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

Report of the Regional Director

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 resolution specifically requests the Regional Director to facilitate the creation of the Fund by:
 - (a) developing the justification for and terms of reference of the Fund including the use of WHO financial management systems;
 - (b) consulting the African Union Commission on the establishment of the Fund and advocating to the heads of state and government on the need to contribute to the Fund;
 - (c) proposing to Member States their minimum contribution to the Fund;
 - (d) creating a rotational advisory committee to advise the Regional Director on the utilization of the funds raised;
 - (e) continuing to collaborate with the African Union and the regional economic communities in strengthening disease surveillance in the African Region;
 - (f) to report to the Sixtieth Regional Committee and on a regular basis, thereafter, on the progress being made.
3. This document proposes a framework for the setting up of the Fund including guiding principles, financing mechanisms and core structures.
4. The Regional Committee is invited to review and endorse this proposed 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, 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. In 2009, all 46 countries of the African Region reported at least one emergency. In 2008 there were over 12 million refugees and Internally Displaced Persons¹ compared to about six million in 1997.² In 2009,³ in the horn of Africa, 23 million people required humanitarian food assistance while flooding occurred in 26 countries, affecting over 1.5 million people.

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 2008, 82% of cholera cases reported to WHO (i.e. 691 290 out of 838 840 cases) worldwide and 85% of globally reported cholera deaths (i.e. 17 043 out of 20 093 deaths) were from countries in Africa.⁴ Gaps in the provision of timely and appropriate case management have been noted in some African countries, contributing to the more than 10% of ensuing mortality. Over the same five-year period, 170 927 meningitis cases and 18 117 related deaths (representing a case fatality ratio of 11%) were reported from Africa.⁵

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, assuming life expectancies of 40, 53 and 73 years respectively.⁶

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 allocated insufficient resources to public 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

¹ UNHCR, 2008 Global Trends: Refugees, Asylum-seekers, Returnees, Internally Displaced and Stateless Persons, June 2009.

² UNHCR, Refugees and Others of Concern to UNHCR 1997 Statistical Overview, Geneva, July 1998.

³ OCHA, Humanitarian Snapshot October, 2009.

⁴ Data source: WHO Global Health Atlas, <http://apps.who.int/globalatlas/>.

⁵ Data source: WHO-Multi-Disease Surveillance Centre, Ouagadougou, Burkina Faso
<http://www.who.int/csr/disease/meningococcal/epidemiological/en/index.html>.

⁶ 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>.

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. This document sets out the framework for the establishment of the proposed Fund and the guiding principles for its operation.

JUSTIFICATION

8. 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 of viral haemorrhagic fevers, one outbreak costs as much as US\$ 15 million to provide adequate response. With an average of five outbreaks per year in the Region, estimated cost per year to provide adequate response is US\$ 75 million.

9. In the 2008-09 biennium, WHO raised and supported countries in the Region with a total amount of US\$ 90.3 million for response to emergencies and humanitarian crisis. This was in addition to resources provided by Member States.

10. In total, it is estimated that the yearly cost of responding to at least the three most important disease outbreaks and other public health emergencies in the Region is over US\$ 500 million. Though some countries are capable and do provide sufficient resources to prepare and respond, many others lack requisite resources and often request for external support when these outbreaks and emergencies occur.

NAME

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

ESTABLISHMENT OF THE FUND

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

PURPOSE OF THE FUND

13. The purpose of the Fund is to mobilize, manage and disburse additional resources from Member States for strengthening national and regional capacities and systems to identify, verify, notify and respond rapidly and effectively to epidemic and pandemic-prone diseases, the health impact of natural and man-made disasters, humanitarian crises, and other under-funded public health emergencies of national and international concern. This will make a 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

14. The guiding principles for the operations of the Fund 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 laid down 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) 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 on the availability of funds.
 - (e) Requests and proposals will be evaluated on the basis of set criteria taking into account public health emergency priorities and perceived effectiveness of interventions.
 - (f) The Scope of the Fund will cover requests and proposals which clearly demonstrate:
 - (i) direct impact of funding on the containment and prevention of the spread of epidemic and pandemic-prone diseases;
 - (ii) ability to save lives as a result of health interventions;
 - (iii) efforts to effectively prepare for and respond to public health emergencies;
 - (iv) impact of interventions on strengthening national and district health systems.
 - (g) The Fund will be utilized:
 - (i) to support requests directly received from Member States;
 - (ii) to implement activities contained in regional and country preparedness and response plans.

