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**FRAMEWORK DOCUMENT FOR THE AFRICAN PUBLIC HEALTH
EMERGENCY FUND**

Report of the Secretariat

Executive Summary

1. In recognition of the inadequate resources available to Member States to combat epidemics and other public health emergencies in the African Region, the Fifty-ninth session of the WHO Regional Committee for Africa adopted Resolution AFR/RC59/R5 entitled “Strengthening outbreak preparedness and response in the African Region in the context of the current influenza pandemic”. The resolution requested the Regional Director to facilitate the creation of an “African Public Health Emergency Fund” that will support the investigation of and response to epidemics and other public health emergencies.
2. The setting up of the African Public Health Emergency Fund (APHEF) was approved at the Sixtieth session of the WHO Regional Committee for Africa through Resolution AFR/RC60/R5, based on the principles set out in the Framework document presented at that session. The resolution also requested the Regional Director:
 - (a) to convene a technical consultation among ministries of health and ministries of finance of Member States of the African Region, the African Union, the African Development Bank, and regional economic communities, for the purpose of elaborating on the principles underlying financial contributions by countries, including the set of criteria and modalities and the governance of the APHEF;
 - (b) to undertake advocacy among Heads of State and Government, the African Union, and regional economic communities to ensure sustained contribution to the APHEF;
 - (c) to report to the Sixty-first session of the Regional Committee for Africa, and on a regular basis thereafter, on the operations of the APHEF.
3. A technical working group comprising representatives of ministries of health and ministries of finance from 17 Member States, the African Development Bank, *the coordinating organization for the fight against endemic diseases in Central Africa* (OCEAC) and the WHO Secretariat met in Johannesburg, South Africa, from 10 to 11 February 2011 to deliberate on the above-mentioned request of the ministers of health.
4. This document has incorporated the recommendations of the technical working group in updating the framework for the setting up of the Fund.
5. The Regional Committee reviewed and adopted this Framework and the related resolution, and took decisions on options contained in the Framework.

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INTRODUCTION

1. Public health emergencies continue to be a major concern in Member States of the African Region. Epidemics and pandemic-prone diseases continue to wreak havoc on Africa's impoverished populations already grappling with a heavy burden of diseases and major health concerns such as HIV/AIDS, tuberculosis, malaria and maternal mortality among others. In 2009, countries of the African Region were significantly affected by pandemic influenza A (H1N1), meningitis, cholera and dengue fever. Furthermore, the frequency and magnitude of emergencies in Africa are increasing. Natural disasters and social unrests continue to cause population displacements in many countries of the WHO African Region. In 2009 alone, over 6.9 million people were displaced including 4.9 million internally displaced persons (IDPs) and about 2 million refugees.¹ West Africa is witnessing an increase in natural disasters in addition to conflicts and outbreaks of communicable diseases. 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 Floods and cyclones from *El-Nino* cause destruction in Southern Africa annually. By the end of the rainy season in 2010, floods had affected over 368 000 people in Southern African countries, displaced about 29 000 people and destroyed two medical facilities in Angola, damaged 34 in Madagascar and made four inaccessible in Namibia.³ As at 31 March 2011, about 150 000 persons have been affected by floods and cyclones, causing 238 deaths and destroying farmlands, houses and social infrastructure including health facilities in nine countries⁴ of Southern Africa.⁵

2. 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 Gaps have been noted in the provision of timely and appropriate case management in some African countries, contributing to the more than 10% of ensuing mortality. 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

3. These conditions 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

4. In order to address these public health emergencies, WHO has been working vigorously with Member States to strengthen their national health and emergency management systems in order to prepare for and respond to major pandemic and epidemic diseases and other public health emergencies. However, there is a huge gap in resources needed to provide adequate response because governments of most of the Member States allocate insufficient resources to public

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>.

health emergency preparedness and response, leading to over-reliance on unpredictable donor funding.

5. 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”.

6. In this respect, the Fifty-ninth session of the WHO Regional Committee for Africa adopted Resolution AFR/RC59/R5 entitled “Strengthening outbreak preparedness and response in the African Region in the context of the current influenza pandemic”. The resolution requests the Regional Director “to facilitate the creation of an African Public Health Emergency Fund” (APHEF) that will support the investigation of, and response to, epidemics and other public health emergencies.

7. The setting up of the African Public Health Emergency Fund (APHEF) was approved at the Sixtieth session of the WHO Regional Committee for Africa through Resolution AFR/RC60/R5 in line with the principles set out in the Framework document that was presented to the meeting. The Resolution also requested the Regional Director:

- (a) to convene a technical consultation among ministries of health and ministries of finance of Member States of the African Region, the African Union, the African Development Bank, and regional economic communities, for the purpose of elaborating on the principles underlying financial contributions by countries, including the set criteria and the modalities and governance of the APHEF;
- (b) to undertake advocacy among Heads of State and Government, the African Union, and regional economic communities to ensure sustained contribution to the APHEF;
- (c) to report to the Sixty-first session of the Regional Committee for Africa, and on a regular basis thereafter, on the operations of the APHEF.

