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Agenda item 20.3

**THE AFRICAN PUBLIC HEALTH EMERGENCY FUND (APHEF):
PROGRESS REPORT OF THE REGIONAL DIRECTOR**

Information Document

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BACKGROUND

1. The Regional Committee, by its Resolution AFR/RC61/R3 requested the Regional Director to set up the operations of the African Public Health Emergency Fund (APHEF) including taking appropriate actions to ensure that the Fund is fully operational. The resolution also requested the Regional Director to report regularly to the Regional Committee on the operations of the APHEF. The first progress report was submitted to, and discussed by, the Sixty-second session of the Regional Committee in Luanda, Angola, in 2012.
2. The members of the Monitoring Committee of the Fund (MCF), composed of the Ministers of Health of Gabon, Namibia and Nigeria; the Ministers of Finance of Algeria, Cameroon and South Africa; and the Chairman of the Programme Subcommittee, were appointed at the Sixty-second session of the Regional Committee. In the actions proposed in the first progress report submitted to the Regional Committee, the Regional Director was requested to convene the first meeting of the MCF to deliberate on the modalities for the commencement of the operations of the APHEF.
3. Furthermore, the Sixty-second session of the Regional Committee reiterated the mandate to the Regional Director to continue negotiations with the African Development Bank to take up the proposed role of Trustee of the APHEF. In the interim, WHO was designated to mobilize, manage and disburse contributions to the APHEF using its financial management and accounting systems.
4. This document summarizes the progress in implementing the decisions taken at the Sixty-second session of the Regional Committee and proposes next steps for action.

PROGRESS MADE

5. The first meeting of the MCF was convened at the Regional Office in Brazzaville, Republic of Congo, from 7 to 8 May 2013. The meeting was attended by the Minister of Health of Gabon, Dr Leon N'ZOUBA, representatives of the Minister of Health of Nigeria, the WHO Regional Director for Africa, members of the APHEF Technical Review Group (TRG), and the Secretariat. The main outcome of the meeting was a review and endorsement of the APHEF Operations Manual. The report of that meeting and the APHEF Operations Manual (Annex 2) were shared with other members of the MCF who were unable to attend the meeting, for their comments and endorsement.
6. The Regional Director has continued to engage the African Development Bank (AfDB) on its expected role as Trustee of the APHEF. So far, no progress has been made in finalizing the Memorandum of Understanding for the trusteeship arrangements and establishing the trust fund account. In line with the decision at the Sixty-second session of the Regional Committee, WHO has continued to use its financial management and accounting systems to receive and manage contributions received, so far, from Member States.
7. A total contribution of US\$ 1 775 501 has been paid by five countries, namely Angola, Democratic Republic of Congo, Eritrea, Ethiopia and Rwanda in respect of contributions for 2012 and 2013. A table on status of contributions is attached herewith as Annex 1.

ACTIONS PROPOSED

8. In the light of the foregoing, the following actions are proposed to ensure full operation of the APHEF:

- 8.1 The Ministers of Health of Gabon, Namibia and Nigeria; the Ministers of Finance of Algeria, Cameroon and South Africa; and the current Chairperson of the Programme Subcommittee (as ex-officio member) should proceed with their mandate as members of the Monitoring Committee of the Fund (MCF) for the remaining duration of one year (in according with Decision 7 of the Sixty-second Regional Committee).
 - 8.2 The Regional Committee should take note of the attached Operations Manual of the APHEF and recommend its immediate implementation.
 - 8.3 The Regional Committee should urge all Member States to include a budget line in their national budgets for subsequent yearly contributions to the APHEF and settle their outstanding 2012 and 2013 contributions to the APHEF.
 - 8.4 The Regional Committee should request the Regional Director to continue advocacy with Heads of State and Government, the African Union and Regional Economic Communities to ensure sustained contribution to the APHEF; and accelerate negotiations with AfDB towards its involvement in the management of APHEF.
9. The Regional Committee is requested to note the progress made and endorse the proposed actions.

ANNEX 1: Status of yearly contribution of Member States to the APHEF

AFRICAN PUBLIC HEALTH EMERGENCY FUND (APHEF)								
STATUS OF MEMBER STATES CONTRIBUTIONS								
	Member State	% Contribution	2012			2013		
			Expected	Received	Outstanding	Expected	Received	Outstanding
			US\$	US\$	US\$	US\$	US\$	US\$
		%						
1	Algeria	19.74	9 868 183		9 868 183	9 868 183		9 868 183
2	Angola	3.50	1 750 590	1 750 590	-	1 750 590		1 750 590
3	Benin	0.81	406 098		406 098	406 098		406 098
4	Botswana	1.80	900 155		900 155	900 155		900 155
5	Burkina Faso	0.77	384 845		384 845	384 845		384 845
6	Burundi	0.01	5000		5000	5000		5000
7	Cameroon	3.23	1 616 162		1 616 162	1 616 162		1 616 162
8	Cape Verde	0.20	101 055		101 055	101 055		101 055
9	Central African Republic	0.16	82 482		82 482	82 482		82 482
10	Chad	0.37	183 555		183 555	183 555		183 555
11	Comoros	0.07	34 491		34 491	34 491		34 491
12	Congo	0.81	403 568		403 568	403 568		403 568
13	Cote d'Ivoire	3.09	1 542 897		1 542 897	1 542 897		1 542 897
14	D R Congo	0.01	5000	5000	-	5000		5000
15	Equatorial Guinea	0.77	386 822		386 822	386 822		386 822
16	Eritrea	0.01	5000	5000	-	5000		5000
17	Ethiopia	0.01	5000	4975	25	5000		5000
18	Gabon	1.45	725 638		725 638	725 638		725 638
19	Gambia	0.07	35 172		35 172	35 172		35 172
20	Ghana	1.78	890 116		890 116	890 116		890 116
21	Guinea	0.42	211 330		211 330	211 330		211 330
22	Guinea-Bissau	0.01	5000		5000	5000		5000
23	Kenya	3.69	1 846 717		1 846 717	1 846 717		1 846 717
24	Lesotho	0.34	167 625		167 625	167 625		167 625
25	Liberia	0.01	5000		5000	5000		5000
26	Madagascar	0.63	317 316		317 316	317 316		317 316
27	Malawi	0.01	5000		5000	5000		5000
28	Mali	0.80	397 845		397 845	397 845		397 845
29	Mauritania	0.39	193 476		193 476	193 476		193 476
30	Mauritius	1.27	634 709		634 709	634 709		634 709
31	Mozambique	0.64	319 466		319 466	319 466		319 466
32	Namibia	1.44	721 230		721 230	721 230		721 230
33	Niger	0.01	5000		5000	5000		5000
34	Nigeria	22.00	11 000 000		11 000 000	11 000 000		11 000 000
35	Rwanda	0.01	5000	4975	25	5000	4961	39
36	Sao Tome and Principe	0.01	7010		7010	7010		7010
37	Senegal	1.72	860 613		860 613	860 613		860 613
38	Seychelles	0.17	83 000		83 000	83 000		83 000
39	Sierra Leone	0.01	5000		5000	5000		5000
40	South Africa	22.00	11 000 000		11 000 000	11 000 000		11 000 000
41	Swaziland	0.52	260 855		260 855	260 855		260 855
42	Tanzania	1.88	938 339		938 339	938 339		938 339
43	Togo	0.24	121 544		121 544	121 544		121 544
44	Uganda	1.30	648 075		648 075	648 075		648 075
45	Zambia	1.26	630 517		630 517	630 517		630 517
46	Zimbabwe	0.56	278 504		278 504	278 504		278 504
	Grand Total	100.00	50 000 000	1 770 540	48 229 460	50 000 000	4961	49 995 039

ANNEX 2: The Operations Manual of the African Health Emergency Fund (APHEF)

African Public Health Emergency Fund (APHEF)

OPERATIONS MANUAL



May 2013



Acronyms & Abbreviations

AFDB	African Development Bank
APHEF	African Public Health Emergency Fund
APHEF-SEC	African Public Health Emergency Fund Secretariat
DPC	Disease Prevention and Control
MCF	Monitoring Committee of the Fund
RC	Regional Committee
TRG	Technical Review Group
WHO	World Health Organization



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0 | General Introduction

0.1 Purpose of the Operations Manual

0.2 Structure of the Document



0 General Introduction

0.1 Purpose of the Operations Manual

The African Public Health Emergency Fund (APHEF), hereafter referred to as 'the Fund', is a fund established by the Regional Committee of the World Health Organization, African Region. The establishment of this fund was approved at the Sixtieth session of the WHO Regional Committee for Africa through Resolution AFR/RC60/R5. The objective of the fund is to mobilize, manage and disburse additional resources from Member States for providing rapid and effective response to public health emergencies of national and international concern, including epidemic and pandemic-

prone diseases, the health impact of natural and man-made disasters and humanitarian crises. The manual was prepared in accordance with the APHEF framework document and WHO rules and regulations. It also builds on best practices and lessons learnt from other financing mechanisms and arrangements. Finally, the manual presents a set of technical and fiduciary guidelines and procedures to be followed during establishment and operations of the Fund. It is intended primarily for use by APHEF governance structures, Member States and WHO Secretariat.

