level to US\$ 15 million per annum, taking into account the fact that the annual requests from Member States have never reached that amount. This will reduce the contributions of Member States as proposed to the Sixty-sixth Regional Committee by 50% and reflected in Annex 3.

10. The Regional Director continued to conduct high-level advocacy with Heads of State and Government, the African Union, regional economic communities and the African Development Bank. Various meetings held over the past months with partners contributed to raising awareness of APHEF and the need for Member States to remit their financial contributions to the Fund.

11. WHO initiated recruitment of additional staff (external relations and resource mobilization officers) to, among others, facilitate integration of APHEF functions into WHO business, mobilize resources and follow up on country requests including reporting, monitoring and evaluation.

12. The resource mobilization strategy being finalized will help to implement some of the pending recommendations made by the Sixty-sixth Regional Committee that need to be reconsidered. These recommendations include:

- (a) Mobilizing additional funds from sources other than Member States' contributions;
- (b) WHO organizing joint resource mobilization with the WHO Contingency Fund for Emergencies in the context of the unified Health Emergencies Programme; and
- (c) Convening resource mobilization forums such as round table discussions with donors and pre-identified African leaders as champions for APHEF.

13. Despite the progress made, a number of challenges hinder the optimal functioning of APHEF. These include low remittance of financial contributions of Member States to APHEF, and insufficient reporting by APHEF-recipient countries.

NEXT STEPS

14. Update the framework for establishment of APHEF and its operations manual in line with the proposal by the working group to reduce the total contributions by Member States to 50% per annum.

15. Urge Member States to honour their commitments made to APHEF.

16. Implement the resource mobilization strategy and ensure that adequate funding is provided to roll it out.

17. Continue to raise the level of awareness of APHEF by conducting advocacy visits to Heads of State and Government, the African Union and regional economic communities.

18. The Regional Committee took note of the progress made and endorsed the proposed next steps.

ANNEX 1: Status of funds disbursement and utilization as of 12 July 2017

	Date of request	Country	Reason for request	Amount requested (US\$)	Amount approved/ disbursed (US\$)	Summary of APHEF support to affected countries
1	28 February 2014	Burundi	Response to flooding which caused massive destruction and population displacement in Bujumbura	279 760	148 360	<p>On 9 and 10 February 2014, Bujumbura experienced torrential rainfall with severe flooding that resulted in massive destruction of property and population displacement. At least 20 000 people, or 3784 households, were affected, with 77 dead and 182 injured.</p> <p>The risk of epidemics, especially cholera and other diarrhoeal diseases, malaria and acute respiratory infections was very high.</p> <p>APHEF funds contributed to the provision of emergency medical supplies and prevention of disease epidemics.</p>
2	7 March 2014	Zimbabwe	Response to flooding which caused population displacement	250 000	65 500	<p>Following unremitting torrential rains in February 2014, the Tokwe Mukosi Dam rapidly flooded, threatening to cause a displacement of the communities within its basin. A phased relocation plan was implemented, targeting 6393 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 or facilities and the nearest district hospital was 52 km away.</p> <p>The risk of disease outbreak in both the flooded and the relocation areas was high, especially for cholera and other diarrhoeal 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.</p> <p>APHEF resources supported the establishment of temporary health facilities, facilitation of referrals and provision of emergency and essential medicines for the relocated population.</p>
3	13 March 2014	Central African Republic	Provision and restoration of free health care services for the most vulnerable population following intensified armed conflict that led to total collapse of health systems	421 678	279 723	<p>The crisis in the Central African Republic, fuelled by armed conflict, resulted in the total destruction of basic infrastructure and loss of essential social services, including health services. The Ministry of Public Health requested APHEF support to restore health services for the most vulnerable communities in Bangui at the Paediatric Hospital Complex and in the district hospitals of Mbaiki and Boda.</p> <p>APHEF contribution supported the implementation of the free health care policy for 3 months, anticipating a return to the normal health services system after that period.</p>
4	27 March 2014	South Sudan	Re-establishment of free surgical care in three state hospitals following armed conflict that caused the collapse of health care services in the affected areas	641 200	523 200	<p>The humanitarian crisis experienced by South Sudan since December 2013 has led to the disruption of essential health services. Health facilities were looted and destroyed. The State hospitals in Jonglei, Upper Nile and Unity states, the epicentre of the crisis, were among those providing only minimal services despite the increased demand. Between the onset of the crisis and March 2014, over 10 000 wounded patients were treated and more than 400 referred patients transported to Juba Teaching Hospital by air, which is a very costly means of transport. There are obvious gaps in life-saving surgical interventions since operating theatres are no longer functioning.</p> <p>APHEF funds helped address the critical emergency surgery needs by reviving the operating theatres in Bor, Malakal and Bentiu hospitals and strengthening emergency surgical operations at Juba University Teaching Hospital.</p>
5	3 April 2014	Guinea	Control of Ebola virus disease outbreak that caused widespread and high mortality	386 090	140 440	<p>The outbreak of Ebola in Guinea was declared by the government in February 2014. Detailed investigation revealed that the disease had started in the country in December 2013 and had spread to neighbouring Liberia. By the end of March 2013, over 150 cases (including 102 deaths) had been reported from five districts including the capital city, Conakry. Health workers were among those reported to have the disease, suggesting gaps in infection prevention and control.</p> <p>APHEF contribution helped build the investigation and response to control the Ebola outbreak.</p>

