



**REGIONAL COMMITTEE FOR AFRICA**

**ORIGINAL: ENGLISH**

Sixty-fifth session

N'Djamena, Republic of Chad, 23–27 November 2015

Agenda item 13

**THE AFRICAN PUBLIC HEALTH EMERGENCY FUND: STOCKTAKING**

**Report of the Secretariat**

**CONTENTS**

	<b>Paragraphs</b>
BACKGROUND .....	1–4
ISSUES AND CHALLENGES .....	5–8
ACTIONS PROPOSED .....	9–14

**ANNEXES**

	<b>Page</b>
1. APHEF: Status of Member States' contributions as of 31 July 2015 .....	4
2. APHEF: Status of funds utilization and disbursement as of 31 July 2015 .....	6

## BACKGROUND

1. The ministers of health in the WHO African Region adopted Resolution AFR/RC59/R5<sup>1</sup> in 2009 on strengthening outbreak preparedness and response in the Region, urging Member States to ensure that adequate financial resources were provided to the African Public Health Emergency Fund (APHEF or the Fund) as stipulated in the APHEF terms of reference proposed by the WHO Secretariat. APHEF was established in 2012 as a solidarity mechanism of Member States of the WHO African Region to improve their response to public health emergencies, in accordance with Regional Committee Resolution AFR/RC61/R3<sup>2</sup> and Article 50 (f) of the WHO Constitution based on the assessed contribution formula. APHEF is expected to supplement funding from Member States and partners whenever public health emergencies occur.

2. From the establishment of APHEF in 2012 to July 2015, 13 of the 47 Member States<sup>3</sup> had contributed a total of US\$ 3 619 438, while outstanding contributions amounted to US\$ 196 380 562. A summary of the yearly contributions by Member States is attached as Annex 1. A total of US\$ 2 300 676 has been disbursed from APHEF for urgent financial assistance to 11 countries<sup>4</sup> (Annex 2), upon request, to respond to declared public health emergencies. Of the 11 countries, only two had made contributions to the Fund.

3. APHEF supported life-saving interventions to improve access to quality health care in three districts in the Central African Republic as well as the strengthening of emergency surgical services for war-related emergencies in South Sudan. It also supported the provision of health care services to communities affected by floods in Burundi, Malawi and Zimbabwe. Furthermore, APHEF contributed to the Ebola virus disease outbreak response in the Democratic Republic of Congo, Guinea, Liberia and Sierra Leone. In Cameroon, APHEF supported the provision of essential health care services to refugees from the Central African Republic. The Fund also provided financial support to Niger during the outbreak of meningococcal meningitis in the country. In the above cases, APHEF funds were made available within a few days after the declaration of the emergency. These funds catalysed and supported immediate response activities before other funding mechanisms could be activated.

4. APHEF is beginning to prove its worth through its various interventions to date. However, its optimal functioning is undermined by significant challenges. Certain actions have been proposed to mitigate these challenges.

---

<sup>1</sup> Resolution AFR/RC59/R5: Strengthening outbreak preparedness and response in the African Region in the context of the current influenza pandemic. In: *Fifty-ninth session of the WHO Regional Committee for Africa, Kigali, Rwanda, 31 August–4 September 2009, Final report*, Brazzaville, World Health Organization, Regional Office for Africa, 2009 (AFR/RC59/19) pp.13–16.

<sup>2</sup> 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, 2009 (AFR/RC61/14) pp.10–12.

<sup>3</sup> Angola, Benin, Chad, Democratic Republic of Congo, Eritrea, Ethiopia, Gabon, Gambia, Lesotho, Liberia, Mauritius, Rwanda and Seychelles.

<sup>4</sup> Burundi, Cameroon, Central African Republic, Democratic Republic of Congo, Guinea, Liberia, Malawi, Niger, Sierra Leone, South Sudan and Zimbabwe.