0.2 Structure of the Document

- ✓ **Section 1:** The African Public Health Emergency Fund
- ✓ **Section 2:** Governance Framework
- ✓ **Section 3:** Financing and Disbursement Mechanisms
- ✓ **Section 4:** Resource Mobilization
- ✓ **Section 5:** Financial Management and Accounting Policies
- ✓ **Section 6:** Reporting, Monitoring and Evaluation

1 | The African Public Health Emergency Fund

- 1.1** Background
- 1.2** Rationale
- 1.3** Purpose
- 1.4** Guiding Principles



1 The African Public Health Emergency Fund

1.1 Background

Public health emergencies continue to be a major concern in Member States of the African Region. Epidemics and pandemic-prone diseases, natural and man-made disasters continue to wreak havoc on Africa's impoverished populations already grappling with a heavy burden of diseases and major public health concerns.

In 2009, countries of the African Region were significantly affected by pandemic influenza A (H1N1), meningitis, cholera and dengue fever. Some of the major epidemics witnessed in Africa, notably meningitis and cholera, occur seasonally and are often associated with high rates of morbidity and mortality. For example, between 2004 and 2009, 84% of the cholera cases reported to WHO (i.e. 833,213 out of 992,145 cases) worldwide and 93% of reported cholera deaths globally (i.e. 21,852 out of 23,533 deaths) were from countries in Africa.⁶ Over the same six-year period, 259,126 meningitis cases and 23,469 related deaths (representing a case fatality ratio of 9.1%) were reported from Africa.⁷ Gaps have been noted in the provision of timely and appropriate case management in some African countries, thus contributing to high mortality.

Concurrently, the frequency and magnitude of public health emergencies in the African Region is increasing. Natural disasters and social unrests continue to cause population displacements

in many countries. In 2009, the Region had 4.9 million internally displaced persons (IDPs) and about 2 million refugees.¹ Over 10 million people were affected by drought due to poor rainy season in the Sahel in 2009/2010, causing food crises and malnutrition. At the same time, floods affected 1.45 million people in the Region.² These public health emergencies put a huge burden on the economies of countries of the African Region. For example, a recent study estimated that the 110,837 cases of cholera notified by countries of the African Region in 2007 resulted in an economic loss of US\$ 43.3 million, US\$ 60 million and US\$ 72.7 million, if life expectancy is assumed to be 40, 53 or 73 years respectively.⁸

To address these public health emergencies, WHO has been working with Member States to strengthen their national health and emergency management systems with a view to preparing for and responding to public health emergencies. This is also in fulfilment of the obligations of state parties under the International Health Regulations (IHR-2005), to develop, strengthen and maintain the capacity to respond promptly and effectively to public health risks and emergencies of international concern (PHEIC). However, there is a huge gap in resources needed to provide adequate response, as most Member States allocate insufficient resources to public health emergency preparedness and response, leading to over-reliance on unpredictable donor funding.

1 UNHCR Statistical Yearbook 2009.

2 UN: West Africa 2011 Consolidated appeal.

3 OCHA: Southern Africa: Floods Regional Update No 5; 20th April, 2010.

4 Angola, Lesotho, Madagascar, Malawi, Mozambique, Namibia, South Africa, Zambia and Zimbabwe.

5 OCHA: Southern Africa: Floods and Cyclone Situation Update No 11; 30th March, 2011.

6 WHO Global Health Atlas, <http://apps.who.int/globalatlas/>.

7 Data source: WHO-Multi-Disease Surveillance Centre, Ouagadougou, Burkina Faso <http://www.who.int/csr/disease/meningococcal/epidemiological/en/index.html>.

8 Kirigia JM, et al. Economic burden of cholera in the WHO African Region. *BMC International Health and Human Rights* 2009, 9:8. Available from: <http://www.biomedcentral.com/1472-698X/9>.



The estimated total annual cost of responding to at least the three most important disease outbreaks and other public health emergencies in the Region is more than US\$ 500 million. Though some countries can and do provide sufficient resources for emergency preparedness and response, many others lack the requisite resources and often request for external support to address public health emergencies.

1.2 Rationale

Article 50(f) of the WHO Constitution states that one of the functions of the Regional Committee shall be “to recommend additional regional appropriations by the governments of countries of the respective regions if the proportion of the central budget of the Organization allotted to the region is insufficient for carrying out regional functions”.

Considering the common epidemics in the Region, it costs, on average, about US\$ 2.5 million per country to respond to an outbreak of cholera. With 30 countries in the Region experiencing an outbreak every year, an estimated US\$ 75 million is required per year. For 24 countries in the meningitis belt, yearly outbreaks cost an average of US\$ 5 million per country. Hence, US\$ 120 million is needed to provide an adequate response. With respect to viral haemorrhagic fevers, one outbreak costs as much as US\$ 15 million to provide adequate response. Based on an average of five outbreaks per year in the Region, the cost of providing adequate response is estimated at US\$ 75 million per annum.

The main justification for the establishment of the Fund is the lack of adequate resources to respond to the frequent epidemics and public health emergencies in the African Region.

1.3 Purpose

The purpose of the African Public Health Emergency Fund is to mobilize, manage and disburse additional resources from Member States for responding rapidly and effectively to public health emergencies of national and international concern including epidemic and pandemic-prone diseases, the health impact of natural and man-made disasters and humanitarian crises. This will ensure significant and sustainable contribution to the reduction of morbidity and mortality, thereby mitigating the socioeconomic impact of public health emergencies in countries in need and contributing to poverty reduction as part of the Millennium Development Goals.

The establishment of APHEF will supplement existing efforts by governments and partners and promote solidarity among Member States in addressing public health emergencies.

1.4 Guiding Principles

The operation of APHEF will be based on the following guiding principles:

- a. The Fund is strictly a financing instrument and not an implementing entity.
- b. The Fund will mobilize financial resources and disburse them for interventions against disease outbreaks, other public health emergencies and humanitarian crises in Member States, based on predetermined criteria and in line with agreed procedures.
- c. The Fund will establish simplified, effective and efficient processes that will ensure rapid disbursement of the required additional funding within the shortest possible time, using existing WHO administrative and financial management structures and processes.



- d. Financial disbursements from the Fund will be made in an equitable manner based on technical and administrative evaluations of requests and proposals received and the availability of funds.
- e. Based on an official request from a Member State for assistance, the Fund will support investigation and response activities if at least one of the following conditions is fulfilled:
 - i. A formal declaration of an outbreak or a public health emergency by the responsible authorities of the Member State;
 - ii. Appointment by the UN Secretary-General of a Humanitarian Coordinator for that particular public health emergency or outbreak.
 - iii. Humanitarian appeal has been launched by the Member State.
- f. Requests and proposals will be evaluated on the basis of set criteria, taking into account public health emergency priorities and the perceived effectiveness of interventions.
- g. The Scope of the Fund will cover requests and proposals clearly demonstrating:
 - i. direct impact of the funding on the containment and prevention of the spread of an epidemic or a pandemic-prone disease;
 - ii. ability to save lives as a result of health interventions;
 - iii. efforts to effectively respond to public health emergencies.
- h. The Fund will be utilized to support requests received directly from Member States.
- i. Funding of investigation and response activities for each outbreak or emergency per country shall be limited to a maximum of US\$ 2 million.

2 | Governance Framework

2.1 Introduction

2.2 Governance Structure

2.3 Monitoring Committee of the Fund (MCF)

2.4 Technical Review Group (TRG)

2.5 APHEF Secretariat (APHEF-SEC)

2.6 Procedures for Public Communication



2 Governance Framework

2.1 Introduction

The governance framework of the African Public Health Emergency Fund outlines the overall oversight mechanisms that are mandated to drive the strategy of the Fund and make decisions on its behalf. This section seeks to expound on the governance structure of the Fund, as proposed by the Regional Committee, and the envisioned roles assigned to the governing bodies.

The framework is applicable to the governance of the African Public Health Emergency Fund (APHEF).

2.2 Governance Structure

The governance structure of the African Public Health Emergency Fund is shown below.



