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Progress report on the Framework document for the African Public Health Emergency Fund

Information document

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Background

1. The Ministers of Health in the WHO African Region adopted resolution AFR/RC59/R5¹ in 2009, on strengthening outbreak preparedness and response and urging Member States to support the African Public Health Emergency Fund (APHEF). APHEF was established in 2012 as a regional mechanism to ensure timely and effective responses to public health emergencies, as outlined in resolution AFR/RC60/R5,² adopted by the Sixty-third (RC63) session of the WHO Regional Committee for Africa.
2. APHEF mobilizes, manages and disburses funds to Member States in the early days of an emergency, enabling the procurement of supplies, deployment of response teams and coordination. Member States' contributions are determined using the United Nations methodology,³ which ensures equity by considering each country's capacity to pay. This involves an eight-step process that adjusts for factors such as debt burden and per capita income levels.
3. At its inception, the annual target of the fund was US\$ 100 million. However, due to low contributions, WHO convened an expert meeting in 2016 to assess APHEF's functionality. The experts identified the high assessed contribution rates as a key challenge, leading to underfunding. They recommended maintaining the UN formula, while reducing the annual target to 50%. Subsequently, through a Regional Committee resolution, the target was further reduced to US\$ 30 million and finally to US\$ 15 million, which was approved by the Sixty-seventh Regional Committee and became effective in 2018.⁴
4. This sixth progress report outlines the implementation status of the AFR/RC60/13 framework document.⁵ It highlights key achievements since the last report⁶ and ongoing efforts to strengthen sustainability.

¹ World Health Organization. *Resolution AFR/RC59/R5: Strengthening outbreak preparedness and response in the WHO African Region*. In: Fifty-ninth session of the WHO Regional Committee for Africa; 31 August–4 September 2009; Kigali, Rwanda. Brazzaville: WHO Regional Office for Africa; 2009. [AFR-RC59-R5.pdf](#)

² World Health Organization. *Resolution AFR/RC60/R5: The African Public Health Emergency Fund*. In: Sixtieth session of the WHO Regional Committee for Africa; 30 August–3 September 2010; Malabo, Equatorial Guinea. Brazzaville: WHO Regional Office for Africa; 2010. [AFR-RC60-R5-eng.pdf](#)

³ World Health Organization. *The African Public Health Emergency Fund (APHEF): Progress Report of the Regional Director*. In: Sixty-third session of the WHO Regional Committee for Africa; 2–6 September 2013; Brazzaville, Republic of Congo. Brazzaville: WHO Regional Office for Africa; 2013. (Document AFR/RC63/INF.DOC/3 Annex 1 pg 41-43) <https://www.afro.who.int/sites/default/files/sessions/documents/nv-af-rc63-INF-DOC-3-Establishment-of-the-African-Public-Health-Emergency-Fund.pdf>

⁴ World Health Organization. *AFR/RC67/INF.DOC/7: Progress report on the African Public Health Emergency Fund (APHEF)*. In: Sixty-seventh session of the WHO Regional Committee for Africa; 28 August–1 September 2017; Victoria Falls, Republic of Zimbabwe. Brazzaville: WHO Regional Office for Africa; 2017. <https://iris.who.int/handle/10665/260338>

⁵ World Health Organization. *Framework Document for the African Public Health Emergency Fund*. In: Sixtieth session of the WHO Regional Committee for Africa; 30 August–3 September 2010; Malabo, Equatorial Guinea. Brazzaville: WHO Regional Office for Africa; 2010. <https://iris.who.int/bitstream/handle/10665/1677/AFR-RC60-13.pdf?sequence=1>

⁶ World Health Organization. *AFR/RC67/INF.DOC/7: Progress report on the African Public Health Emergency Fund (APHEF)*. In: Sixty-seventh session of the WHO Regional Committee for Africa; 28 August–1 September 2017; Victoria Falls, Republic of Zimbabwe. Brazzaville: WHO Regional Office for Africa; 2017. <https://iris.who.int/handle/10665/260338>

Progress made/action taken

5. Since its establishment in 2012, 24 Member States⁷ have contributed to APHEF at least once, with total contributions amounting to US\$ 22.60 million as of 31 December 2024. Between 2018 and 2024, only 13 Member States⁸ contributed a total of US\$ 16.9 million, representing just 16% of the expected contributions based on the annual target of US\$ 15 million. Annual contributions varied significantly, ranging from US\$ 0.23 million in 2024 to a high of US\$ 4.6 million in 2018, accounting for 31% of the target. No contributions were received in 2023 (Annex 3).