## ISSUES AND CHALLENGES

5. **Persistently low level of APHEF contributions:** As of July 2015, only four Member States<sup>5</sup> had paid their contributions for the year. Total country contributions over the Fund's four years of existence (2012–2015) amount to US\$ 3 619 438, or 1.8% of the expected amount of US\$ 200 million.

6. **Late reporting on APHEF disbursements at country level:** As of July 2015, only five<sup>6</sup> of the 11 countries which received APHEF funds had submitted their technical and financial reports. The Fund's operations manual requires that final reports be submitted to the Secretariat not later than three months after project completion.

7. **Linkage with the new WHO Global Contingency Fund for Emergencies (CFE):** The CFE is being established within the context of WHO's emergency reform. A link between the CFE and the APHEF will be established in order to ensure complementarity.

8. **Concomitance of emergencies:** In 2012, the African Region had two protracted emergencies that could be classified as grade 2 according to the WHO Emergency Response Framework. These arose from armed conflicts in the Democratic Republic of the Congo and Mali. So far, in 2015, five countries have had emergencies classified as grade 3 (the highest level). These are Guinea, Liberia and Sierra Leone for the Ebola viral disease outbreak, and the Central African Republic and South Sudan for armed conflict. Five countries have had grade 2 emergencies, namely Malawi and Mozambique for flooding and in Nigeria, Niger and Chad for insurgencies. The funding has not been available to respond to this large number of emergencies. As a result, there is a notable shortage of available funding for each situation. For example, of the total US\$ 51 760 000 requested by the Central African Republic, the Democratic Republic of Congo and South Sudan from global sources in 2015, only US\$ 3 280 326 has been made available, and by April 2015 only South Sudan had received the funds. Consequently, APHEF as a solidarity mechanism for African countries is needed more than ever to boost emergency response funding in the Region.

## ACTIONS PROPOSED

### Member States

9. To honour their commitments to APHEF by paying their contributions.

### WHO

10. Strengthen the APHEF Secretariat as appropriate such that it fully plays its role, particularly for advocacy and resource mobilization.

11. Carry out an assessment to understand the underlying factors that impede Member States' contribution.

---

<sup>5</sup> Gabon, Eritrea, Lesotho and Mauritius.

<sup>6</sup> Cameroon, Democratic Republic of Congo, Guinea, South Sudan and Zimbabwe.

12. Establish a multidisciplinary expert group to:
  - (i) Renew the current format of APHEF and propose alternatives;
  - (ii) Review the criteria for determining each Member State's contribution; and
  - (iii) Reconsider eligibility criteria.
13. Intensify high-level advocacy and facilitate consultations between Ministers of Health, Ministers of finance and other relevant ministers, with a view to prioritizing the payment of Member States' contributions.
14. The Regional Committee examined and endorsed the actions proposed.