6	14 April 2014	Cameroon	Contribution to the provision of essential health care services to refugees from the Central African Republic	192 634	68 700	<p>The deterioration of the security situation in the Central African Republic from December 2013 generated a daily influx of refugees into Cameroon. Between December 2013 and 14 March 2014, a total of 48 000 new refugees were received in Cameroon. The districts receiving the refugees are facing the challenge of providing essential health care to the increased population in their catchment areas. In addition, the risk of disease epidemics is very high.</p> <p>APHEF's contribution was used to provide supportive resources, specifically in mobilizing emergency medical kits, strengthening surveillance and early warning mechanisms for early detection and response to epidemics, and supporting polio and measles vaccination.</p>
7	17 April 2014	Liberia	Control of the Ebola virus disease outbreak	317 770	100 150	<p>The Ministry of Health and Social Welfare in Liberia declared an Ebola outbreak in April 2014. The outbreak was epidemiologically linked to the ongoing outbreak in Guinea. As of 21 April 2014, a cumulative total of 26 clinical cases, six of which had laboratory confirmation, and 20 probable or suspected cases, including 13 deaths, were reported. All the six patients with laboratory-confirmed Ebola, including three health care workers, died.</p> <p>The Government of Liberia, in collaboration with partners, initiated response activities including enhanced surveillance for early case identification and contact tracing, case management, social mobilization and detailed investigation. However, significant gaps existed in these areas as well as in laboratory coordination and confirmation of cases.</p> <p>APHEF helped in raising additional resources to strengthen all aspects of the outbreak response.</p>
8	20 June 2014	Sierra Leone	Support the emergency response to the Ebola viral haemorrhagic fever epidemic in Sierra Leone	245 578	169 439	<p>On Monday, 26 May 2014, the Government of Sierra Leone, through its Ministry of Health and Sanitation, declared an outbreak of the Ebola virus disease in the country following the laboratory confirmation of a suspected case from Kailahun District, located along the border with Guinea and Liberia. A total of 60 cases had been confirmed for Ebola virus disease by 20 June. Responding adequately to contain the outbreak of the disease in Kailahun and other high risk districts was critical.</p> <p>APHEF's contribution helped to stop the transmission of the Ebola virus disease and reduce its morbidity and mortality.</p>
9	2 September 2014	Democratic Republic of the Congo	Control of Ebola virus disease in the country	391 200	346 100	<p>The Ebola virus disease is highly contagious and starts with a fever accompanied by diarrhoea, vomiting, severe fatigue and sometimes bleeding. It is transmitted by direct contact with sick or infected animals. From 24 August 2014, the Democratic Republic of the Congo was faced with the likelihood of an Ebola epidemic. By 30 August 2014 the country had recorded 53 cases, of which 13 had laboratory confirmation, and 31 deaths.</p> <p>APHEF's contribution was used in containing the outbreak and reducing morbidity and mortality from the disease.</p>
10	16 February 2015	Malawi	Strengthening basic health care provision to flood-affected communities	369 564	359 564	<p>Flooding in Malawi started on 8 January 2015. On 13 January the President declared a state of disaster after persistent rains resulted in flooding which affected 15 districts. Four of these districts – Chikhwana, Nsanje, Phalombe and Mulanje – were heavily affected by the floods. Their routine critical health services were disrupted. Also their personnel capacity and medical supplies were not adequate to cope with the needs of the 638 000 affected people.</p> <p>APHEF's contribution was used to fill the gaps in the critical medical supplies needed to strengthen the delivery of basic health services and epidemic preparedness and response in the four most affected districts.</p>