6. Between 2018 and 2024, the arrears amounted to US\$ 88 million, representing 84% of the total expected contributions over the seven-year period. When including anticipated contributions for 2025, the cumulative arrears rise to US\$ 103 million (Annex 1). The persistent funding shortfall has limited the Fund's ability to ensure predictable and timely support to Member States during emergencies.

7. Since the last progress report, APHEF has received 16 funding requests. Of these, 69% (11 requests) were reviewed by the Technical Review Group within 48 hours of receipt, with funding disbursed promptly upon the Regional Director's approval, in accordance with the APHEF operational manual. The primary cause of delays in processing the remaining 31% of requests was non-adherence to the proposal guidelines.

8. From 2012 to 2024, APHEF disbursed a total of US\$ 11.33 million to 18 Member States⁹ in support of 31 health emergencies. Between 2018 and 2024, 10 Member States¹⁰ received US\$ 8.46 million to respond to 14 public health emergencies. Annual disbursements ranged from US\$ 0.63 million in 2018 to US\$ 5.05 million in 2023, with a median of US\$ 1 million (Annex 4). APHEF enabled lifesaving interventions in various emergencies, including cholera outbreaks in Angola, the Democratic Republic of the Congo, Malawi and Zambia, as well as humanitarian crises in South Sudan and Ethiopia. Additionally, the fund supported responses to flooding in Benin, the Central African Republic and Congo; measles outbreaks in Congo, Madagascar and the Central African Republic; and the Ebola outbreak in the Democratic Republic of the Congo (Annex 2).

9. As of 31 December 2024 the fund held a balance of US\$ 11.27 million, which fell short of the annual target of US\$ 15 million. However, the fund continues to support Member States, albeit at a more constrained level. Efforts are ongoing to diversify the fund's resources through expansion to non-State actors and development of a resource mobilization strategy.

⁷ Angola, Benin, Burkina Faso, Cabo Verde, Central African Republic, Chad, Democratic Republic of the Congo, Eritrea, Ethiopia, Gabon, Gambia, Guinea, Kenya, Lesotho, Liberia, Malawi, Mauritius, Nigeria, Rwanda, Seychelles, Sierra Leone, South Africa, United Republic of Tanzania and Uganda.

⁸ Angola, Benin, Burkina Faso, Cabo Verde, Democratic Republic of the Congo, Eritrea, Eswatini, Kenya, Malawi, Nigeria, Seychelles, Sierra Leone and Uganda.

⁹ Angola, Benin, Burundi, Cabo Verde, Cameroon, Central African Republic, Democratic Republic of the Congo, Ethiopia, Guinea, Liberia, Madagascar, Malawi, Niger, Republic of Congo, Sierra Leone, South Sudan, Zambia and Zimbabwe

¹⁰ Benin, Cabo Verde, Central African Republic, Congo, Democratic Republic of the Congo, Ethiopia, Madagascar, Malawi, South Sudan and Zambia

Issues and challenges

10. Failure to meet the annual funding target due to low and irregular contributions by Member States limits APHEF's capacity to respond to public health emergencies. The absence of the Monitoring Committee of the Fund and delayed or incomplete reporting upon receipt of funding hinder governance, accountability and reporting.

Next steps

11. Member States should:

- (a) nominate and approve the monitoring committee for the Fund as a critical governance structure of APHEF;
- (b) commit to a regular and sustained annual assessed contribution to APHEF to replenish the Fund;
- (c) remit arrears to achieve the annual target;
- (d) ensure timely and complete reporting upon receipt of APHEF funds, to ensure accurate accountability.

12. WHO should:

- (a) finalize and implement the resource mobilization strategy to diversify the scope of contributions to include potential outside donors;
- (b) advocate with donors and non-State actors for financing in accordance with the Framework of Engagement with Non-State Actors (FENSA),¹¹ to expand the funding base and ensure its periodic replenishment;
- (c) facilitate the nomination, approval and orientation of the new monitoring committee for the Fund;
- (d) Provide progress reports to the Regional Committee every three years.