2.3 Monitoring Committee of the Fund (MCF)

The Monitoring Committee of the Fund will have the key mandate of providing necessary advice to the WHO Regional Director for Africa on the management of the Fund and making recommendations to the Regional Committee regarding the strategic directions of APHEF.

2.3.1 Membership

Representation on the MCF will be reflective of the WHO subregional groupings. Its membership will consist of:

- three sitting ministers of health or their representatives (one from each WHO subregional grouping);
- three sitting ministers of finance or their representatives (one from each WHO subregional grouping);
- the chairperson of the AFRO Programme Subcommittee as an ex-officio member;
- WHO Regional Director (Non-voting member).

The chairperson and vice-chairperson of the MCF will be elected from among the members by the members.

The term of office of members of the MCF shall be two years, after which its membership will be reconstituted by the Regional Committee. Members shall not serve for more than one term.

The members of the MCF shall equitably represent the three WHO subregional groupings, namely West, Central and South-East. Members shall be proposed by the Regional Director and presented to the Regional Committee for approval. The decision of the Regional Committee on proposed members of the MCF shall be final. The sitting Chair of the AFRO Programme Subcommittee (AFRO/PSC) is automatically appointed as an ex-officio member of the MCF with voting rights.

2.3.2 Roles

The MCF will be responsible for:

- Making recommendations to the Regional Committee on the strategic direction of APHEF and propose changes if any;
- Reviewing periodically the operation of APHEF to ensure that its activities are in line with its founding resolutions and providing relevance advice to the WHO Regional Director on Fund management issues;
- Reviewing and reporting on financial and technical reports of APHEF and presenting same to the Regional Committee.

The Committee may decide to create standing/ad hoc committees from existing membership to oversee specific focus areas. The functions of these committees will be essential to the harmonious operation of APHEF and will enhance effectiveness and assist the fund in meeting its objectives.

2.3.3 Meetings

The MCF shall meet in an ordinary session at least once a year. Issues that require the attention of the MCF shall be communicated by official correspondence through the APHEF Secretariat.

Minutes of the meetings shall be circulated to members for confirmation by the APHEF Secretariat not more than two weeks after the meeting. The confirmed minutes shall be circulated to members not more than two months after the meeting. A copy of the minutes signed by the Chair of the meeting and the secretary shall be retained at the Secretariat.

All decisions of the MCF shall be communicated by the Chair in writing and signed.

The presence of five voting members of the MCF shall constitute a quorum for meetings.

2.3.4 Meeting Procedures

The Chairman in liaison with the APHEF Secretariat and in consultation with the rest of the Members establishes the agenda for the Committee meeting. He/She issues a schedule of agenda items for discussion.

Information important to the Committee's understanding of the Fund is distributed in writing to the Committee before the meetings. The Secretariat shall provide material that efficiently provides the desired information.

2.3.5 Extra-ordinary meetings

Occasionally, a member could request that an extraordinary meeting be convened to resolve matters that may require urgent attention of the MCF.

Procedures for convening extraordinary meetings shall be the same as for ordinary meetings. The agenda for an extraordinary meeting will specify the matters to be discussed at the meeting. Petitions, questions and statements will be accepted only if they relate to the business for which the extraordinary meeting has been convened.

Deliberations and decisions made during extraordinary meetings shall be recorded and signed.

2.3.6 Invitation of experts to meetings

The Committee may invite experts to meetings as deemed appropriate to give expert opinions on matters under deliberation. The emoluments of these experts shall be in line with WHO applicable standards and shall be charged as administrative costs to APHEF.

2.3.7 Decision-making

The decision-making powers of the Committee shall be consistent with the role of the Committee. Decisions shall be taken by consensus whenever possible. If all efforts to reach a consensus are exhausted and no agreement has been reached, decisions shall be taken by a simple majority of the members present at the meeting on the basis of one member, one vote.

The Chair shall ascertain whether consensus has been reached. He/She shall declare that a consensus does not exist if there is a stated objection to the proposed decision under consideration by at least one member.

After ascertaining the existence of a quorum, the Chair shall announce the start of voting, after which no one shall be permitted to intervene until the results of the vote have been announced, unless an issue is raised in connection with the voting process.

The WHO Regional Director will participate in MCF meetings to facilitate the work of the Committee but will have no voting rights.

2.3.8 Conflict Resolution

Should there be a conflict between members of the Committee, efforts should be made to resolve the issue at the earliest opportunity. The Chair, in consultation with the Regional Director, will convene a joint meeting of the parties to enable both parties to agree on a way to resolve the dispute, or address issues that are causing conflict and possible way forward.

When there is no agreement, either party may suggest to the Chair that an independent arbitrator be appointed through the WHO Regional Director, to resolve the dispute. Should the dispute involve the Chair, the same procedure shall be followed with the vice-chair of the Committee taking charge.

Any member of the Committee may be replaced in situations where there is failure to comply with the applicable Code of conduct and laid down procedures of APHEF.

Any complaints or allegations of misconduct by a Committee Member shall be reported in writing to the Chairperson of the Committee who in consultation with the Regional Director will inform the committee about the allegation and instigate an initial investigation. If the Chairperson is the Committee Member in question, the Vice-Chairperson of the Committee in consultation with the Regional Director will instigate an investigation upon informing the Chairperson. Should the evidence be satisfactory, the Committee shall meet to discuss the matter in question during which the Committee Member shall be allowed to give his/her account on the matter.

The Committee shall vote on the appropriate action to undertake. The overall decision of

the committee shall be communicated by the Chairperson to the WHO Regional Director.

2.3.9 Confidentiality

Members are required to maintain the confidentiality of information entrusted to them by the Fund or any other confidential information about the Fund that they receive from any source in their capacity as Members, except when disclosure is authorized by the Committee or legally required.

Members are expected to take all appropriate steps to minimize the risk of disclosure of confidential communications coming to them from the Fund and of confidential discussions involving Members. All Committee deliberations are presumed to be confidential to the extent that disclosure of them is not legally required.

Members may not use confidential information for their own personal benefit or for the benefit of persons or entities outside the Fund or in violation of any law or regulation, including sharing of information that may give undue advantage to potential grantees of the Fund.

These responsibilities regarding confidential information apply to Members during and after their service on the Committee.

For purposes of this Operations Manual, “confidential information” is all non-public information relating to the Fund, including information that could be harmful to the Fund’s interests or objectives if disclosed.

2.3.10 Languages

The working language of the Committee shall be English, French and Portuguese with simultaneous translation. Documents for the meetings may be provided in all the above mentioned languages.

2.3.11 Amendments

These rules of procedure may be amended and, to be effective, amendments must be formally approved by the MCF. Any member of the MCF and the Regional Director may propose amendments to the rules of procedure. In cases where a consensus cannot be reached on a proposed change of rules of procedure, decisions shall be taken by a simple majority of the members present at the meeting on the basis of one member, one vote.

2.3.12 Overriding authority of the Regional Committee

In the event of conflict between any provisions of these rules and any decision of the Regional Committee, the latter shall prevail.

2.4 Technical Review Group (TRG)

The Technical Review Group (TRG) shall be constituted to provide technical support to APHEF. Its members and alternates shall be appointed by the Regional Director.

The Technical Review Group will be based at the WHO Regional Office for Africa.

2.4.1 Composition

The Technical Review Group will consist of five WHO Staff members with alternates, who are experts in the fields of:

- epidemic and pandemic-prone diseases
- humanitarian emergencies
- health systems
- health promotion
- budget and finance management.

The TRG may request expert advice and participation from within and outside the WHO Regional Office on ad hoc basis.

The Regional Director shall designate one of the appointed members as the Chairperson.

2.4.2 Roles

The TRG will be responsible for:

- reviewing and evaluating all proposals received in line with set criteria;
- recommending funding of proposals to the Regional Director;
- communicating outcomes of proposals reviewed to applicants in writing through the APHEF Secretariat and WHO country offices;
- continuous review of evaluation criteria with a view to recommending improvements to the Regional Director and MCF;
- reviewing technical and financial reports received from funded proposals;
- reviewing monthly, quarterly and annual technical and financial reports prepared by the Secretariat.
- Evaluating the impact of interventions using existing WHO mechanisms
- Providing advice for the stockpiling requirements for response to disease outbreaks, other public health emergencies and humanitarian crises.

2.4.3 Meetings

Meetings of the TRG will be convened immediately after a proposal is received for review and as frequently as required for other assigned functions. Considering the need for timely responses to requests, the TRG is expected to complete the review of proposals within one working day to allow for prompt disbursement of funds within three working days.

The Fund Manager is expected to participate in all TRG meetings to present requests received and advice on Fund rules and regulations.