## ANNEX 1: APHEF: Status of Member States' contributions as of 31 July 2015

	Member State	Scale of assessment (%)	2012			2013			2014			2015		
			Expected (yearly assessment – US\$) <i>(1)</i>	Received (US\$) <i>(2)</i>	Total outstanding contribution (US\$) <i>(3) = (1 - 2)</i>	Expected (yearly assessment – US\$) <i>(4)</i>	Received (US\$) <i>(5)</i>	Total outstanding contribution (US\$) <i>(6) = (3 + 4 - 5)</i>	Expected (yearly assessment – US\$) <i>(7)</i>	Received (US\$) <i>(8)</i>	Total outstanding contribution (US\$) <i>(9) = (6 + 7 - 8)</i>	Expected (yearly assessment – US\$) <i>(10)</i>	Received (US\$) <i>(11)</i>	Total outstanding contribution (US\$) <i>(12) = (9 + 10 - 11)</i>
1	Algeria	19.74	9 870 000		9 870 000	9 870 000		1 9740 000	9 870 000		29 610 000	9 870 000		39 480 000
2	Angola	3.50	1 750 000	1 750 590	-590	1 750 000		1 749 410	1 750 000		3 499 410	1 750 000		5 249 410
3	Benin	0.81	405 000		405 000	4 050 00		810 000	405 000	1 014 203	200 797	405 000		605 797
4	Botswana	1.80	900 000		900 000	900 000		1 800 000	900 000		2 700 000	900 000		3 600 000
5	Burkina Faso	0.77	385 000		385 000	385 000		770 000	385 000		1 155 000	385 000		1 540 000
6	Burundi	0.01	5000		5000	5000		10 000	5000		15 000	5000		20 000
7	Cabo Verde	0.20	1 00 000		100 000	100 000		200 000	100 000		300 000	100 000		400 000
8	Cameroon	3.23	1 615 000		1 615 000	1 615 000		3 230 000	1 615 000		4 845 000	1 615 000		6 460 000
9	Central African Republic	0.16	80 000		80 000	80 000		160 000	80 000		240 000	80 000		320 000
10	Chad	0.37	185 000		185 000	185 000		370 000	185 000	183 555	371 445	185 000		556 445
11	Comoros	0.07	35 000		35 000	35 000		70 000	35 000		105 000	35000		140 000
12	Congo	0.81	405 000		405 000	405 000		810 000	405 000		1 215 000	405 000		1620 000
13	Côte d'Ivoire	3.09	1 545 000		1 545 000	1 545 000		3 090 000	1 545 000		4 635 000	1 545 000		6 180 000
14	Democratic Republic of Congo	0.01	5000	5 000		5000		5000	5000		10 000	5000		15 000
15	Equatorial Guinea	0.77	385 000		385 000	385 000		770 000	385 000		1 155 000	385 000		1 540 000
16	Eritrea	0.01	5 000	5 000		5000		5000	5000	9 974	10 000	5000	5 000	26
17	Ethiopia	0.01	5000	4 975	25	5 000		50 25	5000		10 025	5000		15 025
18	Gabon	1.45	725 000		725 000	725 000		1 450 000	725 000		2 175 000	725 000	382 577	2 517 423
19	Gambia	0.07	35 000		35 000	35 000		70 000	35 000	36 403	68 597	35 000		103 597
20	Ghana	1.78	890 000		890 000	890 000		1 780 000	890 000		2 670 000	890 000		3 560 000
21	Guinea	0.42	210 000		210 000	210 000		420 000	210 000		630 000	210 000		840 000
22	Guinea-Bissau	0.01	5000		5000	5000		10 000	5000		15 000	5000		20 000
23	Kenya	3.69	1 845 000		1 845 000	1 845 000		3 690 000	1 845 000		5 535 000	1 845 000		7 380 000