8. The technical consultation was convened as requested and this document sets out the framework for the establishment of the APHEF, based on their recommendations.

JUSTIFICATION

9. 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. 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 (estimated US\$ 75 million required per year). For 24 countries in the meningitis belt, yearly outbreaks cost an average of US\$ 5 million per country to provide adequate response (US\$ 120 million). In 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.

10. Between 2006 and 2010, WHO raised a total amount of US\$ 165 million to support countries in the Region to respond to emergencies and humanitarian crises. This amount supplemented the resources provided by Member States.

11. 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 preparedness and response, many others lack the requisite resources and often request external support when these outbreaks and emergencies occur.

NAME

12. The name of the Fund shall be: African Public Health Emergency Fund (APHEF).

ESTABLISHMENT OF THE FUND

13. It is proposed that the APHEF be set up as a Trust dedicated to mobilizing additional resources for response to outbreaks of diseases and other public health emergencies in line with Article 50 (f) of the WHO Constitution. The establishment of the APHEF will supplement existing efforts by governments and partners and promote solidarity among Member States in addressing public health emergencies.

PURPOSE OF THE FUND

14. The purpose of the APHEF 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 epidemic and pandemic-prone diseases in countries in need and contributing to poverty reduction as part of the Millennium Development Goals.

GUIDING PRINCIPLES

15. The guiding principles for the operation of the APHEF will be the following:

- (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 priority disease outbreaks and other public health emergencies in Member States based on predetermined criteria (see Annex 1) and in line with agreed procedures and overseen by the APHEF Secretariat.
- (c) The Fund will establish simplified, effective and efficient processes that will ensure rapid disbursement of the required 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 feedback from 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) An appointment by the UN Secretary-General of a Humanitarian Coordinator for that particular emergency or outbreak.

- (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.

FINANCING

16. The APHEF will be financed from agreed appropriations and voluntary contributions from Member States in line with Article 50(f) of the WHO Constitution. In addition, mechanisms will be put in place to attract contributions from external donors.

17. The four scenarios below are proposed for consideration by the Regional Committee in determining minimum yearly contributions by Member States:

Scenario 1: A United Nations adopted methodology that takes into consideration key factors such as population, debt burden, equity, level of poverty, and puts a limit on the maximum amount that a country can pay to the Fund.

Scenario 2: The minimum yearly contribution of each Member State is determined as a percentage of the country's Gross Domestic Product (GDP) to the total GDP of countries of the African Region in preceding year.

Scenario 3: Each Member State pays the same amount towards the Fund.

Scenario 4: 50% plus 50%: For 50% of the total annual funding of APHEF, use the scenario 2 methodology to calculate the contributions of Member States. For the remaining 50% of the funding, use scenario 3 methodology.

The minimum contributions of each Member State in each of the Scenarios are shown in the table below. Details of the criteria for each of the scenarios are provided in Annex 2.

Yearly contributions by Member States to the Fund can be paid either as a lump sum or in agreed instalments.

Minimum contribution from Member States in the African Region

	Scenario 1	Scenario 2	Scenario 3	Scenario 4
Member State	UN methodology	GDP Proportion	Flat Rate	GDP + Flat Rate
	US\$	US\$	US\$	US\$
Algeria	19 736 367	13 639 893	2 173 913	7 903 903
Angola	3 501 180	7 362 517	2 173 913	4 768 215
Benin	812 195	557 200	2 173 913	1 365 556
Botswana	1 800 309	1 072 614	2 173 913	1 623 263
Burkina Faso	769 690	744 077	2 173 913	1 458 995
Burundi	10 000	126 043	2 173 913	1 149 978
Cameroon	3 232 323	1 877 524	2 173 913	2 025 719
Cape Verde	202 111	134 967	2 173 913	1 154 440
Central African Republic	164 963	181 300	2 173 913	1 177 607
Chad	367 110	651 410	2 173 913	1 412 662
Comoros	68 982	47 792	2 173 913	1 110 852
Congo	807 137	1 019 674	2 173 913	1 596 793
Cote d'Ivoire	3 085 794	1 920 597	2 173 913	2 047 255
Democratic Republic of the Congo	10 000	10 811	2 173 913	1 092 362
Equatorial Guinea	773 645	1 248 165	2 173 913	1 711 039
Eritrea	10 000	193 398	2 173 913	1 183 656
Ethiopia	10 000	2 654 807	2 173 913	2 414 360
Gabon	1 451 276	1 077 933	2 173 913	1 625 923
Gambia	70 344	8923	2 173 913	1 091 418
Ghana	1 780 232	1 549 417	2 173 913	1 861 665
Guinea	422 661	372 725	2 173 913	1 273 319
Guinea-Bissau	10 000	70 787	2 173 913	1 122 350
Kenya	3 693 433	2 781 451	2 173 913	2 477 682
Lesotho	335 250	154 358	2 173 913	1 164 136
Liberia	10 000	83 829	2 173 913	1 128 871
Madagascar	634 632	71 473	2 173 913	1 122 693
Malawi	10 000	432 014	2 173 913	1 302 964
Mali	795 689	778 827	2 173 913	1 476 370
Mauritania	386 953	299 107	2 173 913	1 236 510
Mauritius	1 269 417	808 858	2 173 913	1 491 385
Mozambique	638 932	876 212	2 173 913	1 525 063
Namibia	1 442 462	982 521	2 173 913	1 578 217
Niger	10 000	480 750	2 173 913	1 327 331
Nigeria	22 000 000	17 732 230	2 173 913	9 953 072
Rwanda	10 000	488 472	2 173 913	1 331 193
Sao Tome and Principe	14 019	16 045	2 173 913	1 094 979
Senegal	1 721 227	1 085 999	2 173 913	1 629 956
Seychelles	165 999	78 852	2 173 913	1 126 383
Sierra Leone	10 000	163 110	2 173 913	1 168 512
South Africa	22 000 000	30 409 508	2 173 913	16 291 711
Swaziland	521 710	271 564	2 173 913	1 222 739
Tanzania	1 876 678	1 469 020	2 173 913	1 821 466
Togo	243 088	1 924 887	2 173 913	2 049 400
Uganda	1 296 150	263 756	2 173 913	1 218 835
Zambia	1 261 035	1 346 323	2 173 913	1 760 118
Zimbabwe	557 007	478 262	2 173 913	1 326 087
Grand Total	100 000 000	100 000 000	100 000 000	100 000 000

