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WHO PROGRAMME BUDGET 2012-2013: ORIENTATIONS FOR IMPLEMENTATION IN THE AFRICAN REGION

Report of the Secretariat

Executive Summary

1. This document takes into consideration the health priorities of the African Region and proposes orientations for the implementation of WHO Programme Budget for the biennium 2012-2013.

2. The Programme Budget is structured around 13 Strategic Objectives and related Organization-Wide Expected Results defined in the WHO Medium-Term Strategic Plan 2008-2013. Budgetary resources have been allocated to each Strategic Objective and Organization-Wide Expected Result.

3. The World Health Assembly has adopted the overall WHO Programme Budget for the biennium 2012-2013 totalling US$ 3 958 979 000. The African Region has been allocated a share of US$ 1 093 066 000 (28%). This budget will be funded through assessed contributions (19%) and voluntary contributions (81%).

4. Taking into consideration the global financial crisis, the budget for the African Region has been reduced compared with US$ 1 193 940 000 in 2008-2009 and US$ 1 262 864 000 in 2010-2011. Therefore, the budget for 2012-2013 is lower than that of 2008-2009 by 8.4% and that of 2010-2011 by 13.4%.

5. The reduced Programme Budget implies a drastic reduction in the level of support to regional priorities and MDG-related programmes such as HIV/AIDS, tuberculosis and malaria; health systems; maternal, newborn and child health; health promotion and primary prevention of diseases including noncommunicable diseases.

6. The Regional Committee noted and adopted the proposed orientations.

CONTENTS

ANNEX

INTRODUCTION

1. The Proposed Programme Budget 2012-2013 is for the last biennium of the Medium-Term Strategic Plan (MTSP) 2008–2013. The orientation of the 128th session of the Executive Board was to revise the budget, based on realistic estimates of income and expenditures taking into account the lessons learnt from the implementation of the Programme Budgets 2008-2009 and 2010-2011 with clearly defined results chain and outcomes. The level of the budget presented has been revised to take into account the current financial situation which is affected by the global financial crisis. Compared with the two previous biennia, 2008-2009 and 2010-2011, the Programme Budget 2012-2013 has decreased by 8.4% and 13.4% respectively.

2. Based on the recommendation of the 128th session of the Executive Board, the World Health Assembly, in May 2011, adopted Resolution WHA64.3 entitled: *Appropriation resolution for the financial period 2012-2013*. This resolution allows WHO offices at all levels to formulate work plans for the biennium 2012-2013. The work plans for the African Region will be based on the priorities identified by Member States in their national health development plans, in WHO Country Cooperation Strategies (CCS), and in regional priorities set out in the document entitled *Achieving Sustainable Health Development in the African Region: Strategic Directions for WHO 2010-2015*.

3. Due to the decrease in the budget for the African Region, the focus on supporting Member States to implement their priorities will require increased effort to mobilize resources and work in collaboration with other partners. Thus, the Regional Office (AFRO) will preserve the decentralized policy of supporting country requests within the limits of available resources.

4. This document briefly describes the health priorities of the African Region and proposes orientations for the implementation of the WHO Programme Budget for the biennium 2012-2013.

PRIORITIES

Global priorities

5. The implementation of this Programme Budget will take cognisance of the fact that only three years are left before the review of Millennium Development Goals in 2015. The last major United Nations High-Level Plenary Meeting held in September 2010 on the MDGs reviewed the progress made. In WHO, the findings of the 2010 review are being drawn upon to inform policy direction, specify areas where progress is inadequate and indicate areas where WHO energies should be directed.

6. Concerning the MDGs related to maternal and child health, the work of WHO will focus on high-burden countries. The method of operation will be through agreed collaboration and coordination with other agencies of the United Nations and other development partners. In addition, progress must be sustained to tackle the vaccine-preventable childhood diseases, with special emphasis on the eradication of polio. As defined in the MTSP, HIV/AIDS, tuberculosis and malaria remain among global priorities.

7. Cardiovascular diseases, cancer, diabetes, chronic lung disease and other noncommunicable diseases are currently responsible for 60% of all deaths globally.[1] Many of these deaths are premature and occur in low- and middle-income countries. Although affordable evidence-based interventions exist and can effectively reduce morbidity, disability and premature deaths even in

[1] Preventing chronic diseases: A vital investment, WHO Report, 2005.

low-income countries, the global burden of noncommunicable diseases continues to grow, with serious implications for health and socioeconomic development.