13. The Regional Committee is invited to note the report.

¹¹ World Health Organization. *Framework of engagement with non-State actors*. In: Sixty-ninth World Health Assembly, Geneva, Switzerland, 23–28 May 2016. Geneva: WHO; 2016 (WHA69.10).
https://apps.who.int/gb/bd/PDF/Framework_Engagement_non-State_Actors.pdf

Annexes**Annex 1. Status of contributions of Member States to APHEF during the period 2018–2024**

Member State	Contribution rate (%)	Expected yearly contribution (US\$)	2018–2024			2025		
			Expected (US\$)	Received (US\$)	Outstanding (US\$)	Expected (US\$)	Received (US\$)	Outstanding (US\$)
Algeria	19.59	2 938 900	20 572 300	-	20 572 300	23 511 200	-	23 511 200
Angola	3.70	555 000	3 885 000	2 774 988	1 110 012	1 665 012	-	1 665 012
Benin	0.86	128 700	900 900	628 353	272 547	401 247	-	401 247
Botswana	1.90	285 400	1 997 800	-	1 997 800	2 283 200	-	2 283 200
Burkina Faso	0.81	122 000	854 000	501 805	352 195	474 195	-	474 195
Burundi	0.13	18 900	132 300	-	132 300	151 200	-	151 200
Cameroon	3.42	512 400	3 586 800	-	3 586 800	4 099 200	-	4 099 200
Cabo Verde	0.21	32 000	224 000	62 825	161 175	193 175	-	193 175
Central African Republic	0.17	26 100	182 700	-	182 700	208 800	-	208 800
Chad	0.39	58 200	407 400	-	407 400	465 600	-	465 600
Comoros	0.13	18 900	132 300	-	132 300	151 200	-	151 200
Congo	0.85	127 900	895 300	-	895 300	1 023 200	-	1 023 200
Côte d'Ivoire	3.26	489 100	3 423 700	-	3 423 700	3 912 800	-	3 912 800
Democratic Republic of the Congo	0.13	18 900	132 300	37 800	94 500	113 400	-	113 400
Equatorial Guinea	0.82	122 600	858 200	-	858 200	980 800	-	980 800
Eritrea	0.13	18 900	132 300	56 500	75 800	94 700	-	94 700
Ethiopia	0.13	18 900	132 300	-	132 300	151 200	-	151 200
Gabon	1.53	230 000	1 610 000	-	1 610 000	1 840 000	-	1 840 000
Gambia	0.13	18 900	132 300	-	132 300	151 200	-	151 200
Ghana	1.88	282 200	1 975 400	-	1 975 400	2 257 600	-	2 257 600
Guinea	0.45	67 000	469 000	-	469 000	536 000	-	536 000
Guinea-Bissau	0.13	18 900	132 300	-	132 300	151 200	-	151 200

Member State	Contribution rate (%)	Expected yearly contribution (US\$)	2018–2024			2025		
			Expected (US\$)	Received (US\$)	Outstanding (US\$)	Expected (US\$)	Received (US\$)	Outstanding (US\$)
Kenya	3.90	585 500	4 098 500	2 927 500	1 171 000	1 756 500	-	1 756 500
Lesotho	0.35	53 100	371 700	-	371 700	424 800	-	424 800
Liberia	0.13	18 900	132 300	-	132 300	151 200	-	151 200
Madagascar	0.67	100 600	704 200	-	704 200	804 800	-	804 800
Malawi	0.13	18 900	132 300	12 594	119 706	138 606	-	138 606
Mali	0.84	126 100	882 700	-	882 700	1 008 800	-	1 008 800
Mauritania	0.41	61 300	429 100	-	429 100	490 400	-	490 400
Mauritius	1.34	201 200	1 408 400	-	1 408 400	1 609 600	-	1 609 600
Mozambique	0.68	101 300	709 100	-	709 100	810 400	-	810 400
Namibia	1.52	228 600	1 600 200	-	1 600 200	1 828 800	-	1 828 800
Niger	0.13	18 900	132 300	-	132 300	151 200	-	151 200
Nigeria	20.00	3 000 000	21 000 000	9 000 000	12 000 000	15 000 000	-	15 000 000
Rwanda	0.13	18 900	132 300	-	132 300	151 200	-	151 200
Sao Tome and Principe	0.13	18 900	132 300	-	132 300	151 200	-	151 200
Senegal	1.82	272 800	1 909 600	-	1 909 600	2 182 400	-	2 182 400
Seychelles	0.18	26 300	184 100	158 092	26 008	52 308	-	52 308
Sierra Leone	0.13	18 900	132 300	18 859	113 441	132 341	-	132 341
South Africa	20.00	3 000 000	21 000 000	-	21 000 000	24 000 000	-	24 000 000
South Sudan	0.72	107 700	753 900	-	753 900	861 600	-	861 600
Eswatini	0.55	82 700	578 900	164 994	413 906	496 606	-	496 606
United Republic of Tanzania	1.98	297 500	2 082 500	-	2 082 500	2 380 000	-	2 380 000
Togo	0.26	38 500	269 500	-	269 500	308 000	-	308 000
Uganda	1.37	205 400	1 437 800	561 948	875 852	1 081 252	-	1 081 252
Zambia	1.35	202 300	1 416 100	-	1 416 100	1 618 400	-	1 618 400
Zimbabwe	0.57	85 900	601 300	-	601 300	687 200	-	687 200
Total	100	15 000 000	105 000 000	16 906 259	88 093 741	103 093 741	-	103 093 741