18. WHO will be responsible for disbursements and reporting on the utilization of funds through its existing financial and administrative management systems. The African Development Bank (AfDB) is proposed as the Trustee of the APHEF while a Revolving Fund with a limit of US\$ 30 million will be set up at the WHO Regional Office. Replenishments will be made to the Revolving Fund by AfDB based on agreed criteria and procedures. The AfDB will set up structures to ensure timely replenishment of the Revolving Fund and will invest the cash balances of the Fund in safe interest-yielding instruments. All interest earnings from the investments will be channelled back to the Fund.

This above arrangement is proposed for the following reasons:

- (a) to draw on the experience and expertise of the African Development Bank in fundraising, financial management, and interaction with governments in the African Region as well as with international donors;
- (b) to make a clear distinction between responsibilities for the management and disbursement of funds;
- (c) to give the APHEF a broader outlook by involving other relevant partners in the African Region.

19. Alternatively, WHO, through its internal financial management systems, will manage the collection of contributions from Member States and other sources including managing investments. This arrangement will simplify the process of collection, disbursement of funds and place the funds closer to the level of implementation.

CORE STRUCTURES

20. In line with Regional Committee Resolution AFR/RC59/R5, and as further set out in *Annex 3*, a Monitoring Committee of the Fund (MCF), composed of three sitting ministers of health (one from each WHO sub regional groupings), three sitting ministers of finance (one from each WHO sub regional groupings) or their representatives, with the chairperson of the AFRO Programme Sub-Committee (AFRO/PSC) as an *ex-officio* member., will be created with a mandate to give necessary advice to the Regional Director and take decisions regarding the strategic directions of the APHEF. Members of the MCF will be appointed by the Regional Committee on a rotational basis for a period of two years. The chairperson of the MCF will be elected from amongst the members by the members. The WHO Regional Director will participate in MCF meetings to facilitate the committee's work but will have no voting rights. Regional economic communities may designate one representative each to participate in MCF deliberations as observers and with no voting rights. The Monitoring Committee will have a term limit of two years after which its membership will be reconstituted by the Regional Committee. The MCF will meet once a year or more often if required.

21. The MCF will be supported in its work by a Technical Review Group (TRG) nominated by the Regional Director consisting of WHO experts in epidemic and pandemic-prone diseases, emergencies and cross-cutting issues such as health systems and health promotion. The TRG, to be based at the WHO Regional Office, will meet regularly to review proposals and requests based on need and technical criteria and will make funding recommendations for approval by the WHO Regional Director. The TRG will be guided by the terms of reference set out in *Annex 3* and may request expert advice and participation from outside the WHO Regional Office if necessary.

22. The Regional Director will set up a Secretariat (APHEF-SEC) to be based at the Regional Office to manage the APHEF including screening of proposals and requests and issuing of

instructions for financial disbursement to requesting countries. The APHEF-SEC will be responsible for executing the decisions of the MCF and the recommendations of the TRG; mobilizing resources; providing strategic, policy, financial and administrative support; and producing regular financial and technical reports on the activities of the APHEF for use by the MCF, and such other tasks as specified in *Annex 3*. The APHEF-SEC will be supported by the WHO country office network that will support Member States in drafting proposals and will monitor and evaluate the implementation of funded response activities.

23. To support effective administration of the APHEF, Programme Support Cost will be charged on all funds received 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 and emergency interventions.