8. WHO support to countries will reflect national needs and circumstances. It should be of such quality to demonstrate WHO leadership and value in health. A central concern during the biennium will be the review and alignment of the distribution of functions across the three levels of the Organization. This is particularly critical in priority areas such as the development of national policies and strategies.

Regional priorities

9. National health systems in the Region will require increased and sufficient financing for health, with pooling of resources and sharing of financial risk; a well-trained and adequately remunerated workforce; establishment/implementation of the Health Workforce Observatory at regional and country levels; well-maintained facilities including laboratories organized as part of a referral network; and leadership that provides clear direction and draws on the potential of all stakeholders with a special focus on communities. All interventions will be informed by the African Health Observatory established at the Regional Office and aimed at analyzing data and providing information on health outcomes and trends.

10. Maternal mortality is one of Africa's most tragic health problems, hence the commitment to reduce it by three quarters between 1990 and 2015 (MDG5). Recent estimates of maternal mortality have shown that only two countries in the Region have made progress towards achieving the MDG5 target.[2] Regarding MDG4 on child mortality reduction, only seven countries[3] in the Region are on track to achieve the set goal. Success in improving the health of women, newborns, and young children will require a continuum of public health interventions ranging from the community level throughout the health system and across the life course, with concomitant efforts to strengthen health delivery systems and address the broader social and economic determinants of women's health.

11. Malaria, HIV/AIDS and tuberculosis significantly contribute to the burden of communicable diseases in the Region. Despite the reduction in the number of cases and deaths in health facilities in certain countries, malaria still accounts for an estimated 17% of under-five mortality in the Region. HIV prevention programmes have not yet adequately reached the vulnerable groups including women and youths, and the most at-risk populations such as sex workers, injecting drug users and prisoners. Thus the need to intensify HIV prevention efforts in order to reduce the number of new infections remains. Trends in tuberculosis cases detected and cured under the Directly-Observed Treatment, Short course (DOTS) indicate that Member States in the WHO African Region are unlikely to achieve the 2015 MDG targets for tuberculosis.

12. The resurgence and continued circulation of wild poliovirus are associated with low population immunity as a result of failure to sustain high coverage of routine immunization. The implementation of measles control strategies in the African Region led to a 92% reduction in estimated measles deaths by 2008, but constraints in sustaining immunization service performance remain in some countries. In order to eradicate polio and eliminate measles, there is need for sustained action that produces the desired results including increasing routine immunization coverage and providing additional opportunities for immunization. The Reaching-Every-District (RED) approach is an important tool for addressing immunization performance gaps and strengthening the management of immunization and other health services at the district level.

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[2] WHO, UNICEF, UNFPA, World Bank, Trends in maternal mortality; 1980 to 2008, Geneva 2010.
[3] Algeria, Cape Verde, Eritrea, Liberia, Madagascar, Mauritius and Seychelles.

13. Millions of people living in the African Region are suffering from or threatened by epidemic-prone diseases such as cholera, cerebrospinal meningitis, viral haemorrhagic fevers and, more recently, Pandemic Influenza A (H1N1) 2009. A significant number of emerging diseases originate from animals, making the animal–human interface a critical source of diseases that have potential public health implications at global level. In addition, natural disasters and social unrests continue to cause displacements in many countries. The impact of climate change which increases droughts, floods and cyclones is leading to deaths, food crises, malnutrition and destruction of housing and social infrastructure including health facilities. All these have direct and indirect impact on the disease burden and health care delivery, and negatively affect the attainment of MDGs.

14. Neglected tropical diseases (NTDs) including Buruli ulcer, leprosy, human African trypanosomiasis, schistosomiasis, onchocerciasis, soil-transmitted helminthiasis, lymphatic filariasis and dracunculiasis affect an estimated one billion people worldwide and Africa bears the highest burden. The Community-Directed Treatment with Ivermectin (CDTI) has been effective even in resource-constrained communities. The use of the CDTI approach could be promoted for the delivery of other public health interventions.

15. The Region has been experiencing an accelerated increase in noncommunicable diseases (NCDs) including violence and injuries, adding to the already huge burden of communicable diseases. If no steps are taken, NCDs will account for at least 50% of the causes of mortality in the African Region by 2020.[4] The Commission on Social Determinants of Health in 2008 called for action in three main areas: (i) improving the daily living conditions of people; (ii) tackling the inequitable distribution of power, money and resources; (iii) measuring and understanding the problem and assessing the impact for action. Despite these recommendations, governance and the social and economic forces that shape risk factors and key determinants of health including safe water, sanitation and healthy environments are not being addressed in a systematic manner in the Region.