Annex 2. Status of funds disbursement during the period 2018–2025, as of 31 December 2024

N°	Date of request	Country	Reason for request	Amount requested (US\$)	Amount approved/ disbursed (US\$)	Summary of APHEF support to affected countries
1	16-Jan-18	Zambia	To support the cholera outbreak	308 125	308 125	<p>Following the declaration of Zambia's cholera outbreak on 6 October 2017, APHEF funding played a critical role in strengthening response efforts and mitigating the outbreak's impact. The funds enabled the continuation of life-saving interventions in cholera treatment centres, ensuring uninterrupted case management and reducing mortality. Enhanced surveillance and active case finding led to early detection and timely response, curbing the spread of the disease.</p> <p>Additionally, targeted social mobilization campaigns improved community awareness and engagement, reinforcing preventive behaviours. Investments in water and sanitation infrastructure in affected areas significantly reduced transmission risks, while the strategic deployment of the oral cholera vaccine (OCV) in high-priority locations provided critical protection to vulnerable populations. By addressing key resource gaps in the national cholera response plan, APHEF funding contributed to a more coordinated, effective and sustained outbreak response in Zambia</p>
2	6-Nov-19	Democratic Republic of the Congo	To support the measles outbreak/epidemic	500 000	238 075	<p>APHEF funding played a critical role in strengthening measles outbreak response efforts in the Democratic Republic of the Congo, significantly improving case management and reducing mortality. As of the forty-second week of 2019, a total of 222 939 measles cases and 4455 deaths (CFR: 2%) had been reported, with 230 of 519 health zones affected. The funding enabled targeted interventions in the most impacted provinces – Equateur, Kasai Central, Sankuru and Tshuapa – leading to enhanced case detection, improved treatment outcomes and strengthened health system capacity.</p> <p>With APHEF support, health facilities were better equipped to manage measles cases, ensuring timely access to medical care and reducing complications. Surveillance activities were reinforced, enabling rapid response to new cases and limiting further transmission. As a result, the outbreak trajectory improved, with incidence rates declining toward the target of fewer than 50 new cases per week and sustained efforts keeping the case fatality rate below 2%. The funding significantly contributed to mitigating the outbreak's impact and strengthening epidemic preparedness in affected provinces.</p>
3	11-Dec-19	Madagascar	To support the measles outbreak/epidemic	300 000	279 000	<p>The funding significantly strengthened Madagascar's response to the measles epidemic, improving case management, reducing complications, and increasing vaccination coverage. The outbreak that began in September 2018, measles spread at an alarming rate, affecting all 22 regions and 91 of the country's 114 districts (80%). By February 2019, a total of 59 699 cases had been reported, with 7133 (13%) developing complications, particularly among children aged 1–14 years. The outbreak was further exacerbated by low vaccination coverage, with 57% of cases occurring in unvaccinated or unknown-status individuals.</p> <p>With APHEF support, access to free, quality care for measles patients was expanded, leading to improved treatment outcomes and a reduction in severe complications. Targeted interventions focused on vulnerable groups, particularly children under five years old, who experienced a disproportionately high case fatality rate of 4.5%. Strengthened response capacities enabled better case detection, management and hospital care, which contributed to reducing overall measles-related mortality.</p> <p>Additionally, APHEF funding supported vaccination efforts to curb the outbreak's spread. Expanded immunization coverage helped reduce new infections, lowering the national attack rate and preventing further deaths, particularly among high-risk children. These investments significantly enhanced Madagascar's epidemic response, reducing measles-related fatalities and strengthening long-term outbreak preparedness</p>
4	23-Apr-19	Malawi	Support to cholera response	200 000	200 000	<p>The tropical cyclone that formed in the Mozambique Channel and drifted towards Malawi on 5 March 2019 caused persistent heavy rains and strong winds, leading to severe flooding primarily in southern Malawi. Affected areas included 15 districts, two cities and several health centres. As of 22 March 2019, a total of 868</p>