2.5 APHEF Secretariat (APHEF-SEC)

The Regional Director will set up a secretariat to be based at the WHO Regional Office for Africa. It will be responsible for executing decisions of the MCF and recommendations of the TRG and for ensuring the day-to-day management of the Fund.

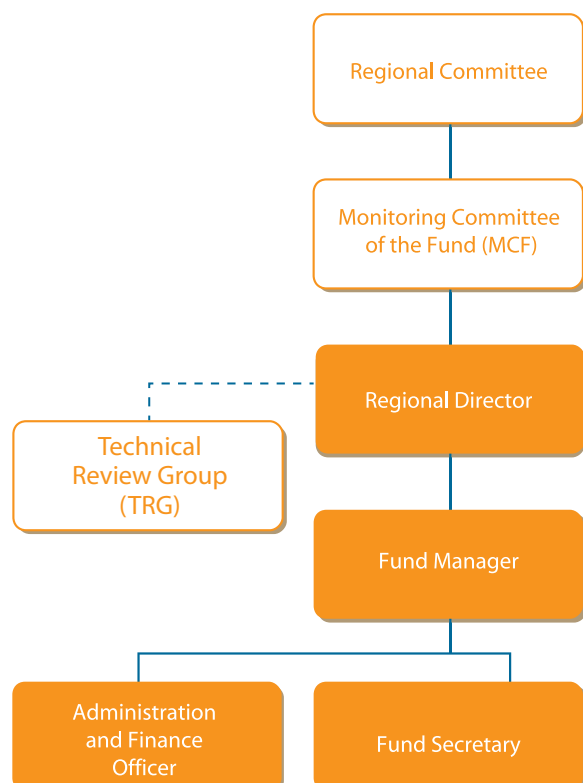
2.5.1 Composition

The APHEF Secretariat shall be established by the WHO Regional Director for Africa. It shall be composed of the following:

- Fund Manager
- Administrative and Finance Officer/Assistant
- Secretary.

2.5.2 Organizational Structure

The diagram below presents the proposed organizational structure of the APHEF Secretariat:



2.5.3 Roles

The roles of members of the APHEF Secretariat are detailed below:

A. Regional Director

The Regional Director shall :

- Oversee the operations of the Fund;
- Appoint members of the Technical Review Group (TRG), the Fund manager, the Finance and Administrative Officer and the Fund Secretary;
- Oversee Fund operations and ensure compliance with the WHO Finance and Administrative policies, rules and regulations;
- Approve all funding proposals cleared by the TRG;
- Review periodic technical and financial reports of the Fund before submission to the MCF;
- Undertake advocacy and resource mobilization initiatives to enhance the capacity of the Fund;
- Participate in MCF meetings as a non-voting member;
- Delegate his responsibilities to the Director, Disease Prevention and Control, as and when necessary.

B. Fund Manager

The Fund Manager shall be in charge of the day-to-day operations of APHEF. The key responsibilities shall include:

- Preparing and following-up resource mobilization proposals, including arrangement of meetings with donors and Member States on resources requested;
- Following-up with Member States on payment of annual contributions;
- Supporting Member States through the respective WHO Programmes and country office network in preparing proposals and monitoring and evaluating funded response activities;

- Maintaining proper internal controls over the receipt, disbursement, and management of all financial resources;
- Preparing periodic technical and financial reports for review and use by the TRG and MCF.
- Preparing periodic information bulletins and hand-outs on the activities of the Fund as part of advocacy and accountability initiatives.

C. Administrative and Finance Officer

The Administrative and Finance Officer shall be responsible for the financial and administrative aspects of the Fund to ensure smooth running of all operations. The key responsibilities shall include:

- Processing disbursements for approved proposals;
- Following-up on technical and financial reports from funded proposals;
- Maintaining APHEF accounts books;
- Preparing requests for replenishment of the Revolving Fund;
- Providing input for preparation of the periodic technical and financial reports by the Fund Manager;
- Preparing the Fund accounts for the annual external audit;
- Implementing the audit recommendations for the Fund;
- Following-up on all pending issues concerning APHEF;
- Executing other tasks and responsibilities assigned by the Fund Manager.

D. Fund Secretary

The roles and responsibilities of the Fund Secretary shall include:

- Drafting and forwarding of relevant correspondences;
- Receiving proposals and convening TRG meetings;
- Keeping up-to-date relevant technical, financial and other records of APHEF;



- Assisting in organizing meetings of the MCF;
- Any other tasks and responsibilities assigned by the Administrative and Finance Officer or the Fund Manager.

2.5.4 WHO Country Offices

The APHEF Secretariat shall work closely with WHO country offices (WCO) in the day-to-day operations of the Fund. The WCOs will be expected to guide Member States in drafting proposals and implementation reports. Funding for approved proposals will also be channeled through the WCO. The WCOs will be actively involved in the monitoring and evaluation of funded proposals and communicate any pertinent issues to the APHEF Secretariat for information and necessary action.

2.6 Procedures for Public Communication

The Secretariat shall acknowledge receipt of unsolicited communications addressed to the Chairperson and make them available to the Chairperson and the MCF via e-mail or fax. The Secretariat shall initiate action, including consultation with the MCF, as needed, and answer unsolicited communications on behalf of the MCF, as appropriate.

Unsolicited communications may be taken

into consideration at the subsequent meeting of the MCF at the discretion of the Chairperson.

If a member of the MCF receives an unsolicited communication of direct relevance to the activities of APHEF, he/she shall forward it to the Secretariat, copying the sender of the unsolicited communication, for processing as per the above. Submissions received by members of panels, committees or working groups shall follow the same procedure.



World Health
Organization

REGIONAL OFFICE FOR **Africa**

3

Financing and Disbursement Mechanisms

3.1 Financing Criteria

3.2 Funding Arrangements

3.3 Trustee Arrangements

3.4 Programme Support Cost

3.5 Flow of Funds

3.6 Request for funding

3.7 Receipt of Proposals

3.8 Evaluation of Proposals

**3.9 Notification of Proposal Review and
Implementation**

3.10 Funds Disbursement Flow Chart

3.11 Monitoring and Close out



3 Financing and Disbursement Mechanisms

3.1 Financing Criteria

The African Public Health Emergency Fund shall provide funding for rapid response to disease outbreaks, other public health emergencies and humanitarian crises.

Based on an official request for assistance from a Member State (accompanied with a proposal), APHEF will support investigation and response activities subject to the fulfilment of at least one of the following conditions:

1. A formal declaration of an outbreak or a public health emergency by the responsible authorities of the Member State;
2. An appointment by the UN Secretary-General of a Humanitarian Coordinator for that particular emergency;
3. Humanitarian appeal has been launched by the Member State.

The Fund shall support Member States to implement response activities that demonstrate:

- direct impact of the funding on containment and prevention of the spread of an epidemic or a pandemic-prone disease;
- ability to save lives as a result of health interventions;
- effective response to public health emergencies.

APHEF will support :

- deployment of rapid response personnel during outbreaks and public health emergencies, including short-term recruitment of required personnel;
- procurement of epidemic and public health emergency response supplies, including stockpiling and immediate deployment during disease outbreaks, other public

health emergencies and humanitarian crises.

- field activities directly related to an outbreak, epidemic or public health emergency response, including generation of information;
- immediate response interventions against vaccine-preventable diseases (e.g. reactive yellow fever vaccination campaigns).

3.2 Funding Arrangements

This section describes the financing arrangements for the Fund and all necessary procedures to be followed when making a request for funding.

3.2.1 Member States

APHEF shall be funded largely by the Member States. The Regional Committee has approved the amount of US\$ 50 million as the total annual recommended voluntary contribution by Member States to APHEF. This contribution can be paid as a lump sum or in a maximum of two installments.

Annex 1 of the Operations Manual provides a breakdown of contributions by Member States and a detailed and systematic explanation of how Member State contributions were calculated, using the United Nations methodology.

3.2.2 Other funding sources

Funding shall be received from other sources such as multilateral, bilateral, and other partners including the private sector in line with mechanisms established by the MCF.

3.3 Trustee Arrangements

The African Development Bank (AfDB) has been appointed as the trustee for APHEF. In that capacity, the AfDB shall, in accordance with its financial rules, regulations, policies, investment guidelines and relevant instruments, administer and manage the resources of the Fund, using its organization, services, facilities and staff, in accordance with the provisions of the MoU signed between WHO and AfDB.

The resources and accounts of the Fund shall be kept separate from the ordinary resources of the Bank as well as all other assets and accounts administered by the Bank.

A revolving fund with a limit of US\$ 30 million will be set up at the WHO Regional Office for Africa.