FINANCING

15. The Fund will be financed from agreed appropriations and voluntary contributions from Member States in line with Article 50(f) of the WHO Constitution.

16. Minimum yearly contributions from Member States have been determined as a percentage of each country's Gross Domestic Product (GDP) to the total GDP of countries of the African Region. In total, the proposed yearly contributions for the emergency fund will amount to US\$ 100 million. Minimum contributions for each Member State are indicated in the table below:

Minimum contribution from Member States in the African Region

Member States	2009 GDP in billions (US\$)	Percentage (%) of Regional GDP	Minimum annual contribution from Member States (US\$)
Algeria	134.797	13.49	13 491 019
Angola	69.708	6.98	6 976 653
Benin	6.401	0.64	640 637
Botswana	10.808	1.08	1 081 708
Burkina Faso	7.780	0.78	778 653
Burundi	1.410	0.14	141 118
Cameroon	21.820	2.18	2 183 832
Cape Verde	1.755	0.18	175 647
Central African Republic	1.983	0.20	198 467
Chad	6.974	0.70	697 986
Comoros	0.525	0.05	52 544
Congo	8.632	0.86	863 925
Côte d'Ivoire	22.909	2.29	2 292 824
DR Congo	11.104	1.11	1 111 332
Equatorial Guinea	11.175	1.12	1 118 438
Eritrea	1.694	0.17	169 542
Ethiopia	33.920	3.39	3 394 848
Gabon	10.936	1.09	1 094 518
Gambia	0.726	0.07	72 661
Ghana	14.761	1.48	1 477 339
Guinea	4.436	0.44	443 972
Guinea-Bissau	0.438	0.04	43 837
Kenya	30.212	3.02	3 023 737
Lesotho	1.624	0.16	162 536
Liberia	0.868	0.09	86 873
Madagascar	8.974	0.90	898 154
Malawi	4.909	0.49	491 312
Mali	8.757	0.88	876 435
Mauritania	3.241	0.32	324 372
Mauritius	9.156	0.92	916 369
Mozambique	9.654	0.97	966 211
Namibia	9.039	0.90	904 659
Niger	5.323	0.53	532 747
Nigeria	165.437	16.56	16 557 592
Rwanda	5.011	0.50	501 521
Sao Tome And Principe	0.189	0.02	18 916
Senegal	12.610	1.26	1 262 059
Seychelles	0.656	0.07	65 655
Sierra Leone	2.064	0.21	206 573
South Africa	277.379	27.76	27 761 192
Swaziland	2.929	0.29	293 146
Togo	2.771	0.28	277 333
Tanzania	22.159	2.22	2 217 761
Uganda	15.658	1.57	1 567 115
Zambia	12.293	1.23	1 230 332
Zimbabwe	3.556	0.36	355 899
Total	999.161	100	100 000 000

* GDP Source: International Monetary Fund (<http://imf.org/external/pubs/ft/weo/2009/02/weodata/index.aspx>).

17. WHO will be responsible for disbursements and reporting on the utilization of funds through its financial mechanisms. The African Development Bank (ADB) will be appointed as the fiscal agent for the Fund while a Revolving Fund with a limit of US\$ 20 million will be set up at the WHO Regional Office. Replenishments will be made to the Revolving Fund by ADB based on agreed criteria and procedures. The ADB 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 arrangement is being proposed for the following reasons:

- to leverage on the experience and expertise of the African Development Bank on funds management and financial interactions with governments in the African Region;
- to ensure clear distinction between responsibilities for funds management and disbursements;
- to give the Fund a broader outlook by involving other relevant partners in the African Region.

CORE STRUCTURES

18. In line with Regional Committee Resolution AFR/RC59/R5, a Rotational Advisory Committee composed of the Regional Director, three ministers of health (one from each sub-regional grouping), and one representative of African Development Bank will be created with the mandate of giving the necessary advice and taking decisions regarding the strategic direction of the Fund. The powers of the Advisory Committee shall be derived from a Regional Committee resolution on the setting up of the Fund and the appointment of members of the Advisory Committee. The Advisory Committee will have a term limit of two years after which its membership will be reconstituted by the Regional Committee. The Advisory Committee will meet every six months and as often as required.

19. The Advisory Committee will be supported in its work by a Technical Review Group consisting of WHO experts in epidemic and pandemic-prone diseases, emergencies and cross-cutting issues such as health systems and health promotion. The Group, to be based at the Regional Office, will meet regularly to review proposals and requests based on technical criteria and will provide funding recommendations for approval by the WHO Regional Director.