11	26 April 2015	Niger	To strengthen meningococcal meningitis outbreaks response	371 401	99 500	<p>Between 29 December 2014 and 26 April 2015, the Ministry of Public Health of Niger notified WHO of 2005 suspected cases of meningococcal meningitis including 162 deaths. Suspected cases have been reported in seven of Niger's eight regions with meningococcal meningitis outbreaks confirmed in several areas of Dosso and Niamey regions. Three of Niamey's five districts had exceeded the epidemic threshold. Laboratory tests have confirmed the predominance of <i>Neisseria meningitis</i> serogroup C in the affected areas, with <i>Neisseria meningitidis</i> serogroup W also being identified in several samples.</p> <p>APHEF contributed to supplementing the effort of the Government to provide an efficient and effective response to the epidemic through proper case management and reactive immunization, and to strengthen all aspects of outbreak response</p>
12	12 February 2016	Angola	Support the response to the yellow fever outbreak in Luanda	289 386	289 386	<p>In late December 2015, a cluster of cases with unspecified illness was reported in the Viana district of Luanda in Angola. Three (3) specimens taken from suspected cases were confirmed as positive for yellow fever by both NICD (South Africa) and the Institut Pasteur (Dakar) laboratories. The Ministry of Health in Angola officially declared a yellow fever outbreak on 22 January 2016 and mounted a multisectoral response to conduct detailed investigation and reactive mass vaccination campaigns in all the affected areas.</p> <p>APHEF's contribution complemented resources mobilized to control the yellow fever outbreak and reduce the potential for further transmission locally and internationally.</p>
13	18 February 2016	Ethiopia	Support the El Niño driven public health emergency response	2 004 405	143 276	<p>The El Niño experienced in Ethiopia resulted in severe drought, leading to the displacement of over 200 000 people followed by disease outbreaks such as measles, meningitis, acute watery diarrhoea, malnutrition and scabies in the drought affected areas and among the displaced populations. This resulted in the declaration of a public health emergency by the country.</p> <p>The APHEF contribution was an additional resource to supplement the country's commendable efforts to strengthen the El Niño response.</p>
14	10 April 2017	Cameroon	Strengthen human resource capacities to manage the displacements and refugee crisis in northern Cameroon	518 800	135 700	<p>Since 2015, Boko-Haram attacks in Cameroon have caused a lot of displacements in the country. This has resulted in a refugee crisis in the far northern part of the country with serious health consequences. Given the scale and multi-dimensional nature of the interventions needed by the Government of Cameroon, the country's resources have been overstretched. Life-saving interventions including emergency surgical care and epidemic response services are urgently needed.</p> <p>APHEF's contribution was a supplementary resource aimed at enhancing human resource capacities to manage the crisis, strengthening surveillance mechanisms and providing supplies and equipment.</p>
Total				6 169 062	2 869 038	

ANNEX 2: Status of Member States' Contributions and Disbursements as of 12 July 2017

	Member State	Revised Scale of Assessment (%)	Expected (Yearly) Assessment US\$	Contributions Received							Disbursements						
				2012	2013	2014	2015	2016	2017	Total	2012	2013	2014	2015	2016	2017	Total
1	Algeria	19.59	5 877 900							0							0
2	Angola	3.70	1 110 000	1 750 590						1 750 590					289 386		289 386
3	Benin	0.86	257 500			1 014 203				1 014 203							0
4	Botswana	1.90	570 800							0							0
5	Burkina Faso	0.81	244 000							0							0
6	Burundi	0.13	37 700							0			148 360				148 360
7	Cameroon	3.42	1 024 800		0					0			68 700			135 700	204 400
8	Cabo Verde	0.21	64 000							0							0
9	Central African Republic	0.17	52 300							0			279 723				279 723
10	Chad	0.39	116 400			183 555				183 555							0
11	Comoros	0.13	37 700							0							0
12	Congo	0.85	255 900							0							0
13	Cote d'Ivoire	3.26	978 300							0							0
14	Democratic Republic of Congo	0.13	37 700	5 000						5 000			346 100				346 100
15	Equatorial Guinea	0.82	245 300							0							0
16	Eritrea	0.13	37 700	5 000		9974	5000	5000	32 700	57 674							0
17	Ethiopia	0.13	37 700	4 975						4 975					143 276		143 276
18	Gabon	1.53	460 000				382 577			382 577							0
19	The Gambia	0.13	37 700			36 403				36 403							0
20	Ghana	1.88	564 400							0							0
21	Guinea	0.45	134 000						134 000	134 000			140 440				140 440
22	Guinea-Bissau	0.13	37 700							0							0
23	Kenya	3.90	1 171 000							0							0