ACCOUNTABILITY

24. The APHEF will use the existing WHO internal administrative systems (mechanisms, rules and regulations) and financial management systems to receive, disburse, account for, audit and report on the utilization of funds. Reporting will be done at two levels: (a) reporting on funds received and invested; (b) reporting on funds disbursed to Member States and expended. A yearly technical and certified financial report on the operations of the Fund will be presented to every meeting of the Regional Committee.

25. The Monitoring Committee of the APHEF will be responsible for periodic review of the operations of the Fund to ensure that all activities are in line with the mandate given by Member States. The annual report of the Monitoring Committee will be included in the annual report of the APHEF.

ANNEX 1: CRITERIA FOR EVALUATION OF FUNDING PROPOSALS

General criteria

Proposals received must clearly demonstrate:

- (a) Direct impact of the funding on the containment and prevention of the spread of an epidemic or a pandemic-prone disease;
- (b) Ability to save lives as a result of health interventions;
- (c) Efforts to effectively respond to public health emergencies.

Specific criteria

1. The APHEF will specifically support:
 - (a) deployment of rapid response personnel during outbreaks and emergencies including short-term recruitment of required personnel;
 - (b) procurement of epidemic and emergency response supplies including immediate deployment during outbreaks and emergencies;
 - (c) field activities directly related to an outbreak, epidemic or emergency response;
 - (d) immediate response interventions against vaccine-preventable diseases (e.g., reactive vaccination campaigns on yellow fever).
2. Based on an official request from a Member State for assistance, the APHEF will support investigation and response activities if at least one of the following conditions is fulfilled:
 - (a) A formal declaration of an outbreak or a public health emergency by the responsible authorities of the Member State.
 - (b) An appointment by the UN Secretary-General of a Humanitarian Coordinator for that particular emergency.
3. The time frame for the use of disbursed funds shall be six months from the date of disbursement. The request or proposal submitted must clearly demonstrate that the funds are disbursable within this six-month period. Technical and financial reports on the use of the funds should be submitted by the Member State one month after official declaration of the end of the public health emergency or the end of the six-month period, whichever is earlier.
4. Approval of the funding proposal shall be subject to the following conditions:
 - (a) A formal request has been submitted to the Regional Director by the Member State concerned through the WHO country office in that country.
 - (b) The proposal clearly states the objectives of the request and the means by which the objectives will be achieved.
 - (c) The proposal clearly states targets, baselines and indicators against which a monitoring and evaluation framework can be developed and implemented.
 - (d) Timelines for each of the activity in the proposal have been clearly stated.
 - (e) A detailed budget for all activities has been set forth in the proposal including the total amount requested for disbursement.
 - (f) The purpose of the request has been ascertained to be in line with the set criteria for evaluation of proposals.

MEMBER STATES CONTRIBUTION SCENARIOS – CRITERIA AND COMPUTATIONS

Scenario 1

This scenario 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 to pay of the respective countries 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.

Steps used to calculate the estimates in Table 1

The UN methodology involves the following nine steps:

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:

$$\text{Average GNI}_{\text{year2007-09}} = \frac{\sum_{\text{Year2007}}^{\text{Year2009}} \text{GNI}}{3}$$

$$\text{Average GNI}_{\text{year2004-09}} = \frac{\sum_{\text{Year2004}}^{\text{Year2009}} \text{GNI}}{6}$$

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 (GNI_{da}) for each country. The debt burden data was obtained from the World Bank database on external debt. Thus:

$$\text{Country GNI}_{da} = \text{Average GNI} - \text{DBA}$$

$$\text{Total GNI}_{da} = \text{total GNI} - \text{total DBA}$$

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:

⁹ United Nations. Sixty-ninth session of the General Assembly. Report of the Committee on Contributions. Document A/64/11. New York: UN; 2009.

¹⁰ Organization of American States. Thirty-Fourth Special Session of the General Assembly Resolution AG/RES. 1 (XXXIV-E/07) rev. 1. Methodology for calculating the scale of quota assessments to finance the regular fund of the Organization. Washington, DC; 2007.

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

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

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 it's 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.

Step 9: Once again, for consistency with the UN methodology, a maximum assessment rate of 22% was assumed. As can be seen in column 2 (Step 6), only South Africa had an assessment

¹¹ United Nations: General Assembly Resolution 55/5. Scale of assessments for the apportionment of the expenses of the United Nations. New York: United Nations; 2001.

rate higher than 22%. Thus, South Africa's rate was reduced from 35.59576% to 22%. Corresponding increases were then distributed pro rata among other Member States, except those affected by the under-US\$ 300 per capita GNI ceiling.

Pros:

- (a) This method of computation takes into account socioeconomic factors which could affect countries' ability to pay.
- (b) It is already agreed upon by Member States through the UN system.

Cons:

- (a) It puts a heavy contribution burden on the top three high-income countries (over 60%).
- (b) The computations are complex.