The role of the trustee will include:

- assuming fiduciary responsibility over the trust fund;
- collecting, holding and managing APHEF contributions from Member States and other sources;
- providing timely replenishment to the revolving fund as and when requests are submitted by WHO;

- processing information and providing annual financial reports on funds received, disbursed, and any interest earned;
- investing the excess cash balances of the Fund in safe interest-yielding instruments. The bank should inform the Regional Director on the proposed investments.

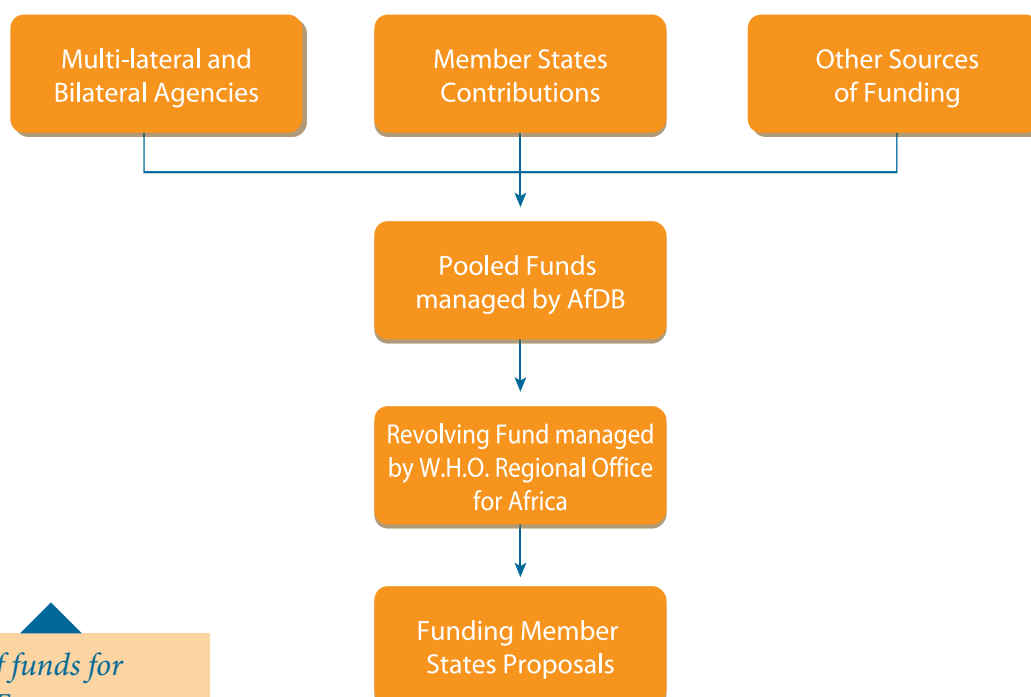
3.4 Programme Support Cost

In order to support effective administration of APHEF, a programme support cost will be charged on all funds disbursed from the Revolving Fund at a rate of 7%. No additional cost will be charged for administration of the Fund except those costs directly related to the funding of approved requests.

The WHO Regional Office will make provisions to accommodate APHEF funds in its programme budget, in line with its rules and regulations.

3.5 Flow of Funds

The diagram below presents the flow of funds for APHEF.





3.6 Request for funding

Member States may request for funding to assist in cases of disease outbreaks, other public health emergencies and humanitarian crises subject to the conditions outlined in Section 3.1 Financing.

3.7 Receipt of Proposals

APHEF shall consider proposals from Member States seeking funding for rapid response in the event of public health emergencies of national and international concern, including epidemic and pandemic-prone diseases, health impact of natural and man-made disasters and humanitarian crises.

The receipt of these proposals cannot be pre-determined, as it seeks to fund unknown occurrences. Hence, there shall be no deadlines for receipt of proposals.

Member States seeking funding for such occurrences shall submit a proposal using the format presented in Appendix 2.

The proposal shall be submitted to the WHO Country Office for onward transmission to the APHEF Fund Manager. A financial proposal shall also be prepared in accordance with the format presented in Appendix 2 and submitted. This financial proposal must clearly demonstrate that the costs are necessary and reasonable.

3.8 Evaluation of Proposals

Upon receipt of the proposals, the Technical Review Group shall be convened to meet within 24 hours to review, deliberate, and make recommendations on the proposals in accordance with the set criteria. The TRG may request expert advice and participation from

within and outside the WHO Regional Office on ad-hoc basis.

In circumstances where the TRG requires additional information from Member States in order to make an informed decision on the proposal, they may request for this information and the timeframe within which a decision is made will largely depend on when it receives the required information.

Approval of the funding proposal shall be subject to the following conditions:

- The proposal clearly states the objectives of the request and how they will be achieved.
- The proposal clearly states targets, baselines and indicators against which a monitoring and evaluation framework can be developed and implemented.
- Timelines for completion of each of the activity have been clearly stated in the proposal.
- A detailed budget for all activities has been set forth in the proposal including the total amount requested for disbursement.
- The purpose of the request has been ascertained to be in line with the set criteria for evaluation of proposals, as stated in the financing criteria (see Section 3.1).
- The TRG shall develop a scoring system, based on the above conditions, that will ensure objective review of proposals received.

The TRG shall make recommendations to the Regional Director or his designate for approval. The decision taken by the Regional Director shall be deemed to be final and communicated to the APHEF-Sec for implementation.

3.9 Notification of Proposal Review and Implementation

Upon receipt of the proposal from a Member State, the TRG shall within 24 hours recommend

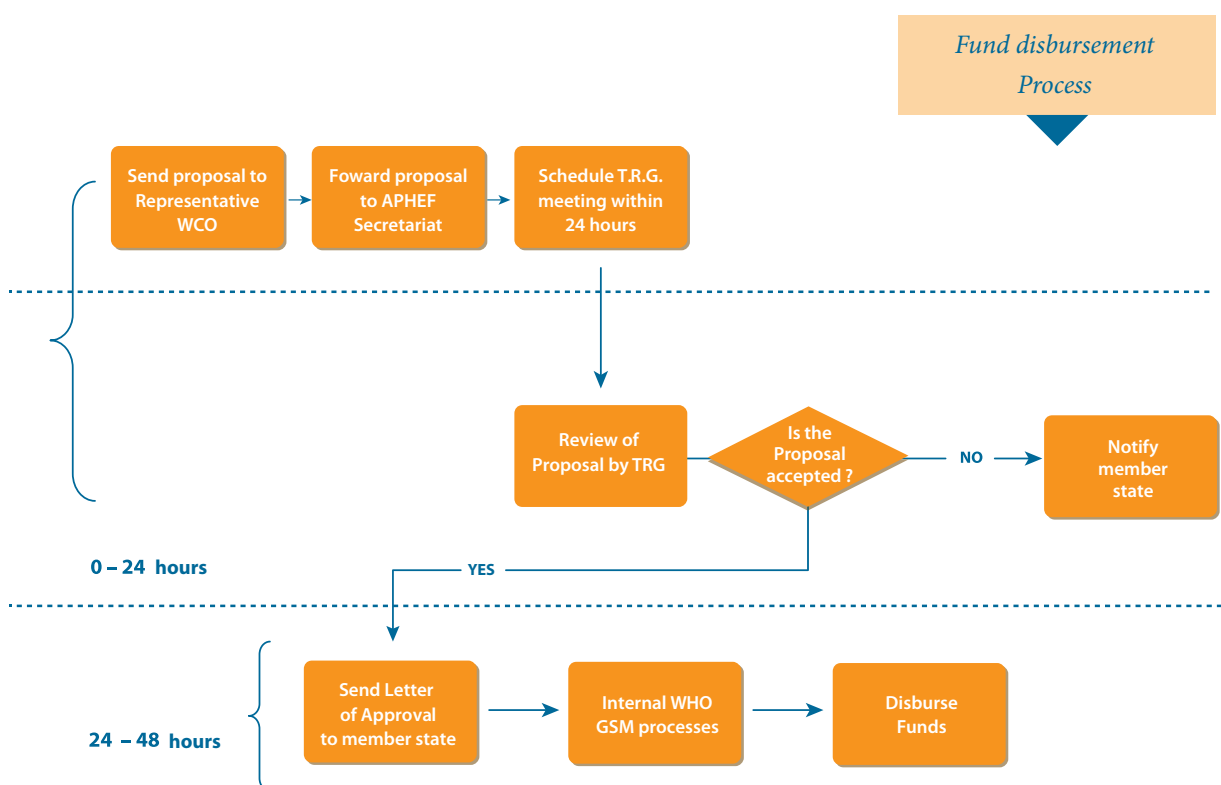
to the Regional Director whether or not to fund the proposal. The Regional Director’s decision shall be communicated to the Member State in writing by the APHEF-Sec within 24-48 hours of submitting the proposal for funding. This shall include all recommendations made by the TRG in respect to the proposal.

