



**World Health
Organization**

REGIONAL OFFICE FOR **Africa**

AFR/RC65/R1
25 November 2015

REGIONAL COMMITTEE FOR AFRICA

ORIGINAL: ENGLISH

Sixty-fifth session

N'Djamena, Republic of Chad, 23–27 November 2015

RESOLUTION

THE AFRICAN PUBLIC HEALTH EMERGENCY FUND: STOCKTAKING (Document AFR/RC65/9)

The Regional Committee,

Having examined Document AFR/RC65/9 entitled “The African Public Health Emergency Fund: Stocktaking”;

Recalling Regional Committee Resolution AFR/RC64/R6 urging Member States to honour their commitments to the African Public Health Emergency Fund (APHEF) as well as previous related resolutions;

Further recalling Resolution AFR/RC61/R3 on APHEF Membership and Document AFR/RC62/4 reassigning the Republic of South Sudan to the African Region;

Noting with apprehension the sharp increase in declared public health emergencies in the Region and the need for immediate and timely response;

Greatly concerned by the very low level of contribution from Member States to the APHEF so far; and

Taking into account the provision of the APHEF Operations Manual on the Fund Governance Structure, and on the creation and membership of the APHEF Monitoring Committee;

1. **APPROVES** the proposal by the WHO Secretariat to renew the membership of the Monitoring Committee of the Fund as follows:

- (a) Ministers of Health: Cabo Verde, Chad and Zimbabwe;
- (b) Ministers of Finance: Benin, Congo and Swaziland.

2. **WELCOMES** South Sudan as a new Member State of APHEF.

(3) **URGES** Member States to honour their commitments to APHEF by paying their contributions.

4. REQUESTS the Regional Director to:
- (a) Strengthen the APHEF Secretariat as appropriate such that it fully plays its role, particularly for advocacy and resource mobilization.
 - (b) Carry out an assessment to understand the underlying factors that impede Member States' contribution.
 - (c) Establish a multidisciplinary expert group to:
 - (i) review the current format of APHEF and propose alternatives;
 - (ii) review the criteria for determining each Member State's contribution; and
 - (iii) reconsider eligibility criteria.
 - (d) Intensify high-level advocacy and facilitate consultations between Ministers of Health, Ministers of Finance and other relevant ministers, with a view to prioritizing the payment of Member States' contributions.