	Member State	Scale of assessment (%)	2012			2013			2014			2015		
			Expected (yearly assessment – US\$)	Received (US\$)	Total outstanding contribution (US\$)	Expected (yearly assessment – US\$)	Received (US\$)	Total outstanding contribution (US\$)	Expected (yearly assessment – US\$)	Received (US\$)	Total outstanding contribution (US\$)	Expected (yearly assessment – US\$)	Received (US\$)	Total outstanding contribution (US\$)
24	Lesotho	0.34	170 000		170 000	170 000		340 000	170 000		510 000	170 000	167 625	512 375
25	Liberia	0.01	5 000		5 000	5 000		10 000	5 000	14 950	50	5 000		5 050
26	Madagascar	0.63	315 000		315 000	315 000		630 000	315 000		945 000	315 000		1 260 000
27	Malawi	0.01	5 000		5 000	5 000		10 000	5 000		15 000	5 000		20 000
28	Mali	0.80	400 000		400 000	400 000		800 000	400 000		1 200 000	400 000		1 600 000
29	Mauritania	0.39	195 000		195 000	195 000		390 000	195 000		585 000	195 000		780 000
30	Mauritius	1.27	635 000		635 000	635 000		1 270 000	6 350 00		1 905 000	635 000	25 000	2 515 000
31	Mozambique	0.64	320 000		320 000	320 000		6 400 00	320 000		960 000	320 000		1 280 000
32	Namibia	1.44	720 000		720 000	720 000		1 440 000	7 200 00		2 160 000	720 000		2 880 000
33	Niger	0.01	5 000		5 000	5 000		10 000	5 000		15 000	5 000		20 000
34	Nigeria	22.00	11 000 000		11 000 000	11 000 000		22 000 000	11 000 000		33 000 000	11 000 000		44 000 000
35	Rwanda	0.01	5 000	4975	25	5 000	4961	64	5 000		5 064	5 000		10 064
36	Sao Tome and Principe	0.01	5 000		5 000	5 000		10 000	5 000		15 000	5 000		20 000
37	Senegal	1.72	860 000		860 000	860 000		1 720 000	860 000		2 580 000	860 000		3 440 000
38	Seychelles	0.17	85 000		85 000	85 000		170 000	85 000	4 650	250 350	85 000		335 350
39	Sierra Leone	0.01	5 000		5 000	5 000		10 000	5 000		15 000	5 000		20 000
40	South Africa	22.00	11 000 000		11 000 000	11 000 000		22 000 000	11 000 000		33 000 000	11 000 000		44 000 000
41	South Sudan*	–	–		–	–		–	–		–	–		–
42	Swaziland	0.52	260 000		260 000	260 000		520 000	260 000		780 000	260 000		1 040 000
43	Togo	0.24	120 000		120 000	120 000		240 000	120 000		360 000	120 000		480 000
44	Uganda	1.30	650 000		650 000	650 000		1 300 000	650 000		1 950 000	650 000		2 600 000
45	United Republic of Tanzania	1.88	940 000		940 000	940 000		1 880 000	940 000		2 820 000	940 000		3 760 000
46	Zambia	1.26	630 000		630 000	630 000		1 260 000	630 000		1 890 000	630 000		2 520 000
47	Zimbabwe	0.56	280 000		280 000	280 000		560 000	280 000		840 000	280 000		1 120 000
	<b>Grand Total</b>	<b>100.00</b>	<b>50 000 000</b>	<b>1 770 540</b>	<b>48 229 460</b>	<b>50 000 000</b>	<b>4961</b>	<b>98 224 499</b>	<b>50 000 000</b>	<b>1 263 735</b>	<b>146 970 738</b>	<b>50 000 000</b>	<b>580 202</b>	<b>196 380 562</b>

\*South Sudan had not yet been included in the assessment by the time of this report.

## ANNEX 2: APHEF: Status of funds utilization and disbursement as of 31 July 2015

	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 unrelenting 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's contribution supported the implementation of the free health care policy for 3 months, thus facilitating 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 Ebola outbreak 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's contribution helped enhance 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 was 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</p>

	Date of request	Country	Reason for request	Amount requested (US\$)	Amount approved/ disbursed (US\$)	Summary of APHEF support to affected countries
						supporting polio and measles vaccination.
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. It was critical to organize an adequate response to contain the outbreak of the disease in Kailahun and other high risk districts.</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 helped to contain 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 caused flooding in 15 districts. Four of these districts – Chikhwana, Nsanje, Phalombe and Mulanje – were heavily affected by the floods. Their routine critical health services were disrupted. Moreover, their personnel capacity and medical supplies were not enough to cope with the needs of the 638 000 affected people.</p> <p>APHEF's contribution filled 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>From 29 December 2014 to 26 April 2015, the Ministry of Public Health of Niger notified WHO of 2005 suspected cases of meningococcal meningitis, including 162 deaths. Suspected cases had been reported in seven of the eight regions in Niger, with meningococcal meningitis outbreaks confirmed in several areas of the Dosso and Niamey regions. Three of the five districts in Niger had exceeded the epidemic threshold. Laboratory tests confirmed the predominance of Neisseria meningitidis serogroup C in the affected areas, with Neisseria meningitidis serogroup W also being identified in several samples.</p> <p>APHEF contributed in supplementing the efforts 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>
				<b>3 356 471</b>	<b>2 300 676</b>	