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Strengthening Africa's health security: enhancing event detection, building resilient systems and fostering strategic partnerships

Technical paper

Contents

Background

1. **Context.** The African Region faces a complex mix of biological, chemical, environmental, and other health threats. In 2024, Member States responded to 251 public health events, including 145 new events that were notified to WHO.[1] New disease outbreaks resulted in thousands of cases and deaths. Humanitarian crises driven by natural disasters, food insecurity, armed conflicts and displacement affected over 40 million people.

2. Outbreaks and other health emergencies strain national health systems, disrupting essential services, especially in fragile and conflict-affected settings with overstretched capacities, damaged infrastructure, and limited access to care.[2] These recurrent shocks highlight the urgent need to invest in resilient health systems.

3. **Regional strategies and frameworks.** The Regional Committee has adopted key strategies to strengthen health security in the Region, including the Regional strategy for integrated disease surveillance and response (IDSR) 2020–2030,[3] which focuses on early detection and response to public health threats, the Regional strategy for health security and emergencies 2022–2030,[4] which provides a broader framework for emergency preparedness and response, the Framework for sustaining resilient health systems to achieve universal health coverage and promote health security, 2023–2030 in the WHO African Region,[5] which addresses systemic weaknesses that impact service continuity during crises, and the Framework for building climate-resilient and sustainable health systems in the WHO African Region 2024–2033,[6] to cope with the adverse effects of climate change on health. These strategies align with the amended IHR (2005)[7] and the 2024 Pandemic Agreement,[8] which emphasize early detection, resilient health systems and stronger global collaboration to prevent and manage pandemics. They also offer a complementary approach for strengthening health security.

4. **Interventions.** To accelerate implementation, WHO launched three flagship initiatives in 2022,[9] notably, the Transforming African Surveillance Systems (TASS) flagship, which focuses on accelerating the implementation of integrated disease surveillance and response (IDSR). In parallel,

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1 World Health Organization, Regional Office for Africa. (forthcoming). Public health intelligence annual report 2024. Brazzaville, Congo: WHO Regional Office for Africa.

2 de Araújo GR., de Castro PASV, Ávila IR, Bezerra JMT, Barbosa DS. Effects of public health emergencies of international concern on disease control: A systematic review. Revista Panamericana de Salud Pública, 47, e74, 2023. (https://doi.org/10.26633/RPSP.2023.74, accessed 16 May 2025)

3 Regional strategy for integrated disease surveillance and response – 2020–2030. Report of the Secretariat, World Health Organization Regional Office for Africa, 2019 (AFR/RC69/6). (https://iris.who.int/bitstream/handle/10665/332926/AFR-RC69-6-eng.pdf?sequence=1&isAllowed=y, accessed 16 May 2025)

4 Regional strategy for health security and emergencies 2022–2030. Report of the Secretariat, World Health Organization Regional Office for Africa, 2022 (AFR/RC72/8). (https://iris.who.int/bitstream/handle/10665/361858/AFR-RC72-8-eng.pdf?sequence=1&isAllowed=y, accessed 16 May 2025)

5 Framework for sustaining resilient health systems to achieve universal health coverage and promote health security, 2023–2030 in the WHO African Region. Report of the Secretariat, World Health Organization Regional Office for Africa, 2023 (AFR/RC73/5). (https://iris.who.int/bitstream/handle/10665/372381/AFR-RC73-5-eng.pdf?sequence=1&isAllowed=y, accessed 16 May 2025)

6 Framework for building climate-resilient and sustainable health systems in the WHO African Region 2024–2033. Report of the Secretariat, World Health Organization Regional Office for Africa, 2024 (AFR/RC74/9). (https://iris.who.int/handle/10665/378862, accessed 16 May 2025)

7 Strengthening preparedness for and response to public health emergencies through targeted amendments to the International Health Regulations (2005). Resolution of the Seventy-seventh World Health Assembly. (WHA77.17), June 2024. (https://apps.who.int/gb/ebwha/pdf_files/WHA77/A77_R17-en.pdf, accessed 7 July 2025)

8 WHO Pandemic Agreement, Resolution of the Seventy-eighth World Health Assembly. (WHA78.1), 20 May 2025. (https://apps.who.int/gb/ebwha/pdf_files/WHA78/A78_R1-en.pdf, accessed 7 July 2025)

9 Ensuring health security in the African Region: Annual report 2022, World Health Organization Regional Office for Africa, 2022. (https://www.afro.who.int/sites/default/files/2023-09/WHO-EN-AR-2022-WEB.pdf, accessed 16 May 2025)

the Promoting Resilience of Systems for Emergencies (PROSE) flagship supports Member States in strengthening preparedness through evidence-based legislation, including assisting them in implementing the amended International Health Regulations (IHRs), the Pandemic Agreement and enhancing operational readiness. These initiatives are further reinforced by strategic partnerships, such as the Joint Emergency Action Plan (JEAP) 2023–2026,[10] which supports Member States in strengthening core health security capacities.