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						<p>895 people were impacted, with 86 796 displaced across 173 camps, 672 injured, 59 fatalities and three people missing. The affected regions were already disaster-prone and faced food insecurity, with 1.3 million people requiring food assistance. The cyclone exacerbated these conditions, further prolonging the food insecurity crisis.</p> <p>In response to the request from the Malawi Ministry of Health and Population, APHEF funds were disbursed to address the health impacts of the floods. The funding focused on mitigating health risks in the affected districts and cities, complementing other resources mobilized from various sources to support the response and recovery efforts. APHEF support enabled the provision of medicines for primary health care needs, including treatments for severely injured persons. Additionally, the funding helped to strengthen incident management teams, allowing for a scale-up of the health response.</p> <p>With most of the affected populations housed in temporary shelter centres, the funding also supported the distribution of emergency supplies to outreach clinics and efforts to better manage potential outbreaks of waterborne diseases. These actions were critical in mitigating health risks and ensuring the delivery of essential services to the displaced and affected communities.</p>
5	13-Dec-19	Congo	To strengthening the response to flooding	80 417	80 417	<p>The 2019–2020 Congo River floods, caused by torrential rains from October 2019 to January 2020, resulted in the overflow of the Congo and Ubangi rivers, triggering widespread flooding and landslides across both the Democratic Republic of the Congo and the Republic of Congo. These disasters displaced hundreds of thousands of people, destroying infrastructure and severely impacting water points and sanitation facilities. With most of these systems rendered inoperable, affected communities lacked access to safe drinking water, while hygiene and sanitation products were in short supply, increasing the risk of waterborne diseases and vector-borne diseases such as typhoid, cholera and malaria.</p> <p>In response, APHEF catalytic funding played a critical role in the initial action through the deployment of rapid response teams, reinforcing surveillance systems, enhancing water, sanitation and hygiene (WASH) interventions, and supporting outbreak prevention measures in the affected departments.</p>
6	18-Dec-19	Benin	To strengthening the response to flooding	100 000	100 000	<p>In 2019, recurrent river and rainwater floods in Benin caused widespread displacement and severe material losses, and increased health risks for affected communities. The extensive damage and urgent humanitarian needs underscored the critical need for a rapid response. APHEF funding played a crucial role in mitigating the health impacts of the floods, particularly in the five most affected municipalities.</p> <p>With APHEF support, emergency interventions successfully reduced the risk of disease outbreaks by strengthening disease surveillance, improving water, sanitation and hygiene (WASH) conditions, and providing essential health services. Targeted measures helped curb the spread of communicable diseases often associated with flooding, such as cholera and malaria. Additionally, community engagement efforts enhanced public awareness of preventive health measures, improving resilience against future outbreaks.</p> <p>By addressing critical health and sanitation gaps, APHEF funding contributed to protecting vulnerable populations in flood-affected areas, and preventing the escalation of a secondary public health crisis.</p>
7	6-Jan-20	Central African Republic	To strengthening the response to flooding	117 708	117 708	<p>In 2020, severe flooding in Bangui affected 14 districts, displacing over 65 550 people and exposing them to heightened risks of acute respiratory infections, waterborne diseases and other health threats. The scale of the disaster exceeded national resource capacities, leaving critical gaps in the response. APHEF funding provided essential support to bridge these gaps and prevent a secondary health crisis.</p> <p>With APHEF assistance, targeted health interventions were implemented to curb the spread of infectious diseases among affected populations. Disease surveillance and early warning systems were strengthened, ensuring timely detection and response to potential outbreaks. Access to clean water, sanitation and hygiene</p>