16. In addition to the key priorities, Member States and partners in the African Region have endorsed three major declarations: (i) the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa: achieving better health for Africa in the new millennium; (ii) the Algiers Declaration on research for health; (iii) the Libreville Declaration on health and environment in Africa and (iv) the Brazzaville Declaration on Non-Communicable Diseases. These declarations urge Member States to strengthen their health systems using the Primary Health Care approach; to make every effort in resource mobilization in line with the 2005 Paris Declaration and the Accra Agenda for Action on Aid Effectiveness; and to establish a health-and-environment strategic alliance as the basis for plans of joint action.

17. In the African Region, the adoption of various declarations and calls for action has fostered consensus for the health agenda. Building on these and other achievements, the WHO Strategic Directions for achieving sustainable health development in the African Region over the period 2010–2015 were formulated to sustain gains and tackle current, emerging and re-emerging priorities. The Strategic Directions are, therefore, action-oriented, aimed at improving health outcomes in the Region. Guided by WHO core functions, the Strategic Directions emphasize six priority areas: (i) continued focus on WHO's leadership role in the provision of normative and policy guidance as well as strengthening partnerships and harmonization; (ii) supporting the strengthening of health systems based on the primary health care approach; (iii) putting the health of mothers and children first; (iv) accelerated actions on HIV/AIDS, malaria and tuberculosis; (v)

[4] Preventing chronic diseases: A vital investment, WHO Report, 2005.

intensifying the prevention and control of communicable and noncommunicable diseases; (vi) accelerating response to the determinants of health.

18. As directed by its governing bodies, WHO will continue to provide leadership for health at regional and country levels through enhanced provision of normative and policy guidance on key public health issues such as strengthening local health systems, health financing and social protection, community interventions and universal access to health care. New strategic alliances will, therefore, be forged and existing partnerships strengthened within and outside the UN system including with the African Union, regional economic communities (RECs) and global health initiatives. WHO will create opportunities to promote partnerships with bilateral donors and prioritize adding value to their work in the African Region. Collaboration with development partners to support the positioning of health in macroeconomic planning and resource allocation processes will receive increased attention, including intensifying resource mobilization and exploring innovative financing mechanisms.

19. All these priorities are set forth in the Country Cooperation Strategies (CCSs) and in the document entitled *Achieving Sustainable Health Development in the African Region: Strategic Directions for WHO 2010–2015*.

LESSONS LEARNT

20. The implementation of previous Programme Budgets shows a steady increase in voluntary contributions, often earmarked, and no increase in assessed contributions. However, the projected shortfall in income for the biennium 2010-2011 has driven the reduction of the budget for the biennium 2012-2013, affecting voluntary contributions significantly. The intention is to make the budget more realistic in order to improve its credibility. However, the high degree of uncertainty of voluntary contributions will remain.

21. Past experience has shown that unforeseen expenditures due to unforeseen needs always occur in the implementation of the Programme Budget. It is therefore necessary for the Director-General and the Regional Director to withhold a proportion of the Assessed Contributions at the beginning of the biennium. Those funds are meant to be released during the second year of the biennium.

22. In the African Region, very few countries are on track to achieve the Millennium Development Goals. There is therefore need to enhance and sustain political commitment and advocacy to increase income to fund the health sector; realize effective intersectoral collaboration; enhance awareness and response to key determinants of health; and promote the scaling up of essential and high-impact health interventions related to priority health problems.

23. In countries, the achievement of health-related goals depends on the availability of sufficient resources, and their optimal use to provide high quality services that are equitably accessible. Thus, the role of national leadership and good governance in pooling together all stakeholders and providing clear direction is critical.

24. The focus of the Millennium Development Goals on achieving quantitative, time-bound goals has been a stimulus to measurement of results and progress. This focus has also revealed serious shortcomings in the capacity of countries to generate statistics and other health information.

PROGRAMME-BUDGET 2012-2013

25. The Programme-Budget 2012-2013 is founded on the principles of result-based management and integration. The WHO Secretariat has refined the Medium-Term Strategic Plan 2008–2013 indicators and targets for some Organization-wide Expected Results (OWERs) for the biennium 2012-2013.