Scenario 2

The minimum yearly contribution of each Member State is determined as a percentage of the country's Gross Domestic Product (GDP) to the total GDP of countries of the African Region for one year.

Pros:

- (a) Simple and straightforward to calculate.
- (b) GDP generally accepted as a measure of a country's wealth.

Cons:

- (a) No cap on contribution level of lower income countries.
- (b) The GDP for one year is too narrow. An average GDP for a number of years could be used.

Scenario 3

The total annual contribution has been divided equally among all Member States.

Pros:

- (a) It is simple and straightforward to calculate.

Cons:

- (a) The same contribution burden is put on high income and low income countries alike. Hence, it takes no account of ability to pay.

Scenario 4

Scenario 2 is used in determining 50% of the total contribution while scenario 3 is used to determine the remaining 50%.

Pros:

- (a) It reduces the burden on high-income countries.

Cons:

- (a) The contribution of low-income countries is too high.

GDP Source: <http://www.worldbank.org>: data and statistics

GNI Source: International Monetary Fund, <http://www.imf.org/external/pubs/ft/weo/2010/02/weodata/index.aspx>

Contributions payable by each Member State under the four scenarios

Member State	Scenario 1		Scenario 2		Scenario 3		Scenario 4		
	UN methodology		GDP Proportion		Flat Rate		GDP + Flat Rate		
	%	US\$	%	US\$	%	US\$	50%GDP Basis	50% flat rate	US\$
Algeria	19.74	19 736 367	13.64	13 639 893	2.17	2 173 913	6 819 947	1 086 957	7 906 903
Angola	3.50	3 501 180	7.36	7 362 517	2.17	2 173 913	3 681 258	1 086 957	4 768 215
Benin	0.81	812 195	0.56	557 200	2.17	2 173 913	278 600	1 086 957	1 365 556
Botswana	1.80	1 800 309	1.07	1 072 614	2.17	2 173 913	536 307	1 086 957	1 623 263
Burkina Faso	0.77	769 690	0.74	744 077	2.17	2 173 913	372 038	1 086 957	1 458 995
Burundi	0.01	10 000	0.13	126 043	2.17	2 173 913	63 022	1 086 957	1 149 978
Cameroon	3.23	3 232 323	1.88	1 877 524	2.17	2 173 913	938 762	1 086 957	2 025 719
Cape Verde	0.20	202 111	0.13	134 967	2.17	2 173 913	67 483	1 086 957	1 154 440
Central African Republic	0.16	164 963	0.18	181 300	2.17	2 173 913	90 650	1 086 957	1 177 607
Chad	0.37	367 110	0.65	651 410	2.17	2 173 913	325 705	1 086 957	1 412 662
Comoros	0.07	68 982	0.05	47 792	2.17	2 173 913	23 896	1 086 957	1 110 852
Congo	0.81	807 137	1.02	1 019 674	2.17	2 173 913	509 837	1 086 957	1 596 793
Cote d'Ivoire	3.09	3 085 794	1.92	1 920 597	2.17	2 173 913	960 298	1 086 957	2 047 255
D R Congo	0.01	10 000	0.01	10 811	2.17	2 173 913	5406	1 086 957	1 092 362
Equatorial Guinea	0.77	773 645	1.25	1 248 165	2.17	2 173 913	624 082	1 086 957	1 711 039
Eritrea	0.01	10 000	0.19	193 398	2.17	2 173 913	96 699	1 086 957	1 183 656
Ethiopia	0.01	10 000	2.65	2 654 807	2.17	2 173 913	1 327 403	1 086 957	2 414 360
Gabon	1.45	1 451 276	1.08	1 077 933	2.17	2 173 913	538 967	1 086 957	1 625 923
Gambia	0.07	70 344	0.01	8923	2.17	2 173 913	4462	1 086 957	1 091 418
Ghana	1.78	1 780 232	1.55	1 549 417	2.17	2 173 913	774 708	1 086 957	1 861 665
Guinea	0.42	422 661	0.37	372 725	2.17	2 173 913	186 362	1 086 957	1 273 319
Guinea-Bissau	0.01	10 000	0.07	70 787	2.17	2 173 913	35 393	1 086 957	1 122 350
Kenya	3.69	3 693 433	2.78	2 781 451	2.17	2 173 913	1 390 725	1 086 957	2 477 682
Lesotho	0.34	335 250	0.15	154 358	2.17	2 173 913	77 179	1 086 957	1 164 136
Liberia	0.01	10 000	0.08	83 829	2.17	2 173 913	41 914	1 086 957	1 128 871
Madagascar	0.63	634 632	0.07	71 473	2.17	2 173 913	35 737	1 086 957	1 122 693
Malawi	0.01	10 000	0.43	432 014	2.17	2 173 913	216 007	1 086 957	1 302 964
Mali	0.80	795 689	0.78	778 827	2.17	2 173 913	389 413	1 086 957	1 476 370
Mauritania	0.39	386 953	0.30	299 107	2.17	2 173 913	149 553	1 086 957	1 236 510
Mauritius	1.27	1 269 417	0.81	808 858	2.17	2 173 913	404 429	1 086 957	1 491 385
Mozambique	0.64	638 932	0.88	876 212	2.17	2 173 913	438 106	1 086 957	1 525 063
Namibia	1.44	1 442 462	0.98	982 521	2.17	2 173 913	491 261	1 086 957	1 578 217
Niger	0.01	10 000	0.48	480 750	2.17	2 173 913	240 375	1 086 957	1 327 331
Nigeria	22.00	22 000 000	17.73	17 732 230	2.17	2 173 913	8 866 115	1 086 957	9 953 072
Rwanda	0.01	10 000	0.49	488 472	2.17	2 173 913	244 236	1 086 957	1 331 193
Sao Tome and Principe	0.01	14 019	0.02	16 045	2.17	2 173 913	8023	1 086 957	1 094 979
Senegal	1.72	1 721 227	1.09	1 085 999	2.17	2 173 913	542 999	1 086 957	1 629 956
Seychelles	0.17	165 999	0.08	78 852	2.17	2 173 913	39 426	1 086 957	1 126 383
Sierra Leone	0.01	10 000	0.16	163 110	2.17	2 173 913	81 555	1 086 957	1 168 512
South Africa	22.00	22 000 000	30.41	30 409 508	2.17	2 173 913	15 204 754	1 086 957	16 291 711
Swaziland	0.52	521 710	0.27	271 564	2.17	2 173 913	135 782	1 086 957	1 222 739
Tanzania	1.88	1 876 678	1.47	1 469 020	2.17	2 173 913	734 510	1 086 957	1 821 466
Togo	0.24	243 088	1.92	1 924 887	2.17	2 173 913	962 444	1 086 957	2 049 400
Uganda	1.30	1 296 150	0.26	263 756	2.17	2 173 913	131 878	1 086 957	1 218 835
Zambia	1.26	1 261 035	1.35	1 346 323	2.17	2 173 913	673 161	1 086 957	1 760 118
Zimbabwe	0.56	557 007	0.48	478,262	2.17	2 173 913	239 131	1 086 957	1 326 087
Grand Total	100.00	100 000 000	100.00	100 000 000	100.00	100 000 000	50 000 000	50 000 000	100 000 000