N°	Date of request	Country	Reason for request	Amount requested (US\$)	Amount approved/ disbursed (US\$)	Summary of APHEF support to affected countries
						<p>(WASH) services was improved, reducing exposure to waterborne illnesses. Additionally, health care services were reinforced, enabling the provision of essential medical care to displaced families.</p> <p>These interventions played a crucial role in preventing disease outbreaks, safeguarding public health and stabilizing conditions for flood victims. By addressing urgent health needs, APHEF funding contributed to a more effective emergency response and reduced morbidity and mortality.</p>
8	8-Jun-20	Democratic Republic of the Congo	To support response to the Ebola virus disease (EVD) outbreak in the Equateur province	250 000	250 000	<p>In response to the eleventh Ebola outbreak in Equateur Province, declared on 1 June 2020, APHEF funding proved instrumental in swiftly containing the spread of the virus. Under the leadership of the Government of the Democratic Republic of the Congo, local responders were rapidly mobilized, despite significant logistical and access challenges.</p> <p>With the support from APHEF, GAVI, WHO and other partners, vaccination efforts began within four days, reaching over 40 000 contacts and their contacts. The funding also bolstered surveillance systems, infection prevention and control (IPC), and case management, contributing to the recovery of 75 patients. Additionally, community engagement efforts reached over 3 million people with vital health and safety information, fostering trust and improving outbreak response effectiveness.</p> <p>By the end of the outbreak, 119 confirmed and 11 probable cases were recorded, with 55 deaths. The rapid containment of the outbreak underscored the impact of coordinated local response efforts and timely financial support in preventing further spread within the Democratic Republic of the Congo and to neighbouring countries</p>
9	21-Feb-20	Central African Republic	To support the measles outbreak	670 950	450 465	<p>In early 2020, the Central African Republic faced a worsening measles outbreak, with cases surging across 16 health districts. The outbreak, officially declared on 24 January 2020, saw a sharp rise in infections, with 1052 cases and 10 deaths recorded in just the first four weeks of the year, compared to 38 cases in the same period in 2019. Low vaccination coverage, particularly among children over five years old, had left a large pool of susceptible individuals, further fuelling transmission.</p> <p>Catalytic APHEF funding contributed greatly to controlling the outbreak in seven priority health districts: Bangui I, Bangui II, Bangui III, Bégoua, Bimbo, Bossembele and Ouango-Gambo. The support enabled mass vaccination efforts, significantly increasing coverage and reducing the number of unprotected children. Strengthened case management improved treatment outcomes, while enhanced surveillance systems ensured timely detection and response to new cases. Additionally, community engagement initiatives raised awareness and encouraged vaccination uptake. As a result, the outbreak was brought under control, demonstrating the effectiveness of early response in containing measles epidemics and reinforcing immunization efforts to prevent future outbreaks.</p>
10	20-Oct-22	Ethiopia	To support drought response in the South and South-Eastern part of Ethiopia	1 483 762	1 620 936	<p>Ethiopia faced one of its worst drought crises in 2022, following three consecutive failed rainy seasons since late 2020. The drought affected approximately 6.8 million people across Somali, Oromia, Southern Nations Nationalities and Peoples' Region and South-West Region. The crisis led to severe water shortages, the loss of over 1.5 million livestock and mass displacement of communities in search for food, water and health care. The crisis severely disrupted essential health services, including routine immunization, and heightened the risk of outbreak of diseases, such as measles, malaria, cholera, meningitis and diarrhoeal diseases.</p> <p>APHEF funding played a crucial role in mitigating the health impact of the drought. The support strengthened outbreak preparedness, early detection, and response, reducing morbidity and mortality among affected communities. It also enhanced access to essential and lifesaving health and nutrition services, particularly for malnourished children and vulnerable populations. Additionally, public health emergency risk management efforts were reinforced at all levels, improving local capacity to respond to health threats.</p>

N°	Date of request	Country	Reason for request	Amount requested (US\$)	Amount approved/ disbursed (US\$)	Summary of APHEF support to affected countries
						As a result, critical health services were sustained, disease outbreaks were contained and the resilience of Ethiopia's health care system was strengthened in the face of the prolonged drought crisis.
11	24-Jan-23	Malawi	TO support Cholera outbreak response	1 437 000	1 437 000	<p>Malawi has faced recurrent cholera outbreaks over the past two decades, with a significant surge in cases beginning in August 2022, after Tropical Storm Ana. By January 2023, over 26 000 cholera cases and more than 800 deaths, with a case fatality ration (CFR) of 3.3%, had been reported across all 29 districts. In December 2022, the President declared the outbreak a "public health emergency" and requested partner support to scale up the response.</p> <p>APHEF funding played a pivotal role in scaling up the national cholera response. It supported rapid detection and response efforts, improving surveillance and case management, and enhancing coordination at the national and local levels. The funding also enabled the implementation of multi-sectoral interventions, including an oral cholera vaccine (OCV) campaign that achieved coverage of over 90% in high-risk areas.</p> <p>As a result, cholera mortality was reduced to below 1%, and the outbreak was effectively contained. The support provided by APHEF was instrumental in mitigating the health impact of the outbreak, strengthening the response capacity and preventing further spread of the disease.</p>
12	1-Feb-23	South Sudan	To support the response to the complex humanitarian crisis in South Sudan	2 000 000	2 000 000	<p>South Sudan's complex humanitarian crisis, stemming from prolonged political conflict, subnational violence, flooding and acute food insecurity, has severely impacted the population. In 2022, severe flooding affected over one million people, and acute food insecurity put 7.74 million people at risk of disease outbreaks.</p> <p>APHEF funding supported the Government of South Sudan's response to these compounded crises. Through this support, the MoH procured and dispatched 78.3 metric tons of emergency health supplies, including 1058 cholera investigation and treatment kits, pneumonia kits, severe acute malnutrition with medical complications kits, noncommunicable disease kits, measles kits, biological sample collection and transportation kits and other essential supplies. These supplies enabled the provision of health care to 517 737 people for a period of three months. Furthermore, the Ministry of Health and its partners conducted a reactive integrated measles/polio vaccination campaign to reach 52 993 children from 6 months to 15 years of age for the measles vaccine and 55 348 children 0–15 years of age for the oral polio vaccine campaign in Renk County.</p> <p>The funding contributed to reducing preventable morbidity and mortality from cholera, measles and severe malnutrition by ensuring continued access to essential health and nutrition services. As a result, communities were better protected from the health consequences of these crises, helping mitigate the public health risks associated with the humanitarian emergency.</p>
13	21-Dec-23	Cabo Verde	Support response to dengue virus infection and transmission	300 193	330 773	<p>Since 6 November 2023, Cabo Verde has been battling a dengue outbreak, which initially began in Praia and spread across multiple islands. By 14 December 2023 a total of 367 cases, including 164 confirmed cases, had been reported, with suspected cases in Santiago, Fogo, São Vicente and Maio.</p> <p>APHEF funding significantly strengthened the country's operational response capacities at both the national and municipal levels. The funding focused on enhancing vector control efforts, improving surveillance and laboratory confirmation, strengthening case management, and advancing risk communication and community engagement. Additionally, it supported multisectoral coordination in the most affected areas, ensuring a rapid and coordinated response to interrupt dengue virus transmission.</p> <p>As a result, the impact of the outbreak on morbidity and mortality was mitigated, with key interventions helping to reduce the spread of the virus and effectively manage cases in the most affected regions.</p>
14	9-Jan-24	Zambia	Support the response to cholera outbreak	732 152	723 583	Zambia's 2024 cholera outbreak has become the largest in the country's history. As of 31 July 2024, a total of 19 079 cases and 618 deaths (CFR: 3.2%) had been reported across all 10 provinces and 70 districts. The outbreak has been characterized by a high case fatality rate, initially surpassing 4%, with many deaths occurring in