26. While the proportion of the overall WHO budget allocated to the African Region for 2012-2013 has remained the same at 28% as compared with 2010-2011, the total budget for the African Region has decreased to US$ 1 093 066 000 (Table 1), compared with US$ 1 193 940 000 in 2008-2009 and US$ 1 262 864 000 in 2010-2011. The reduction in the budget is based on the level of implementation of the budget for the biennium 2008-2009, and on realistic projections of resources expected in 2012-2013. Therefore, the proposed Programme Budget for 2012-2013 is lower than that of 2008-2009 by 8.4% and that of 2010-2011 by 13.4%.

27. The WHO Programme Budget is composed of three budget segments, namely: (i) The Base Programmes, covering activities for which WHO has exclusive budget control; (ii) Special Programmes and Collaborative Arrangements (SPA), which WHO is executing in collaboration with partners; and (iii) Outbreak and Crisis Response (OCR), covering WHO response to external events, be they natural or man-made.

28. The distribution of the budget across the three segments is as follows: US$ 640 250 000 for Base Programmes, US$ 371 630 000 for SPA and US$ 81 186 000 for OCR. In terms of source of financing, 19% of the budget will be funded by Assessed Contributions and 81% should be mobilized through Voluntary Contributions which are very often not assured and not flexible as they are usually earmarked for specified programmes.

29. The distribution of the budget across the 13 Strategic Objectives (SOs) is a matter of concern compared with the budget for 2008-2009 for which the income and expenditures were well known. There has been a substantial reduction in allocations to some SOs namely SOs 2, 3, 4, 6, 8, 9, 10, 12, and 13. The decrease in budget allocation ranges from 6.1% to 73.3%. The SOs with the highest decrease in budget are those covering nutrition and food safety (-73.3%); health systems (-49.6%); AIDS, TB and malaria (-39.3%); administration and finance (-38.7%); child and maternal health (-33.4%); healthier environment (-32.2%); and health promotion and risk factors (-20.7%). These reductions will affect the implementation of activities in top priority areas in the Region, namely health systems strengthening; prevention and control of HIV/AIDS, TB and malaria; and child and maternal health. Furthermore, as can be noted, there is a very large reduction in the budget for SO9 related to nutrition and food safety which is a critical component of child mortality reduction.

30. The reduction in the budget for SO12 which deals with WHO global leadership in health as well as partnership and resource mobilization is also a matter of concern. This strategic objective represents areas that require additional capacity and effectiveness as WHO navigates through an increasingly crowded international health development arena, especially at country level.

31. However, a few strategic objectives, namely SO1 on communicable diseases, SO5 on emergencies and disasters, SO7 on social and economic determinants of health, and SO11 on medical products and technologies, will have an increase in budgetary allocation of 53.1%, 38.2%, 17.9%, and 14.3% respectively. Furthermore, a breakdown of SO1 by OWER would reveal a very significant level of Polio funding in this strategic objective under the SPA segment of the budget.

32. For these strategic objectives, the increase is consistent with needs in the Region – the heavy burden of communicable diseases, the high percentage of Member States affected by emergencies and humanitarian crises of various types, the importance of social and economic determinants of health in the Region, and the extremely limited access to medical products and technologies.

33. Overall, the allocation of the budget to WHO country offices as a whole and the Regional Office by source of financing is set forth in Table 2 in the Annex. Details of the budget allocation to countries are provided in Table 3 (see Annex). WHO country offices have been allocated a portion of 66% of the regional budget and the allocation to the Regional Office including the Intercountry Support Teams represents 34% of the regional budget. The funding of intercountry allocations is earmarked to be spent in direct support to countries. Thus, the proportion of the real budget allocation to the Regional Office is actually less than 34%.

GUIDING PRINCIPLES FOR IMPLEMENTATION

34. Generally, the implementation of the Programme Budget should be guided by core principles such as the use of the results-based management approach, the decentralization policy, the accountability of both Member States and the WHO Secretariat vis-à-vis the Governing Bodies and the strengthening of partnerships for health in the Region.

35. Furthermore, based on the structure of the Medium-Term Strategic Plan which provides the advantages of stability and comparability, three key themes have been defined to drive the implementation of the Programme Budget 2012-2013:

(a) Integration of WHO action across programmes and levels of the Organization that has become increasingly clear, preventing the 13 strategic objectives from functioning as artificial silos;

(b) Continuity throughout the biennium, translating into using lessons learnt from the performance assessment report of the Programme Budget 2008–2009, and from scaling up interventions that have proved their relevance and effectiveness;

(c) Change based on new directions and priorities as articulated by the country cooperation strategies, and established by World Health Assembly resolutions.