The TRG may request for additional information and clarifications, including resubmission of the proposal, where necessary, before making recommendations to the Regional Director. Failure by the Member State to respond

satisfactorily to the TRG’s requests may lead to a rejection of the proposal.

When all the approvals are in place, the funds shall be authorized for spending, in accordance with the WHO financial rules and regulations. The fund disbursement process is presented in the chart below.

3.10 Funds Disbursement Flow Chart





3.11 Monitoring and Close out

The maximum time frame for the use of disbursed funds shall be six months from the date of disbursement.

Member States may legitimately request for a no-cost extension in exceptional circumstances. A formal letter will be sent to the APHEF-Sec through the WHO Country office at least one month before the expiry date of the grant. The letter must clearly detail justification why the funds could not be fully expended within the 6 months period. The intended use of the balance must also be within the originally approved budget.

The TRG will be convened to review the request and make recommendations to the Regional Director based on the justification provided. The decision of the Regional Director will be communicated to the Member State in writing at least two weeks before the expiry date of the grant. Necessary internal processes to extend the expiry period of the grant will also be undertaken.

Under no circumstance shall the no-cost extension exceed a period of three months.

APHEF-Sec will develop a monitoring plan and tools to monitor each grant. The tools will cover both technical and financial aspects of the grants. The monitoring and evaluation section of this operations manual gives further details. Once all the reports have been received and expenditure verified, APHEF shall close out the grant. Any unspent balance shall be added to the revolving fund.

4 | Resource Mobilization

- 4.1 Fundraising**
- 4.2 Advocacy and communication**
- 4.3 Developing a website**
- 4.4 Responsibility for Awareness raising and communication**

4 Resource mobilization

4.1 Fundraising

Funding from APHEF will primarily come from contributions from Member States as per Annex 1, which gives a breakdown of these contributions.

To meet its short, medium and long-term needs, APHEF should explore innovative and modern ways to access sources of funding, including multilateral and bilateral assistance and private sector led initiatives. International cooperation and assistance will form an integral part of the operation of the Fund, particularly in its inception phase.

As noted in 2.5.3, the Regional Director shall play a key role in resource mobilization activities.

The following three scenarios may apply when seeking options for funding from other sources:

- receive unspecified funds for APHEF;
- receive funds through APHEF for a specific public health emergency or country;
- receive a proportion of funds meant for a specific public health emergency to replace funds that may have already been released out of APHEF.

4.2 Advocacy and communication

APHEF shall develop a unique brand that will help create greater awareness and improve its visual identity about the Fund among Member States and development partners. Regular communications to stakeholders will promote the Fund's image and support resource mobilization.

4.3 Developing a webpage

APHEF will design a webpage to be hosted within the WHO website. This webpage will be a primary way to provide information on the Fund. It will enable stakeholders to gain an insight into the response activities undertaken by the Fund and the impact these activities have on communities. This webpage shall be an important communication and information tool for advocacy and resource mobilization.

4.4 Responsibility for Awareness raising and communication

The APHEF Secretariat will be responsible for providing support in awareness, communication and fundraising strategies. The team will ensure that the goals and objectives of the Fund are effectively and correctly reflected through its branding and advocacy campaigns.

Member States will be required to advocate for this fund and ensure that there is commitment from their respective Member States in making contributions and also implementing the Fund's resource mobilization strategy once it's in place.

5 Financial Management and Accounting guidelines

- 5.1 Introduction**
- 5.2 Audit and internal review**
- 5.3 WHO Standard Operating Procedures (SOPs) for Emergencies**
- 5.4 Eligible and ineligible expenditure**
- 5.5 Ownership of assets**
- 5.6 Revolving Fund replenishment procedures**
- 5.7 Foreign currency exchange**



5 Financial Management and Accounting guidelines

5.1 Introduction

APHEF will use existing WHO internal administrative systems (mechanisms, rules and regulations) and financial management tools to receive, disburse, account for, audit and report on the utilization of funds. The WHO Accounting policies and procedures shall be applicable to APHEF.

5.2 Audit and internal review

All contributions to APHEF will be subject exclusively to WHO's internal and external auditing procedures. The certification of accounts and audit report by the external auditors is made available to the World Health Assembly on annual basis.

The Regional Director will mandate periodical review of the adequacy and effectiveness of the risk management and internal controls of the Fund.

5.3 WHO Standard Operating Procedures (SOPs) for Emergencies

WHO has documented certain standard operating procedures that shall be applicable during public health emergencies. These SOPs give guidance on various aspects such as budgeting and planning, finance, logistics, and recruitment of personnel. These SOPs will apply during the rapid response activities to be undertaken by APHEF.

5.4 Eligible and ineligible expenditure

Expenses shall be deemed eligible only if they directly relate to the public health emergency being funded. These costs should be easily allocated to the budget lines as presented in the financial proposal i.e. in the following categories:

- Staff and other personnel costs – These are all the expenses related to the total remuneration payable by an employer to an employee in return for work done by the latter during a specified period. Personnel costs also include taxes and employees' social security contributions retained by the unit as well as the employer's compulsory and voluntary social contributions.
- Contractual services – These are costs related to consultancy charges for undertaking assignments that may require expert opinion or may require to be outsourced to another firm.
- Medical supplies – These are costs relating to the procurement of consumable drugs, medical kits, etc.
- Other supplies – These are costs relating to procurement of other provisions and materials that may be necessary in undertaking rapid response activities, such as tents, blankets, etc.
- Travel – These are all costs related to travel i.e. air travel, rail, road, boat, per diems and other travel allowances.
- General operating expenses – These expenses pertain to administrative expenses for carrying out activities relating to the operations of the Fund.

- Equipment, vehicles and furniture – The Fund will not typically fund the purchase of capital expenditure such as furniture, vehicles.

5.5 Ownership of assets

All assets procured by APHEF funds shall be used exclusively for response activities related to the purpose of the funding and, thereafter, transferred to the appropriate Government authority for custody. The assets may not be disposed of unless by express authority from APHEF.

5.6 Revolving Fund replenishment procedures

Request for replenishment of the revolving fund shall be prepared once 50% of the funds have been disbursed. The request for replenishment shall be approved by the Regional Director and forwarded to AfDB for processing.

5.7 Foreign currency exchange

APHEF books of account shall be kept in United States dollars, the WHO functional currency. All payments made in other currencies are converted to US dollars at the United Nations operational rate of exchange (UNORE), using the prevailing monthly exchange rate.

African Public Health Emergency Fund

OPERATIONS
MANUAL

6 | Reporting, Monitoring and Evaluation

6.1 Introduction

6.2 Reporting by Member States

6.3 Reporting by Secretariat

6.4 Annual Financial and Technical Reporting Process

6.5 Monitoring

6.6 Evaluation



6 Reporting, Monitoring and Evaluation

6.1 Introduction

Monitoring and evaluation practices will be embedded into the operations of APHEF. These practices will focus on processes, inputs, outputs, outcomes and impact related to activities funded by APHEF.

The objectives of these practices will be to:

- Improve management of funded activities;
- Ensure optimum use of funds and other resources;
- Draw lessons from experience and, thereby, encourage improvements, where necessary;
- Encourage judicious and transparent use of funds.

6.2 Reporting by Member States

All funding to Member States shall be subject to reporting. Technical and financial reports on the use of the funds should be submitted by the Member State three months after the end of the implementation period using standard reporting templates. The APHEF Secretariat shall be charged with following up to ensure timely receipt of the technical and financial reports from Member States.

6.2.1 Financial Reporting

Financial reports shall be submitted by the Member States within three months after the implementation period, using the standard template presented in Appendix 4. The review of these reports will involve the following:

- Verifying accuracy of the reports;
- Variance analysis (budgeted versus actual expenditure) and clarifying causes;
- Reviewing utilization of funding for intended purposes.

6.3.2 Technical Reporting

Technical reports shall be submitted by Member States three months after the end of the implementation period, using the standard template presented in Appendix 4. These reports will detail the activities undertaken and the outcomes achieved. Member States are expected to have properly reviewed and evaluated outcomes of funded interventions before submitting the reports.

The technical reports shall be reviewed and outcomes measured against set objectives as outlined in the Member State's proposal. Technical performance will also be reviewed against the financial implementation. The APHEF-Sec and the TRG shall carry out these reviews in consultation with the WHO Country Office.

These reports shall provide inputs into the annual reports of APHEF to the MCF.