24	Lesotho	0.35	106 300				167 625			167 625							0
25	Liberia	0.13	37 700			14 950		18 332		33 282			100 150				100 150
26	Madagascar	0.67	201 200							0							0
27	Malawi	0.13	37 700							0			359 564				359 564
28	Mali	0.84	252 300							0							0
29	Mauritania	0.41	122 700							0							0
30	Mauritius	1.34	402 500				25 000			25 000							0
31	Mozambique	0.68	202 600							0							0
32	Namibia	1.52	457 300							0							0
33	Niger	0.13	37 700							0			99 500				99 500
34	Nigeria	20.00	6 000 000							0							0
35	Rwanda	0.13	37 700	4975	4961					9936							0
36	Sao Tome and Principe	0.13	37 700							0							0
37	Senegal	1.82	545 700							0							0
38	Seychelles	0.18	52 600			4650				4650							0
39	Sierra Leone	0.13	37 700							0			169 439				169 439
40	South Africa	20.00	6 000 000					600 000	600 000								0
41	South Sudan	0.72	215 400							0			523 200				523 200
42	Swaziland	0.55	165 400							0							0
43	Tanzania	1.98	595 000							0							0
44	Togo	0.26	77 000							0							0
45	Uganda	1.37	410 900					54 000	54 000								0
46	Zambia	1.35	404 600							0							0
47	Zimbabwe	0.57	171 800							0			65 500				65 500
	Grand Total	100.00	30 000 000	1 770 540	4 961	1 263 735	580 202	23 332	220 700	3 863 470	0	0	1 841 612	459 064	432 662	135 700	2 869 038

ANNEX 3: Scale of assessment and proposed new reduced yearly contributions by Member States to APHEF

No.	Member State	Pre-RC66 Scale of Assessment		RC66 Scale of Assessment		Proposed New Reduced Contribution US\$
		%	Annual Contribution US\$	%	Annual Contribution US\$	
1	Algeria	19.74	9 870 000	19.59	5 877 900	2 938 900
2	Angola	3.50	1 750 000	3.70	1 110 000	555 000
3	Benin	0.81	405 000	0.86	257 500	128 700
4	Botswana	1.80	900 000	1.90	570 800	285 400
5	Burkina Faso	0.77	385 000	0.81	244 000	122 000
6	Burundi	0.01	5 000	0.13	37 700	18 900
7	Cameroon	3.23	1 615 000	3.42	1 024 800	512 400
8	Cabo Verde	0.20	100 000	0.21	64 000	32 000
9	Central African Republic	0.16	80 000	0.17	52 300	26 100
10	Chad	0.37	185 000	0.39	116 400	58 200
11	Comoros	0.07	35 000	0.13	37 700	18 900
12	Congo	0.81	405 000	0.85	255 900	127 900
13	Cote d'Ivoire	3.09	1 545 000	3.26	978 300	489 100
14	D R Congo	0.01	5 000	0.13	37 700	18 900
15	Equatorial Guinea	0.77	385 000	0.82	245 300	122 600
16	Eritrea	0.01	5 000	0.13	37 700	18 900
17	Ethiopia	0.01	5 000	0.13	37 700	18 900
18	Gabon	1.45	725 000	1.53	460 000	230 000
19	The Gambia	0.07	35 000	0.13	37 700	18 900
20	Ghana	1.78	890 000	1.88	564 400	282 200
21	Guinea	0.42	210 000	0.45	134 000	67 000
22	Guinea-Bissau	0.01	5 000	0.13	37 700	18 900
23	Kenya	3.69	1 845 000	3.90	1 171 000	585 500
24	Lesotho	0.34	170 000	0.35	106 300	53 100
25	Liberia	0.01	5 000	0.13	37 700	18 900
26	Madagascar	0.63	315 000	0.67	201 200	100 600
27	Malawi	0.01	5 000	0.13	37 700	18 900
28	Mali	0.80	400 000	0.84	252 300	126 100
29	Mauritania	0.39	195 000	0.41	122 700	61 300
30	Mauritius	1.27	635 000	1.34	402 500	201 200
31	Mozambique	0.64	320 000	0.68	202 600	101 300
32	Namibia	1.44	720 000	1.52	457 300	228 600
33	Niger	0.01	5 000	0.13	37 700	18 900
34	Nigeria	22.00	11 000 000	20.00	6 000 000	3 000 000
35	Rwanda	0.01	5 000	0.13	37 700	18 900
36	Sao Tome and Principe	0.01	5 000	0.13	37 700	18 900
37	Senegal	1.72	860 000	1.82	545 700	272 800
38	Seychelles	0.17	85 000	0.18	52 600	26 300
39	Sierra Leone	0.01	5 000	0.13	37 700	18 900
40	South Africa	22.00	11 000 000	20.00	6 000 000	3 000 000
41	South Sudan*	-	-	0.72	215 400	107 700
42	Swaziland	0.52	260 000	0.55	165 400	82 700
43	Tanzania	1.88	940 000	1.98	595 000	297 500
44	Togo	0.24	120 000	0.26	77 000	38 500
45	Uganda	1.30	650 000	1.37	410 900	205 400
46	Zambia	1.26	630 000	1.35	404 600	202 300
47	Zimbabwe	0.56	280 000	0.57	171 800	85 900
	Grand Total	100.00	50 000 000	100.00	30 000 000	15 000 000

South Sudan*

Assessed with effect from 2016