36. The work of the Organization will continue to be informed by the goals and values set out in the WHO Constitution. The implementation of the Programme Budget 2012-2013 will, in addition, be driven by the WHO reform agenda. The agenda for reform is organised in seven sections. The first (section1) focuses on five areas of core business which correspond closely to the core functions set out in the General Program of Work. The second section focuses on increased organizational effectiveness. The third section deals with stronger results-based planning, management and accountability. The fourth section relates to human resources policy and management. Section five deals with financing, resource mobilization and strategic communications. The last two sections focus on how reforms will strengthen effectiveness at country level (section 6) and WHO’s role in global health governance (section 7). In the African Region, provision of technical support to countries needs to be retained as a priority within the global WHO reform process.

ROLES AND RESPONSIBILITIES

37. Countries are expected to engage in the implementation of priority activities, in line with their national health plans, Country Cooperation Strategies and agreed Strategic Objectives of the Medium-Term Strategic Plan 2008–2013. In order to mitigate the impact of the global financial crisis, Member States would have to advocate for a clear collective commitment to ensure adequate funding for effective implementation of the Programme Budget in order to address key priorities through new and innovative financing mechanisms such as the African Public Health Emergency Fund.

38. With the implementation in the Region of the Global Management System (GSM), which is a new WHO managerial tool, the WHO Secretariat should develop realistic operational plans and observe greater budget discipline in the implementation of the Programme Budget. Emphasis should be placed on support to countries and increased efforts at advocacy and resource mobilization to fund the Programme Budget. The decentralization policy in the context of increased delegation of authority should be implemented on sustained basis.

CONCLUSION

39. For the biennium 2012-2013, the African Region will be allocated an overall budget of US$ 1 093 066 000, which represents a significant decrease compared with the Programme Budgets for 2008-2009 and 2010-2011. This decrease will have obvious implications for WHO staffing and activities. Concerning support to Member States in the Region, the proposed programme budget implies a drastic reduction of support to countries in HIV/AIDS, TB and malaria; health systems; maternal, newborn and child health; health promotion and primary prevention including for NCDs, most of which are MDG areas.

40. The Regional Committee noted and adopted the proposed orientations for the implementation of the Programme Budget 2012-2013 in the African Region.

ANNEX

The Annex comprises three tables, namely, Table 1, Table 2 and Table 3 as presented below.

Table 1: WHO Organization-wide Budget by Strategic Objective and Major Office, PB 2012-2013 (US$ million)

Strategic Objectives	AFRO	AMRO	SEARO	EURO	EMRO	WPRO	HQ	Total
1. Communicable diseases	484 082	27 463	129 118	24 008	169 361	59 631	384 467	1 278 130
2. HIV/AIDS, Tuberculosis and Malaria	147 467	20 136	76 291	21 200	57 920	46 622	170 662	540 298
3. Chronic non-communicable conditions	18 948	9 771	11 537	16 500	7 818	12 353	36 836	113 763
4. Child, adolescent and mother health and aging	77 084	13 281	13 581	10 900	8 384	10 587	84 489	218 306
5. Emergencies and disasters	91 271	11 711	38 390	11 323	177 774	8 235	43 324	382 028
6. Risk factor for health	20 286	9 116	13 038	14 500	10 580	12 817	41 918	122 255
7. Social and economic determinants of health	10 746	3 191	2 493	5 900	5 193	0 882	14 384	42 789
8. Healthier environment	12 719	8 710	9 376	15 500	6 308	7 461	26 751	86 825
9. Nutrition, and food safety	10 633	4 511	4 097	6 000	2 629	5 372	21 656	54 898
10. Health systems and services	71 791	29 738	36 439	30 500	38 847	35 873	104 905	348 093
11. Medical products and services	25 823	7 349	6 208	3 000	8 658	10 750	75 495	137 283
Total for technical SOs	**970 850**	**144 977**	**340 568**	**159 331**	**493 472**	**210 583**	**1 004 887**	**3 324 668**
12. WHO leadership, governance, and partnerships	45 968	10 909	12 986	27 500	25 010	15 410	119 787	257 570
13. Enabling and support functions	76 248	17 230	30 655	26 500	35 029	19 753	171 326	376 741
Total SOs 12-13	**122 216**	**28 139**	**43 641**	**54 000**	**60 039**	**35 163**	**291 113**	**634 311**
Grand total	**1 093 066**	**173 116**	**384 209**	**213 331**	**553 511**	**245 746**	**1 296 000**	**3 958 979**
%	***28%***	***4%***	***10%***	***5%***	***14%***	***6%***	***33%***	***100%***