5. **Gaps.** Despite the progress made, the Region must accelerate implementation to meet the 2030 health security targets. Chronic underfunding and donor dependence continue to slow progress, a vulnerability exposed by the announced withdrawal in 2025 of the United States Government from WHO and the suspension of key programme funding. Additionally, while these strategies provide a strong foundation, they lack detail on key enablers like multisector collaboration, emerging technologies such as artificial intelligence (AI), and innovative financing partnerships for resilient health systems.

6. **Purpose.** This technical paper advocates for the accelerated and innovative implementation of regional strategies to strengthen early detection, build resilient health systems, and forge strategic partnerships amid shifting global funding priorities to meet the 2030 health security targets.

Issues and challenges

Surveillance systems

7. **Subnational implementation of IDSR remains limited, including community-based surveillance.** Only 41% (19/46) of Member States that have adopted the third edition of the IDSR technical guidelines have achieved at least 90% district coverage. The slow roll-out of the third edition of the IDSR at the subnational level and insufficient capacity to operationalize community-based surveillance result in critical surveillance gaps, particularly in remote areas.

8. **Limited laboratory and genomic surveillance capacity** causes delays in outbreak confirmation and response. Challenges include inconsistent supply chains, limited testing platforms, transport barriers, inadequate sequencing infrastructure, weak bioinformatics and poor genomic data integration. Although significant progress has been made, the Region is yet to attain the target of all Member States having national laboratory systems capable of conducting at least five of the 10 core tests in over 80% of districts.

9. **Suboptimal mechanisms for cross-border surveillance**, amid extensive transportation networks and increasing mobility of humans, animals and their products, make tracking and responding to transnational outbreaks arduous. As a result, diseases can spread undetected across borders, leading to larger outbreaks that require more complex and costly response efforts.

10. **Suboptimal roll-out of electronic IDSR (e-IDSR).** Only 34 Member States (72%) have a functional e-IDSR system with over 90% coverage. This has hampered real-time data transmission and timely information flow, particularly from remote districts, delaying early detection and response to public health threats.

11. **Suboptimal uptake of modern technology, including artificial intelligence for early detection of public health threats** due to limited expertise to develop and maintain AI systems, weak integration with existing surveillance platforms, lack of robust governance frameworks, and

[10] The Joint Emergency Action Plan (JEAP) 2023–2026. (https://www.jointemergencyactionplan.com/, accessed on 16 May 2025).

limited utilization of local data for context-specific AI algorithms for detecting outbreaks and other public health events.

12. **Most Member States lack well-established, integrated and interoperable One Health, all-hazards data and information systems**, despite the rising threats from emerging and re-emerging pathogens, climate-related events, conflict-related hazards, food insecurity, chemical spills, industrial accidents, food and drug safety, among others.

Workforce

13. **A critical shortage of trained surveillance staff and other health care professionals,** particularly at the peripheral levels of the health care system, hampers timely event detection and overwhelms existing personnel during emergencies. This leads to delays that negatively impact response efforts and contribute to high case fatality rates in the early stages of outbreaks.

Preparedness and health system resilience

14. **Weak health infrastructure**, particularly in rural and conflict-affected areas, contributes to delayed recognition of emerging threats, hinders timely interventions, and undermines health system resilience to ensure the continuity of essential services during emergencies.

15. **Capacity gaps remain in building resilient systems** to adapt, respond to and recover from health emergencies in many Member States despite the strides made over the years in strengthening health security core capacities to detect, assess, notify and report events, as well as to respond to public health risks and emergencies. Many Member States, including those with fragile, conflict-affected and vulnerable settings, remain underprepared for public health emergencies.

Partnerships and financial gaps

16. **Fragmented coordination among partners and limited engagement of local actors,** leading to duplication of efforts and inefficient use of resources for critical health security programmes, as well as limited ownership of interventions in the Region.

17. **Competing priorities between global health actors and partners and shifting donor interests** often result in misalignment with health security priorities, potentially sidelining critical initiatives in favour of donor-driven projects.

18. **Overreliance on a few donors and partners** for strengthening health security makes the Region vulnerable to shifts in political and funding priorities. Recent decisions by some governments to cut official development assistance further exacerbate the financial uncertainty, putting essential health security programmes in the Region at risk.

19. **Significant funding shortfall.** The announced withdrawal of the United States Government from WHO and the subsequent suspension of funding for some critical health programmes have resulted in a projected shortfall of US$ 65 million, representing 36.65% of the Region’s budget for emergency preparedness and response. In addition, reliance on voluntary contributions and earmarked funds has led to unpredictable financial flows, affecting long-term planning and programme continuity. This funding gap severely undermines early warning systems and constrains the Region’s ability to sustain critical health security infrastructure and build resilient health systems.