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						<p>communities, often due to delayed access to treatment and challenges in adhering to standard public health interventions.</p> <p>Sociocultural risk factors, such as poverty at the household level, limited access to clean water and transportation barriers, have significantly hindered early intervention efforts. These challenges made it difficult for affected populations to access timely treatment, exacerbating the impact of the outbreak.</p> <p>APHEF funding has been pivotal in Zambia's response efforts. In particular, APHEF facilitated the deployment of 333 health care worker volunteers to Lusaka and Chilanga to support case management and help reduce the case fatality rate. Additionally, the funding enabled the procurement of 11 tons of essential cholera control supplies, which were critical for responding to the widespread outbreak and ensuring that health services could meet the increased demand.</p> <p>These interventions, along with enhanced cholera surveillance, improved water, sanitation, and hygiene (WASH) efforts, and targeted health education campaigns, contributed to controlling the outbreak. Despite the challenges, Zambia's response successfully reduced new cases and mortality rates. Efforts continue to stabilize the situation in high-risk areas, such as Lusaka and the Copperbelt Province.</p> <p>With the APHEF support, Zambia was able to contain and mitigate the health impact of the 2024 cholera outbreak.</p>
Total				8 480 307	8 464 702	

No	Member State	Revised Scale of Assessment (%)	Expected (Yearly) Assessment (US\$)	Contribution received (US\$)								
				2012–2017	2018	2019	2020	2021	2022	2023	2024	Total
29	Mauritania	0.41	61 300	-	-	-	-	-	-	-	-	-
30	Mauritius	1.34	201 200	24 999	-	-	-	-	-	-	-	24 999
31	Mozambique	0.68	101 300	-	-	-	-	-	-	-	-	-
32	Namibia	1.52	228 600	-	-	-	-	-	-	-	-	-
33	Niger	0.13	18 900	-	-	-	-	-	-	-	-	-
34	Nigeria	20.00	3 000 000	-	3 000 000	3 000 000	3 000 000			-	-	9 000 000
35	Rwanda	0.13	18 900	9 980	-	-	-	-	-	-	-	9 980
36	Sao Tome and Principe	0.13	18 900	-	-	-	-	-	-	-	-	-
37	Senegal	1.82	272 800	-	-	-	-	-	-	-	-	-
38	Seychelles	0.18	26 300	4 650	26 300	26 300	-	-	-	-	105 493	162 743
39	Sierra Leone	0.13	18 900	-	18 859	-	-	-	-	-	-	18 859
40	South Africa	20.00	3 000 000	600 000	-	-	-	-	-	-	-	600 000
41	South Sudan	0.72	107 700	-	-	-	-	-	-	-	-	-
42	Eswatini	0.55	82 700	-	82 700	82 294	-	-	-	-	-	164 994
43	United Republic of Tanzania	1.98	297 500	111 118	-	-	-	-	-	-	-	111 118
44	Togo	0.26	38 500	-	-	-	-	-	-	-	-	-
45	Uganda	1.37	205 400	54 000	205 400	182 750	-	129 724	44 074	-	-	615 948
46	Zambia	1.35	202 300	-	-	-	-	-	-	-	-	-
47	Zimbabwe	0.57	85 900	-	-	-	-	-	-	-	-	-
Total		100	15 000 000	5 700 359	4 672 260	4 641 760	4 169 129	1 535 000	1 658 000	-	228 829	22 606 619