TOTAL YEARLY CONTRIBUTION = US\$ 100 Million

ANNEX 3

TERMS OF REFERENCE OF THE APHEF SECRETARIAT

The Fund shall be administered at three levels:

- (a) The Monitoring Committee of the Fund (MCF)
- (b) The Technical Review Group (TRG)
- (c) The APHEF Secretariat (APHEF-SEC)

The Monitoring Committee of the Fund (MCF)

The MCF will consist of three sitting ministers of health and three sitting ministers of finance or their representatives. The WHO Regional Director will participate in MCF meetings to facilitate the committee's work but will not have voting rights. The sitting chair of the AFRO Programme Subcommittee (AFRO/PSC) will participate in MCF meetings as an ex-officio member. Regional economic communities may designate one representative each to participate in MCF deliberations as observers, with no voting right.

The MCF will be appointed by the Regional Committee for a period of two years after which its membership will be reconstituted by the Regional Committee. Representation on the MCF will be reflective of the WHO sub regional groupings.

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

The MCF will be responsible for:

- (a) Setting and advising on the strategic direction of the APHEF;
- (b) Periodic review of the operation of the APHEF to ensure that its activities are in line with its founding Resolutions;
- (c) Reviewing and reporting on financial and technical reports of the APHEF and presenting the same to the Regional Committee;
- (d) Advising the Regional Committee on proposed changes to the strategic direction of the APHEF.

The MCF will meet once yearly or more frequently if the need arises.

The Technical Review Group (TRG)

The TRG will consist of five WHO Staff members with alternates, all based in the Regional Office. The members, appointed by the Regional Director, must be experts in the fields of epidemic and pandemic-prone diseases, emergencies, health systems, health promotion and budget and finance management.

The TRG will be responsible for:

- (a) reviewing and evaluating all proposals received in line with set criteria (Annex 1);
- (b) recommending funding of proposals to the Regional Director;
- (c) communicating deficiencies in proposals to Member States through the APHEF Secretariat and WHO country offices;

- (d) continuous review of evaluation criteria with a view to recommending improvements to the Regional Director and MCF;
- (e) reviewing technical and financial reports received from funded proposals;
- (f) contributing to the preparation of regular technical and financial reports.

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 response to requests, the TRG is expected to complete the review of proposals within one working day of receiving such proposal to allow for prompt disbursement of funds within three working days. The TRG may request expert advice and participation from outside the WHO Regional Office if necessary.

The APHEF Secretariat (APHEF-SEC)

The APHEF-SEC shall consist of the following three members of staff of the WHO Regional Office duly appointed by the Regional Director: the Fund Manager, the Administrative and Finance Officer/Assistant and a Secretary. The APHEF-SEC shall report to the Regional Director.