6.3 Reporting by Secretariat

The APHEF-Sec shall prepare periodic management reports on the revolving fund for submission to the WHO Regional Director. These reports will summarize key issues relating to the financial status of the Fund and proposals received. Key performance indicators such as timeliness of disbursements and submission of reports will also be mentioned. The reports will be submitted to the WHO Regional Director.

A yearly technical and certified financial report (Appendix 5) on the operations of the Fund will be presented to every meeting of the Regional Committee. These reports will summarize the activities of the Fund for the year,

including Member States' requests and funding, technical details of responses supported, key outcomes, implementation challenges and recommendations. The financial status of the Fund will also be presented. The reporting

process is summarized in section 6.4:

6.4 Annual Financial and Technical Reporting Process

PROCESS FLOW	PROCESS DESCRIPTION	RESPONSIBILITY
1. Prepare annual financial and technical report	1. Draft the annual financial and technical report and submit to TRG for review	APHEF Secretariat
2. TRG reviews the technical and financial reports	2. Review technical and financial report, correct as necessary and provide feedback to the APHEF Secretariat	TRG
3. Incorporate TRG review comments and contribution to the reports	3. TRG comments and contribution incorporated into the reports	APHEF Secretariat
4. Reports reviewed by Regional Director	4. Regional Director reviews and endorses the technical and financial report	Regional Director
5. MCF approves the annual technical and financial reports	5. MCF reviews and approves the annual technical and financial reports	MCF
6. Present annual technical and financial reports to the Regional Committee	6. Presentation of reports to Regional Committee	RD/MCF



6.5 Monitoring

Monitoring activities will cover review and reporting on processes, inputs, outputs and outcomes. These activities will include financial and technical implementation of APHEF-funded activities with the involvement of the different levels of the governance structure, Member States and WHO Country Offices.

Financial monitoring will cover issues such as timeliness of disbursement of funding at regional and country office levels, utilization of funding for intended purposes, and timeliness and accuracy of financial reports.

Technical monitoring will include reviewing achievement of set targets in line with measurable indicators included in the proposal submitted. Key interventions will be linked to outcomes with a view to identifying key lessons and best practices.

6.6 Evaluation

In order to remain relevant and attain its objectives, it is necessary to evaluate periodically the performance of APHEF as a Fund. These evaluations will focus on the impact of activities of the Fund in relation to set objectives, as detailed in Section 1 of the manual. These evaluations will be conducted both internally and externally.

The MCF will be tasked with the responsibility for periodic internal evaluation of APHEF. The evaluation will focus on continuous review of the outcomes of activities being funded. The purpose is to determine if any impact is being recorded in line with set objectives. Based on these evaluations, the MCF may recommend to the Regional Committee changes in the strategic direction of the Fund.

The Fund shall be externally evaluated every three years, by an external evaluator who shall be appointed by the MCF. This evaluation report shall form a vital component of assessing the Fund's relevance in meeting its objectives, remaining dynamic in the face of changing times and therefore informing decision-makers on any changes that the Fund should introduce in its strategy. The terms of reference for the evaluation will be determined by the MCF.

Appendices

- Appendix 1: Member State Contributions**
- Appendix 2: Proposal Submission Form**
- Appendix 3: Letter of Approval**
- Appendix 4: Reporting Templates for Funds Disbursed**
- Appendix 5: Annual Financial Report**



Appendix 1 - Member State Contributions

Member State contribution applies the United Nations methodology used for preparation of the scale of assessments of Member States contributions.⁹ The same methodology is used for calculating the scale of quota assessments of the Organization of American States.¹⁰ An advantage of this methodology is that it takes into account the ability of the respective countries to pay and their determination to contribute in an equitable manner. Broadly, ability to pay means that quota scales should be based on the aggregate size of the economies of Member States. Other factors such as population and external debt are taken into account.

Step 1

In the first step, the arithmetic average of Gross National Income (GNI) data for base periods of 2007-2009 and 2004-2009 was calculated for each country. These average GNI figures were summed up and used to calculate the share of GNI. Thus:

$$\text{Average GNI}_{\text{year 2007-09}} = \frac{\sum_{\text{year 2007}}^{\text{year 2009}} \text{GNI}}{3}$$

$$\text{Average GNI}_{\text{year 2004-09}} = \frac{\sum_{\text{year 2004}}^{\text{year 2009}} \text{GNI}}{6}$$

The six-year (2004-2009) Gross National Income (GNI) data (in US\$) for individual Member States in the WHO African Region were obtained from the IMF database.

Step 2

In the second step, the debt-burden adjustment (DBA) amount was deducted from the GNI to derive the debt-adjusted GNI (GNIda) for each

country. The debt burden data were obtained from the World Bank database on external debt. Thus:

$$\text{Country GNIda} = \text{Average GNI} - \text{DBA Total GNIda} \\ = \text{total GNI} - \text{total DBA}$$

Step 3

The third step involved calculation of the average per capita GNI during each of the base periods for all countries and the average debt-adjusted per capita GNI for each Member State for each base period. The overall average per capita GNI across all countries for the three-year base period and for the six-year base period were fixed as the starting points, or threshold, for the respective adjustments. Thus:

$$\text{Average per capita for three} \\ \text{- year base period} = \frac{\sum_{\text{year 2007}}^{\text{year 2009}} \text{Total GNI} / \text{population}}{3}$$

$$\text{Average per capita for six} \\ \text{- year base period} = \frac{\sum_{\text{year 2004}}^{\text{year 2009}} \text{Total GNI} / \text{population}}{6}$$

The GNI of each country whose average debt-adjusted per capita GNI was below the threshold was reduced by 80 per cent of the percentage by which its average debt-adjusted per capita GNI was below the threshold.

Step 4

In the fourth step, the average debt-adjusted per capita GNI for each Member State for each base period was calculated as in step 3, using debt-adjusted GNI.

Step 5

In the fifth step, the low per capita income adjustment was applied to every Member State whose average debt-adjusted per capita GNI is lower than the average per capita GNI (threshold). This adjustment reduced the affected Member State's average debt-adjusted per capita GNI by the percentage that its average debt-adjusted per capita GNI is below the threshold multiplied by the gradient (80 per cent).

Example: Assuming the average per capita GNI is US\$ 1000 and a Member State's per capita debt-adjusted GNI is US\$ 300, then the low per capita GNI adjustment will be $[1-(300/1000)] \times 0.80 = 56$ per cent, which is equal to the percentage by which the Member State's debt-adjusted per capita GNI is below the threshold.

Step 6

The total US Dollar amount of the low per capita income adjustments obtained in Step 5 was reallocated pro rata to every Member State whose average debt-adjusted per capita GNI is above the threshold.

Step 7

In this step, the minimum assessment rate is normally applied to those Member States whose rate obtained in Step 6 is lower. Corresponding reductions are then applied pro rata to other Member States, except the ceiling country. In the analysis reported in this document, the UN General Assembly minimum assessment rate (or floor) was assumed to be 0.001 per cent.¹¹ The country with the least assessment rate was Liberia with 0.00434 per cent. This means that all the assessment rates of countries were higher than the UN minimum, thus, Step 7 was not applicable.

Step 8

In line with the UN methodology, the maximum assessment rate for countries with an average per capita GNI of less than US\$ 300 was assumed to be 0.01 per cent. The countries with an average per capita GNI of less than US\$ 300 were Burundi, Democratic Republic of Congo, Eritrea, Ethiopia, Guinea-Bissau, Liberia, Malawi, Niger, Rwanda and Sierra Leone. Any of these countries whose rate at this point exceeded the ceiling of 0.01 per cent had their assessment rate reduced to 0.01 per cent. Corresponding increases were applied pro rata to other Member States, except the ceiling country.

