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**PROGRESS REPORT ON THE IMPLEMENTATION OF THE REFORM OF
WHO'S WORK ON EMERGENCIES IN THE AFRICAN REGION**

Information Document

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BACKGROUND

1. The reform of WHO's work in emergencies was triggered by the recent unprecedented Ebola virus disease outbreak in West Africa. This led to the establishment of the WHO Health Emergencies Programme (WHE) in accordance with resolution EBSS3.R1(2015)¹ and decision WHA68(10) (2015).² The WHE complements WHO's technical and normative role but with new operational capacities and capabilities for its work in outbreaks and humanitarian emergencies. It is designed to bring speed and preparedness to WHO's response to emergencies, using an all-hazards approach, promoting collective action and early recovery activities in line with the Regional Strategy for Health Security and Emergencies 2016–2020.³

2. The vision of the programme is “protecting health and saving lives in outbreaks and emergencies”. Its mission is “to help countries, and to coordinate international action, to prevent, prepare for, detect, rapidly respond to, and recover from outbreaks and emergencies”. The programme is aligned with the principles of a single programme, with one clear line of authority, one workforce, one budget, one set of rules and processes, and one set of standard performance metrics. This report summarizes the progress made including challenges since the last report,⁴ and proposes the next steps.

PROGRESS MADE

3. In keeping with decision WHA69(9),⁵ the Regional Health Security and Emergencies Cluster (HSE) was transitioned to the WHE. WHE Programme areas include: infectious hazards management, country health emergency preparedness and the International Health Regulations (IHR 2005), health emergency information and risk assessments, emergency operations management and core administrative functions. Furthermore, WHE's work in the Region is coordinated through the Regional Office in Brazzaville, with hubs being established in Dakar and Nairobi, and liaison offices in Addis Ababa and Johannesburg.

4. The WHE organizational structure in the Region has been approved. Thirty-five positions out of 91 professional posts have been filled. Recruitment is ongoing and expected to be completed by end-2017. As part of the establishment of national

¹ Resolution EBSS3.R1. Ebola: ending the current outbreak, strengthening global preparedness and ensuring WHO's capacity to prepare for and respond to future large-scale outbreaks and emergencies with health consequences. In: *Executive Board Special Session on the Ebola Emergency, Geneva, 25 January 2015. Resolution, annex, summary record and list of participants*. Geneva, World Health Organization, 2015 (EBSS/3/2015/REC/1).

² Decision WHA68(10). 2014 Ebola virus disease outbreak and follow-up to the Special Session of the Executive Board on the Ebola Emergency. In: *Sixty-Eighth World Health Assembly, Geneva, 18–26 May 2015. Resolutions and decisions annexes*, Geneva, World Health Organization, 2015 (WHA68/2015/REC/1), Annex 1: 89–92.

³ WHO, Regional strategy for health security and emergencies 2016–2020, Addis Ababa, World Health Organization Regional Office for Africa, 2016 (AFR/RC66/6).

⁴ Information Document AFR/RC66/INF.DOC/8. Reform of WHO's work in health emergency management. WHO Health Emergencies Programme. In: *Sixty-sixth session of the Regional Committee for Africa, Addis Ababa, Federal Democratic Republic of Ethiopia, 19–23 August 2016*. Addis Ababa, World Health Organization (AFR/RC66/INF.DOC/8).

⁵ Decision WHA69(9). Reform of WHO's work in health emergency management: WHO Health Emergencies Programme. In: *Sixty-Ninth World Health Assembly, Geneva, 23–28 May 2016. Resolutions and decisions annexes*, Geneva, World Health Organization, 2016 (WHA69/2016/REC/1).

emergency medical teams (EMT), participants from 14 Member States⁶ attended the global EMT meeting in Hong Kong in November 2016 to build their capacity. Furthermore, the development of a roster of experts to strengthen the regional Health Emergency Workforce is ongoing in collaboration with partners in accordance with the Regional Strategy on Health Security and Emergencies 2016–2020.³

5. New emergency management processes have become operational in the Region. Examples include the establishment of the incident management system to support the yellow fever outbreaks in Angola and the Democratic Republic of the Congo, the humanitarian crisis in Nigeria and other emergencies.

6. WHO, in collaboration with partners, supported the strengthening of IHR core capacities in 19 priority countries⁷ through risk profiling and preparedness and Joint External Evaluations (JEEs). A third of the total number of the IHR Joint External Evaluations (JEEs) conducted since February 2016 took place in the Region with the assessment of 11 Member States.⁸ A preliminary analysis of the countries evaluated shows that capacities in most Member States are limited.

7. Of the US\$ 47.1 million needed to support WHE's work in the Region in 2017, US\$ 15.7 million has been mobilized. The Regional Office is developing partnerships for strengthening emergency response and raising financial resources. For instance, collaboration with the UK Government resulted in the signing of the UK/AFRO Action Framework as well as the development of a multi-year project entitled 'Tackling Deadly Diseases in Africa'. The African Development Bank has shown interest in financing the establishment of Emergency Operations Centres.

8. WHO has signed a collaborative framework with the Africa Centre for Disease Control and Prevention (Africa CDC).⁹ This is contributing to building a regional health workforce and supporting the designation of Africa CDC regional collaborating centres.

9. In spite of achievements to date, challenges remain. These include completion of essential recruitments, closing of financial gaps, scaling-up of integrated disease surveillance and response, completion of JEEs in remaining countries and broadening of collaboration with partners, development and implementation of national action plans for health security post-JEEs.

NEXT STEPS

10. WHO should accelerate the recruitment of core positions at the Regional Office, hubs and country offices, in order to support Member States in line with the Transformation Agenda. Furthermore, in collaboration with partners, the Organization

⁶ Angola, Cameroon, Democratic Republic of the Congo, Ethiopia, Ghana, Guinea, Guinea-Bissau, Kenya, Liberia, Nigeria, Sierra Leone, South Africa, Uganda and Zimbabwe.

⁷ Benin, Burkina Faso, Cameroon, Central African Republic, Côte d'Ivoire, Guinea-Bissau, Ethiopia, Gambia, Ghana, Mali, Mauritania, Niger, Senegal, Togo, Chad, Democratic Republic of the Congo, Malawi, United Republic of Tanzania and Uganda.

⁸ Côte d'Ivoire, Ethiopia, Eritrea, Ghana, Kenya, Liberia, Mozambique, Namibia, Senegal, Sierra Leone and United Republic of Tanzania.

⁹ WHO and AUC: Framework for collaboration between the World Health Organization (WHO) and the African Union Commission (AUC) on the establishment and operationalization of the Africa Centre for Disease Control and Prevention (Africa CDC) to improve health security in Africa, Addis Ababa, The World Health Organization and the African Union Commission, 2016.

should fast-track the development of the health emergency workforce to support response to large-scale emergencies and convene a multi-partner meeting on its coordination.

11. WHO should mobilize resources for preparedness and response to acute public health events. These include concluding negotiations with donor countries, the African Development Bank, the World Bank, regional economic communities and humanitarian partners.

12. Member States should increase budget allocations to strengthen IHR (2005) core capacities. This will ensure emergency preparedness, particularly through the strengthening of integrated disease surveillance and response and the adoption of a multisectoral approach to address public health threats. The Regional Committee is requested to take note of this report and endorse the next steps.