The APHEF-SEC will be responsible for:

- (a) Day-to-day management of the affairs of the APHEF including:
 - (i) Drafting and forwarding of relevant correspondences;
 - (ii) Receipt of proposals and convening of TRG meetings;
 - (iii) Keeping-up-to date, relevant, technical, financial and other records of the APHEF;
 - (iv) Processing of disbursements for approved proposals;
 - (v) Follow-up action pending technical and financial reports from funded proposals;
 - (vi) Follow up with Member States on payment of yearly contributions;
 - (vii) Follow up on all pending issues concerning the APHEF;
 - (viii) Organizing meetings of the MCF;
 - (ix) Supporting Member States through the WHO country office network in preparing proposals and monitoring and evaluating funded response activities.
- (b) Preparation of periodic technical and financial reports for review and use by the TRG and MCF.
- (c) Preparation and follow-up of resource mobilization proposals including arrangement of meetings with donors and Member States on resources requested.

ANNEX 4

ALTERNATIVE PROPOSAL FOR A REDUCED FUNDING

The Table below shows the contributions payable by each Member State under scenarios 1, 2, 3, and 4 if the total yearly funding of APHEF is assumed to be US\$ 50 million.

Member State	Scenario 1		Scenario 2		Scenario 3		Scenario 4		
	UN methodology		GDP Proportion		Flat Rate		GDP + Flat Rate		
	%	US\$	%	US\$	%	US\$	50% Flat rate	50% GDP Basis	US\$
Algeria	19.74	9 868 183	13.64	6 819 947	2.17	1 086 957	543 478.26	3 409 973	B
Angola	3.50	1 750 590	7.36	3 681 258	2.17	1 086 957	543 478.26	1 840 629	2 384 108
Benin	0.81	406 098	0.56	278,600	2.17	1 086 957	543 478.26	139 300	682 778
Botswana	1.80	900 155	1.07	536 307	2.17	1 086 957	543 478.26	268 153	811 632
Burkina Faso	0.77	384 845	0.74	372 038	2.17	1 086 957	543 478.26	186 019	729 497
Burundi	0.01	5000	0.13	63 022	2.17	1 086 957	543 478.26	31 511	574 989
Cameroon	3.23	1 616 162	1.88	938 762	2.17	1 086 957	543 478.26	469 381	1 012 859
Cape Verde	0.20	101 055	0.13	67 483	2.17	1 086 957	543 478.26	33 742	577 220
Central African Republic	0.16	82 482	0.18	90 650	2.17	1 086 957	543 478.26	45 325	588,803
Chad	0.37	183 555	0.65	325 705	2.17	1 086 957	543 478.26	162 853	706 331
Comoros	0.07	34 491	0.05	23 896	2.17	1 086 957	543 478.26	11 948	555 426
Congo	0.81	403 568	1.02	509 837	2.17	1 086 957	543 478.26	254 918	798 397
Cote d'Ivoire	3.09	1 542 897	1.92	960 298	2.17	1 086 957	543 478.26	480 149	1 023 627
D R Congo	0.01	5000	0.01	5406	2.17	1 086 957	543 478.26	2703	546 181
Equatorial Guinea	0.77	386 822	1.25	624 082	2.17	1 086 957	543 478.26	312 041	855 519
Eritrea	0.01	5000	0.19	96 699	2.17	1 086 957	543 478.26	48 350	591 828
Ethiopia	0.01	5000	2.65	1 327 403	2.17	1 086 957	543 478.26	663 702	1 207 180
Gabon	1.45	725 638	1.08	538 967	2.17	1 086 957	543 478.26	269 483	812 962
Gambia	0.07	35 172	0.01	4462	2.17	1 086 957	543 478.26	2 231	545 709
Ghana	1.78	890 116	1.55	774 708	2.17	1 086 957	543 478.26	387 354	930 832
Guinea	0.42	211 330	0.37	186 362	2.17	1 086 957	543 478.26	93 181	636 659
Guinea-Bissau	0.01	5000	0.07	35 393	2.17	1 086 957	543 478.26	17 697	561 175
Kenya	3.69	1 846 717	2.78	1 390 725	2.17	1 086 957	543 478.26	695 363	1 238 841
Lesotho	0.34	167 625	0.15	77 179	2.17	1 086 957	543 478.26	38 590	582 068
Liberia	0.01	5000	0.08	41 914	2.17	1 086 957	543 478.26	20 957	564 435
Madagascar	0.63	317 316	0.07	35 737	2.17	1 086 957	543 478.26	17 868	561 347
Malawi	0.01	5000	0.43	216 007	2.17	1 086 957	543 478.26	108 004	651 482
Mali	0.80	397 845	0.78	389 413	2.17	1 086 957	543 478.26	194 707	738 185
Mauritania	0.39	193 476	0.30	149 553	2.17	1 086 957	543 478.26	74 777	618 255
Mauritius	1.27	634 709	0.81	404 429	2.17	1 086 957	543 478.26	202 214	745 693
Mozambique	0.64	319 466	0.88	438 106	2.17	1 086 957	543 478.26	219 053	762 531
Namibia	1.44	721 231	0.98	491 261	2.17	1 086 957	543 478.26	245 630	789 109
Niger	0.01	5000	0.48	240 375	2.17	1 086 957	543 478.26	120 187	663 666
Nigeria	22.00	11 000 000	17.73	8 866 115	2.17	1 086 957	543 478.26	4 433 058	4 976 536
Rwanda	0.01	5 000	0.49	244 236	2.17	1 086 957	543 478.26	122 118	665 596
Sao Tome and Principe	0.01	7010	0.02	8023	2.17	1 086 957	543 478.26	4011	547 490
Senegal	1.72	860 613	1.09	542 999	2.17	1 086 957	543 478.26	271 500	814 978
Seychelles	0.17	83 000	0.08	39 426	2.17	1 086 957	543 478.26	19 713	563 191
Sierra Leone	0.01	5000	0.16	81 555	2.17	1 086 957	543 478.26	40 778	584 256
South Africa	22.00	11 000 000	30.41	15 204 754	2.17	1 086 957	543 478.26	7 602 377	8 145 855
Swaziland	0.52	260 855	0.27	135 782	2.17	1 086 957	543 478.26	67 891	611 369
Tanzania	1.88	938 339	1.47	734 510	2.17	1 086 957	543 478.26	367 255	910 733
Togo	0.24	121 544	1.92	962 444	2.17	1 086 957	543,478.26	481 222	1 024 700
Uganda	1.30	648 075	0.26	131 878	2.17	1 086 957	543,478.26	65 939	609 417
Zambia	1.26	630 517	1.35	673 161	2.17	1 086 957	543 478.26	336 581	880 059
Zimbabwe	0.56	278 504	0.48	239 131	2.17	1 086 957	543 478.26	119 565	663 044
Grand Total	100.00	50 000 000	100.00	50 000 000	100.00	50 000 000	25 000 000.00	25 000 000.00	50 000 000.00