Annex 4: Status of Member States' disbursements as of 31 December 2024

No	Member State	Disbursements (US\$)								
		2012-2017	2018	2019	2020	2021	2022	2023	2024	Total
1	Algeria	-	-	-	-	-	-	-	-	-
2	Angola	289 386	-	-	-	-	-	-	-	289 386
3	Benin	-	-	-	100 000	-	-	-	-	100 000
4	Botswana	-	-	-	-	-	-	-	-	-
5	Burkina Faso	-	-	-	-	-	-	-	-	-
6	Burundi	148 360	-	-	-	-	-	-	-	148 360
7	Cameroon	204 400	-	-	-	-	-	-	-	204 400
8	Cabo Verde	-	-	-	-	-	-	-	330 773	330 773
9	Central African Republic	279 723	-	-	568 173	-	-	-	-	847 896
10	Chad	-	-	-	-	-	-	-	-	-
11	Comoros	-	-	-	-	-	-	-	-	-
12	Congo	-	-	-	80 417	-	-	-	-	80 417
13	Côte d'Ivoire	-	-	-	-	-	-	-	-	-
14	Democratic Republic of the Congo	346 100	328 620	238 075	250 000		-	-	-	1 162 795
15	Equatorial Guinea	-	-	-	-	-	-	-	-	-
16	Eritrea	-	-	-	-	-	-	-	-	-
17	Ethiopia	143 276	-	-	-	-	-	1 620 936	-	1 764 212
18	Gabon	-	-	-	-	-	-	-	-	-
19	Gambia	-	-	-	-	-	-	-	-	-
20	Ghana	-	-	-	-	-	-	-	-	-
21	Guinea	140 440	-	-	-	-	-	-	-	140 440
22	Guinea-Bissau	-	-	-	-	-	-	-	-	-
23	Kenya	-	-	-	-	-	-	-	-	-
24	Lesotho	-	-	-	-	-	-	-	-	-
25	Liberia	100 150	-	-	-	-	-	-	-	100 150
26	Madagascar	-	-	279 000	-	-	-	-	-	279 000

No	Member State	Disbursements (US\$)								
		2012-2017	2018	2019	2020	2021	2022	2023	2024	Total
27	Malawi	359 564	-	200 000	-	-	-	1 437 000	-	1 996 564
28	Mali	-	-	-	-	-	-	-	-	-
29	Mauritania	-	-	-	-	-	-	-	-	-
30	Mauritius	-	-	-	-	-	-	-	-	-
31	Mozambique	-	-	-	-	-	-	-	-	-
32	Namibia	-	-	-	-	-	-	-	-	-
33	Niger	99 500	-	-	-	-	-	-	-	99 500
34	Nigeria	-	-	-	-	-	-	-	-	-
35	Rwanda	-	-	-	-	-	-	-	-	-
36	Sao Tome and Principe	-	-	-	-	-	-	-	-	-
37	Senegal	-	-	-	-	-	-	-	-	-
38	Seychelles	-	-	-	-	-	-	-	-	-
39	Sierra Leone	169 439	-	-	-	-	-	-	-	169 439
40	South Africa	-	-	-	-	-	-	-	-	-
41	South Sudan	523 200	-	-	-	-	-	2 000 000	-	2 523 200
42	Eswatini	-	-	-	-	-	-	-	-	-
43	United Republic of Tanzania	-	-	-	-	-	-	-	-	-
44	Togo	-	-	-	-	-	-	-	-	-
45	Uganda	-	-	-	-	-	-	-	-	-
46	Zambia	-	308 125	-	-	-	-	-	723 583	1 031 708
47	Zimbabwe	65 500	-	-	-	-	-	-	-	65 500
Total		2 869 038	636 745	717 075	998 590	-	-	5 057 936	1 054 356	11 333 740