	Member State	Percentage of Fund Contribution	Amount of Contribution in US\$
1	Algeria	19.74	9 868 183
2	Angola	3.50	1 750 590
3	Benin	0.81	406 098
4	Botswana	1.80	900 155
5	Burkina Faso	0.77	384 845
6	Burundi	0.01	5000
7	Cameroon	3.23	1 616 162
8	Cape Verde	0.20	101 055
9	Central African Republic	0.16	82482
10	Chad	0.37	183 555
11	Comoros	0.07	34491
12	Congo	0.81	403 568
13	Côte d'Ivoire	3.09	1 542 897



14	D R Congo	0.01	5000
15	Equatorial Guinea	0.77	386 822
16	Eritrea	0.01	5000
17	Ethiopia	0.01	5000
18	Gabon	1.45	725 638
19	Gambia	0.07	35 172
20	Ghana	1.78	890 116
21	Guinea	0.42	211 330
22	Guinea-Bissau	0.01	5000
23	Kenya	3.69	1 846 717
24	Lesotho	0.34	167 625
25	Liberia	0.01	5000
26	Madagascar	0.63	317 316
27	Malawi	0.01	5000
28	Mali	0.80	397 845
29	Mauritania	0.39	193 476
30	Mauritius	1.27	634 709
31	Mozambique	0.64	319 466
32	Namibia	1.44	721 231
33	Niger	0.01	5000
34	Nigeria	22.00	11 000 000
35	Rwanda	0.01	5000
36	Sao Tome and Principe	0.01	7 010
37	Senegal	1.72	860 613
38	Seychelles	0.17	83 000
39	Sierra Leone	0.01	5000
40	South Africa	22.00	11 000 000
41	Swaziland	0.52	260 855
42	Tanzania	1.88	938 339
43	Togo	0.24	121 544
44	Uganda	1.30	648 075
45	Zambia	1.26	630 517
46	Zimbabwe	0.56	278 504
Grand Total		100	50 000 000



Appendix 2 – Proposal Submission Form

Request for Funding from African Public Health Emergency Fund

The Appendixed form should be completed and transmitted to the Member State’s Country Office preferably by email.

Please type in the responses using the template provided. The instructions attached to the form provide guidance to filling out the template.

Please ensure that this proposal meets the criteria for funding before submission and is as accurate and concise as possible to enable efficient and timely appraisal. Guidance on the criteria may be sought from the APHEF Secretariat or respective WCO.

The final proposal document resulting from the appraisal process should be attached to this request for funding.

APHEF No.	
Date	
Type of submission	<input type="checkbox"/> New <input type="checkbox"/> Revised
Event Type	
To be completed by the APHEF Secretariat.	

MEMBER STATES TECHNICAL PROPOSAL		
1. Requesting Member State:		
2. Title of proposal:		
3. Purpose of request:		
4. Event Type:		
5. Geographic areas of implementation targeted with APHEF funding:		
6. Total number of individuals targeted with APHEF funding (provide a breakdown by sex and age).	a. Female	
	b. Male	
	c. Children under 5	
	d. Total individuals :	
7. Total amount of APHEF funding requested: <i>Note: The total requested from APHEF should not be more than US\$ 2,000,000</i>		
8. Please provide a summary needs assessment and justification for funding request from APHEF. (A full report may be provided as an attachment to this proposal form)		
9. Detailed description of implementation of rapid response activities.		
Objectives		
Activities		
Outputs		
Expected Outcomes and Indicators (Please use SMART (Specific, Measurable, Attainable, Relevant, Time-bound) Indicators		
Name and Signature of approving authority: Designation: Date:		



GUIDANCE ON TECHNICAL PROPOSAL

The following notes provide some guidance on the technical proposal and the information required.

Section 1

Please provide the name of the Member State requesting for funds;

Section 2

Short title of the proposal e.g Ebola Outbreak in district A, Province B;

Section 3

Please give a short, clear, concise description of the purpose of the request;

Section 4

Kindly indicate the type of event e.g chemical spill, cholera outbreak;

Section 5

Please indicate geographical area in terms of provinces, counties, locations, district, whichever may apply for the Member State;

Section 6

An estimation of the number of people who are being targeted for this funding if this is applicable. If no numbers are available, this should be stated and reasons provided;

Section 7

This amount should tally with the financial proposal and should not exceed US\$ 2,000,000;

Section 8

Detailed description of the occurrence that has necessitated the request. Additional pages/full report maybe provided separately;

Section 9

This section should clearly describe the activities to be undertaken, define indicators, and the expected outcomes in line with the logical framework. The activities described herein should clearly link to the financial proposal.

FINANCIAL PROPOSAL					
Cost Breakdown	Unit	Quantity	Unit Cost	Total (US\$)	Justification
A. Staff and other Personnel Costs					
Sub-Total A:					
B. Contractual Services					
Sub-Total B :					
C. Medical Supplies					
Sub-Total C :					
D. Other Supplies					
Sub-Total D :					
E. Travel					
Sub-Total E:					
F. General Operating Expenses					
Sub-Total F :					
G. Equipment					
Sub-Total G :					
Total funding requested in US\$					

GUIDANCE ON FINANCIAL PROPOSAL

- **Staff and Other personnel costs** – These are all the expenses related to the total remuneration, payable by an employer to an employee in return for work done by the latter during a specified period. Personnel costs also include taxes and employees’ social security contributions retained by the unit as well as the employer’s compulsory and voluntary social contributions.
- **Contractual Services** – These are costs related to consultancy charges for undertaking assignments which may require expert opinion or may require to be outsourced to another firm.
- **Medical Supplies** – These are costs relating to the procurement of consumable drugs, medical kits, etc
- **Other Supplies** – These are costs relating to procurement of other provisions and materials that may be necessary in undertaking rapid response activities. These may be tents, blankets, etc
- **Travel** – These are all related costs to travel i.e. air travel, rail, road, boat, per diems and other travel allowances.
- **General Operating Expenses** – These expenses pertain to administrative expenses for carrying out activities relating to the operations of the Fund.
- **Equipment, vehicles and furniture** – The Fund will not typically fund the purchase of capital expenditure such as furniture, vehicles.



Appendix 3 – Letter of Approval

Letter of Approval of Proposal

[Date of Approval Letter]

To: [Honourable Minister of Health of Member State]

Your Excellency,

Subject: Approval for [Insert Title here]

It is my pleasure to confirm that the above named proposal is in accordance with the African Public Health Emergency Fund priorities for providing funding for rapid response to emergencies and outbreaks.

Accordingly, we are pleased to endorse and approve the above proposal for support from the fund in accordance with APHEF rules and regulations. The approved amount of funding shall be US\$ (Insert amount in words). The detailed breakdown of the approved amount is attached to this letter.

In accordance with the Fund's rules, the timeline for implementation of the approved activities is six (6) months after which the validity of the funding will lapse. In exceptional circumstances and based on an official request from your office, the expiry period can be extended for a maximum of three (3) months.

The approved funds will be disbursed through the WHO Office in your country. This office will also be responsible for the monitoring and evaluation of the implementation of the approved activities, including working with your office to prepare the final technical and implementation reports at the end of the implementation period.

Accept, Honourable Minister, the assurances of my highest regard.

Dr Luis Gomes Sambo
Regional Director



Appendix 4 – Reporting Templates for Funds Disbursed

FINANCIAL REPORT FORMAT				
Description	Amount as per Budget US\$	Actual Amount in US\$	Variances	Justification for Variances
Receipts				
Receipt from APHEF-Sec	xxx	xxx	xx	
Interest(if any earned)	xxx	xxx	xx	
Total Receipts(a)	xxxx	xxxx	xx	
Expenditure				
Staff and other personnel costs	(xxx)	(xxx)	xx	
Contractual services	(xxx)	(xxx)	xx	
Medical supplies	(xxx)	(xxx)	xx	
Travel	(xxx)	(xxx)	xx	
General operating expenses	(xxx)	(xxx)	xx	
Equipment, vehicles and furniture	(xxx)	(xxx)	xx	
Total expenditure (b)	(xxxxx)	(xxxxx)	xxx	
Total surplus/(deficit) for the period (a-b)	xxxxx			

TECHNICAL REPORT FORMAT	
Member State	
Title of Report	
Narrative	
1. Description of planned and actual activities carried out	
Planned Activities	Actual activities undertaken
2. Measurement of indicators	
Target Indicators	Actual indicators achieved
3. Description of key outcomes of interventions	
Foreseen Outcomes	Actual outcomes
4. Brief outline of key successes, challenges and lessons learnt	
5. Recommendations and next steps	



Appendix 5 – Annual Financial Report

Descriptions	Notes	Amount (US\$)
Funds Received		
1.Pledged Member States' Contribution		Xxx
2.Received Member States' Contributions		xxx
3.Pledged Voluntary Contributions		Xxx
4.Received Voluntary Contributions		xxx
Total Contribution (a)=(2+4)		xxxxxx
Funds Disbursed		
Staff and other personnel costs		(xxx)
Contractual services		(xxx)
Medical supplies		(xxx)
Travel		(xxx)
General operating expenses		(xxx)
Equipment, vehicles and furniture		(xxx)
Total funds disbursed (b)		(xxxxxx)
Committed Funds		
Member State 1		(xxx)
Member State 2		(xxx)
Total Committed Funds (c)		(xxxxxx)
Financial revenue and expense		
Interest earnings		xxx
Undistributed exchange differences		(xxx)/xxx
Total financial revenue and expense (d)		(xxx)/xxx
Total surplus/(deficit) for the period (a-b-c+d)		xxxxxx



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