TOTAL YEARLY CONTRIBUTION = US\$ 50 Million

RESOLUTION

FRAMEWORK DOCUMENT FOR THE AFRICAN PUBLIC HEALTH EMERGENCY FUND (APHEF) (Document AFR/RC61/4)

The Regional Committee,

Having carefully examined the framework document for the African Public Health Emergency Fund (Document AFR/RC61/4);

Reaffirming its commitment to implementing Resolution AFR/RC60/R5 approving the creation of the African Public Health Emergency Fund;

Cognizant of the need to operationalize the APHEF and ensure sustained contributions of Member States to the Fund;

Taking into consideration the recommendations of the technical working group comprising representatives from ministries of health and ministries of finance of countries in the African Region, *the coordinating organization for the fight against endemic diseases in Central Africa* (OCEAC), African Development Bank (AfDB) and the WHO Secretariat, which was set up to elaborate on the principles of financial contributions by Member States, including the criteria and modalities thereof, as well as the governance of the APHEF;

1. ADOPTS the Framework document for the African Public Health Emergency Fund (Document AFR/RC61/4);
2. APPROVES the governance structure of the APHEF including the Monitoring Committee of the Fund, the Technical Review Group and the APHEF Secretariat, in line with the terms of reference specified in the framework document;
3. APPROVES also the proposed composition of the Monitoring Committee of the Fund which includes three sitting ministers of health, three sitting ministers of finance and the chairperson of the Programme Subcommittee as an *ex-officio* member, and the modalities of appointment to membership;
4. ENDORSES the designation of the African Development Bank (AfDB) as the Trustee for the management of contributions to the APHEF and the domiciliation of a Revolving Fund with a limit of US\$ 30 million within the WHO Regional Office for Africa in line with the modalities set out in the framework document;
5. APPROVES the amount of US\$ 50 million as the total annual recommended voluntary contributions of Member States to the APHEF;
6. ADOPTS the use of the United Nations methodology presented as scenario 1 in the framework document as the basis for Member States' recommended voluntary yearly contributions to the APHEF;
7. URGES Member States:
 - (a) to ensure the creation of a budget line in national budgets for yearly contributions to the APHEF;

- (b) to continue to advocate for the sustenance of the APHEF with the African Union, regional economic communities, and at national and international levels;
8. REQUESTS the Regional Director:
- (a) to set up the operations of the APHEF including drawing up the operational manual governing its effective functioning;
 - (b) to negotiate with the *AfDB* on the instrument for the management of APHEF;
 - (c) to continue advocacy with Heads of State and Government, the African Union and regional economic communities to ensure that the current resolution is introduced to the AU for endorsement by the Heads of States;
 - (d) to report to the Sixty-second session of the Regional Committee for Africa, and on regular basis thereafter, on the operations of the APHEF.