Table 2: Total Budget allocations to the WHO African Region, breakdown for Regional Office and Country Offices by Strategic Objectives and source of financing, PB 2012-2013 (US$ 000)

SO	Regional Office + ISTs			Country			Total		
	AC	VC	Total	AC	VC	Total	AC	VC	Grand Total
SO 1	7225	122 571	129 796	13 594	340 692	354 286	20 819	463 263	484 082
SO 2	5858	55 569	61 427	5827	80 213	86 040	11 685	135 782	147 467
SO 3	4375	3622	7997	6692	4259	10 951	11 067	7881	18 948
SO 4	7382	22 217	29 599	13 679	33 806	47 485	21 061	56 023	77 084
SO 5	2306	19 725	22 031	1994	67 246	69 240	4300	86 971	91 271
SO 6	4364	4043	8407	6986	4 893	11 879	11 350	8936	20 286
SO 7	3219	1737	4956	3110	2680	5790	6329	4417	10 746
SO 8	1994	2930	4924	4079	3716	7795	6073	6646	12 719
SO 9	2345	2828	5173	3443	2017	5460	5788	4845	10 633
SO 10	10 865	15 005	25 870	14 949	30 972	45 921	25 814	45 977	71 791
SO 11	3071	5492	8563	3533	13 727	17 260	6604	19 219	25 823
SO 12	5455	9194	14 649	31 319	0	31 319	36 774	9194	45 968
SO 13	18 213	31 451	49 664	23 723	2861	26 584	41 936	34 312	76 248
TOTAL	76 672	296 385	373 057	132 928	587 081	720 009	209 600	883 466	1 093 066

Table 3: Budget allocation to countries by source of financing, WHO African Region, PB 2012-2013 (US$ 000)

	TOTAL AC	TOTAL VC	TOTAL AC+VC
	132 928	587 081	720 009
Withholding (3% for AC & 20% for VC)	3988	117 416	121 404
Net for Workplans	128 940	469 665	598 605

Country			
Algeria	1947	667	2614
Angola	3550	35 852	39 402
Benin	2562	4062	6624
Botswana	2101	1271	3372
Burkina Faso	3188	11 775	14 964
Burundi	3104	5816	8921
Cameroon	2475	2409	4884
Cape Verde	2199	745	2944
Central African Republic	2820	2300	5120
Chad	3121	5043	8164
Comoros	2530	1055	3585
Congo	2377	3196	5573
Congo - Democratic Republic	3600	55 370	58 971
Côte d'Ivoire	2433	5452	7885
Equatorial Guinea	1841	1184	3025
Eritrea	2411	5475	7886
Ethiopia	4945	53 511	58 456
Gabon	2038	1903	3941
Gambia	2201	3100	5302
Ghana	2422	7775	10 197
Guinea	3108	5039	8147
Guinea-Bissau	2417	752	3169
Kenya	2973	16 764	19 736
Lesotho	2569	2329	4897
Liberia	2848	4197	7045
Madagascar	2778	14 333	17 111
Malawi	2883	12 331	15 214
Mali	3367	4018	7385
Mauritania	2681	3437	6119
Mauritius	1691	646	2337
Mozambique	3417	9741	13 158
Namibia	2204	1983	4187
Niger	3394	6989	10 383
Nigeria	4688	73 208	77 896
Reunion	204	0	204
Rwanda	3220	5590	8810
Saint Helena	147	0	147
Sao Tome and Principe	1876	637	2512
Senegal	2640	4 072	6712
Seychelles	1603	520	2123
Sierra Leone	2837	10 989	13 826
South Africa	3890	7450	11 341
Swaziland	2178	3860	6038
Tanzania - United Republic	3472	25 638	29 109
Togo	2459	2896	5354
Uganda	3155	11 926	15 081
Zambia	3276	9415	12 691
Zimbabwe	3100	22 943	26 043
TOTAL	128 940	469 665	598 605