20. **Inadequate domestic funding for health systems** weakens the ability to deliver quality services, maintain critical supplies, build capacity and effectively prepare for and respond to public health emergencies. This underinvestment not only compromises immediate emergency readiness but also weakens institutional capacity, ultimately threatening the long-term resilience and sustainability of national health security systems.

Actions proposed

Member States should:

With respect to surveillance systems

21. **Accelerate the subnational roll-out of the IDSR third edition**, including strengthening community-based surveillance through targeted training, provision of tools, and integration with routine primary health care services. To ensure high-quality implementation, supportive supervision and performance monitoring should be strengthened, ensuring alignment with IDSR guidelines. Epidemic-prone, high-risk districts should be prioritized for investments during the roll-out.

22. **Strengthen national laboratory and genomic surveillance capacities** by investing in supply chain management for essential diagnostics and expanding multiplex testing capacities. Invest in enhancing sample transport networks, particularly from remote areas, to reduce turnaround time. Also, invest in the establishment and upgrading of in-country sequencing infrastructure and build bioinformatics capacity to enable timely genomic analysis. Strengthen biosafety and biosecurity through laboratory upgrades, staff training, and protocols for safe handling, transport, and containment of infectious materials.

23. **Adopt legal and regulatory frameworks that facilitate cross-border surveillance**, data sharing, and the deployment of digital infrastructure at border areas to detect and respond to transnational health threats.

24. **Accelerate the implementation of electronic IDSR (e-IDSR),** ensuring alignment with governments' digital transformation initiatives and eHealth strategies for coordinated investments and sustainability. Promote the use of hybrid (online-offline) solutions and synchronization features, particularly in remote areas with network challenges, to mitigate connectivity challenges and enhance real-time data transmission.

25. **Strengthen One Health, all-hazards surveillance by developing and operationalizing AI-driven integrated and interoperable data and information systems** through multisector collaboration, standardized data-sharing protocols and interoperable platforms. This will enable real-time information exchange across human, animal, environment and other relevant sectors. Furthermore, invest in modern technologies, including AI, by building technical expertise, establishing governance structures and improving access to local data to ensure effective, context-specific applications for the early detection of public health events.

With respect to the workforce

26. **Invest in workforce development** by ensuring adequate staffing, equitable distribution and continuous training to meet both individual care and public health needs, particularly during health emergencies. Foster collaboration with educational institutions to ensure alignment of training programmes with national workforce development strategies and priority health security needs.

With respect to preparedness and health system resilience

27. **Enhance resilience in health systems, fragile and conflict-affected areas, and at community level** by embedding resilience across all health system building blocks, including leadership, governance, service delivery, workforce and infrastructure, through multisector collaboration, maintaining continuity of essential services during emergencies, and incorporating lessons from past emergencies. Strengthen coordination with humanitarian partners in fragile and conflict-affected settings to ensure health service continuity and early warning systems in high-risk zones. Reinforce resilience at the community level by institutionalizing local community engagement, supporting risk communication, training grassroots organizations, and co-developing early warning strategies with front-line populations to build trust and enhance responsiveness.

With respect to partnerships and closing financial gaps

28. **Enhance partnerships and financing** by broadening and diversifying strategic partnerships through active engagement with regional development banks, philanthropic institutions, academia, and public-private partnerships to unlock innovative solutions and sustainable financing for health security in the Region. Align national and regional priorities with donor support by institutionalizing joint planning frameworks and coordination mechanisms to ensure that donor investments reinforce strategic priorities and core capacities, rather than drive parallel or disconnected initiatives. Increase contributions to key regional and global health security mechanisms such as the African Public Health Emergency Fund (APHEF) and the WHO investment round to ensure timely, flexible funding for outbreak and emergency responses and to strengthen predictable, country-focused support. Allocate dedicated resources through increased budgetary appropriations to resilience-building activities across routine and emergency contexts.

WHO and partners should:

29. **Provide strategic leadership and technical support** to Member States in setting standards, developing frameworks, guiding implementation, and monitoring the performance of surveillance systems for early event detection and response.

30. **Support Member States in building core IHR capacities** through training, technical assistance and institutional development, with an emphasis on surveillance and intelligence, integrated data and information systems, and diagnostic and genomic capacities. Ensure that the domestication and entry into force of IHR amendments and the Pandemic Agreement by Member States are supported through legislation reviews, technical support and institutional strengthening.

31. **Facilitate cross-border collaboration and regional platforms** to enhance timely information sharing and joint responses to public health threats and health-related emergencies.

32. **Support Member States to mobilize resources, coordinate partner and donor support and advocate for sustainable investments** in resilient health systems, enabling alignment of donor support with national and regional priorities and ensuring financing for emergency preparedness and response.

33. The Regional Committee reviewed the technical paper and noted the proposed actions.