20. The Regional Director will set up a lean APHEF Secretariat to be based at the Regional Office to manage the Fund including screening proposals and requests submitted and issuing instructions for financial disbursement to recipients. In other words, the APHEF Secretariat will be responsible for executing the decisions of the Rotational Advisory Group and the recommendations of the Technical Review Group; mobilizing resources; providing strategic, policy, financial and administrative support; and producing regular financial and technical reports on the activities of the Fund for use by the Regional Advisory Group.

21. To support effective administration of the Fund, Programme Support Cost will be charged on all funds received by the Fund at a rate of 13%.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. The terms of reference of the administrative structures are set forth in Annex 2.

⁷ WHO, Collaboration with the United Nations system – general matters: programme support costs. WHA34.17. Geneva; 1981.

ACCOUNTABILITY

22. The Fund 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. A yearly technical and certified financial report on the operations of the Fund will be presented to every meeting of the Regional Committee.

23. The Rotational Advisory Committee 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 Advisory Committee will be included in the annual report of the Fund.

ANNEX 1

CRITERIA FOR EVALUATION OF FUNDING PROPOSALS

General criteria

Proposals received must clearly demonstrate:

- (a) Direct impact of funding on the containment and prevention of the spread of epidemic and pandemic-prone diseases;
- (b) Ability to save lives as a result of health interventions;
- (c) Efforts to effectively prepare for and respond to public health emergencies;
- (d) Impact of interventions on strengthening national and district health systems.

Specific criteria

1. The Emergency Fund will specifically support:
 - (a) deployment of rapid response personnel during outbreaks and emergencies including short-term recruitment of required personnel;
 - (b) procurement and prepositioning of epidemic and emergency response supplies including immediate deployment during outbreaks and emergencies;
 - (c) field activities directly related to outbreak , epidemic and emergency response;
 - (d) preparatory activities (e.g., refresher training courses, workshops, etc.) directly related to foreseeable and existing outbreaks and emergencies;
 - (e) immediate response interventions against vaccine-preventable diseases (e.g., reactive vaccination campaigns on yellow fever).
2. The time frame for the use of disbursed funds shall be three months from the date of disbursement. The proposal submitted must clearly demonstrate that the funds are disbursable within this three-month period.
3. Approval of the funding proposal shall be subject to the conditions that:
 - (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.

More detailed criteria shall be drawn up by the APHEF Secretariat as part of the operations manuals of the Fund.

ANNEX 2

TERMS OF REFERENCE OF THE APHEF SECRETARIAT

The Fund shall be administered at three levels:

- The Rotational Advisory Committee (RAC)
- The Technical Review Group (TRG)
- The APHEF Secretariat (APHEF-SEC)

The Rotational Advisory Committee (RAC)

The RAC will consist of five members:- The Regional Director, three ministers of health and one representative of the African Development Bank.

The RAC will be appointed by the Regional Committee for a period of two years after which its membership (with the exception of the Regional Director) will be reconstituted by the Regional Committee.

The RAC will be responsible for:

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

The RAC will meet twice yearly or more frequently if the need arises.

The Technical Review Group (TRG)

The TRG will consist of five WHO Staff members with alternates who are based in the Regional Office. The members who are appointed by the Regional Director will 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 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 RAC;
- (e) review of technical and financial reports received from funded proposals;
- (f) contribute 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 required timeliness of response to requests, the TRG is expected to conclude the review of proposals within one working day of receipt to allow for immediate disbursement of funds thereafter.

The APHEF Secretariat (APHEF-SEC)

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

The APHEF-SEC will be responsible for:

- (i) Day-to-day management of the affairs of the APHEF including:
 - (a) Drafting and forwarding of relevant correspondences;
 - (b) Receipt of proposals and convening of TRG meetings;
 - (c) Keeping-up-to date, relevant, technical, financial and other records of the APHEF;
 - (d) Processing of disbursements for approved proposals;
 - (e) Follow-up action pending technical and financial reports from funded proposals;
 - (f) Follow up with Member States on remittances as yearly contributions;
 - (g) Follow up on all pending issues concerning the Fund;
 - (h) Organizing meetings of the RAC.
- (ii) Preparation of periodic Technical and Financial reports for review and use by the TRG and RAC.
- (iii) Preparation and follow-up of resource mobilization proposals including arrangement of meetings with donors and Member States on required resources.

The Fund Manager will be expected to participate in the meetings of the TRG (to present proposals received and guide members on rules and regulations of the Fund) and RAC (to present reports and respond to queries that might arise from the RAC).