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Compendium of impact case studies

From the World Health Organization Country Office in Gabon 2020 – 2022

Organisation mondiale de la Santé
Gabon

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Contents

Introduction

The Thirteenth General Programme of Work, 2019–2025 (GPW 13) focuses on making a measurable impact on people's health in all countries. GPW 13 is structured around three interconnected strategic priorities to ensure healthy lives and well-being for all at all ages: achieving universal health coverage (UHC), addressing health emergencies and promoting healthier populations. UHC has been identified by the WHO as one of the main instruments of change proposed by the 2030 Agenda. Since 2019, different levels of WHO have developed their cooperation strategies and biennial operation plans in line with GPW 13 priorities.

The pandemic of coronavirus disease (COVID-19) was unprecedented in terms of both its scale and its impact on the achievement of the Sustainable Development Goals (SDGs). It has been a uniquely disruptive event that hindered the effective implementation of GPW 13 by WHO and its Member States.

Although the response to COVID-19 has been a key part of its work from 2021 to 2022, the WHO Country Office, with the support of the different levels of the organization, provided multifaceted support to the Gabonese Government to maintain the continuity of essential health services.

Qualitative country case studies is one of the three core components of the WHO results framework established by the Secretariat in consultation with Member States, which has been used for reporting on GPW 13 since 2019.

This first compendium collates case studies and key programmatic results that we have achieved in close collaboration with our partners to support Gabon. It highlights WHO's significant contribution to achieving the results of GPW 13 in Gabon during the first biennium of its implementation. Finally, this report is intended to present to governments, partners and the general public progress, achievements and best practices in the implementation of GPW 13 by the WHO Country Office in Gabon over the 2020 – 2022 period.

Outcome 1.1

Improving access to quality services, regardless of gender, age or disability

Impact case study 1: WHO's contribution to reducing maternal, neonatal and infant mortality in Gabon

Short title: WHO's contribution to reducing maternal, neonatal and child mortality

Dr Annie M Mbouwezigolo Mbadinga and Dr Adjoa Agbodjan-Prince (Focal Point Maternal, Neonatal, Infantile, Adolescent Reproductive Health)

In Gabon, although 90% of births are assisted by skilled personnel, the ratio of maternal mortality and neonatal mortality remains high, 252 per 100 000 live births and 18.84 per 1000 live births respectively in 2021. These rates are lower than those observed in many other African countries, but are far from the SDGs' targets, which aim to reduce maternal mortality to below 70 per 100 000 live births and neonatal mortality to 12 per 1000 live births or fewer by 2030.

This is why WHO, according to its GPW 13, aims to bring the situation in Gabon closer to the minimums set by the SDGs. The WHO Country Office in Gabon has therefore supported the significant improvement of the quality of maternal, neonatal and paediatric care in order to end the avoidable mortality and morbidity of mothers and newborns. In addition, from 2020 to 2022 it provided technical and financial support to the Ministry of Health and Social Affairs (MoHSA) for four health facilities in four health regions, namely, Libreville-Owendo-Akanda, West, Central and North regions.

The joint interventions (WHO–MoHSA) have supported four health reference structures and 11 departmental health structures to undergo the process of improving the quality of maternal, neonatal and paediatric health care to identify gaps and propose corrective actions.

How has Gabon managed to reduce maternal and neonatal mortality?

With WHO funds (received from the WHO-led Swedish Agency for International Cooperation project), which amounted to US$ 110 000, the MoHSA conducted the assessment of the quality of care provided to mothers, newborns and children in four health training facilities, including the Egypto-Gabonaise Cooperation Hospital and the regional hospitals of Port-Gentil, Lambaréné and Franceville. To do this, the WHO has also developed and made available an assessment tool that is used to scale care according to scores ranging from 5 to 1 for each target (mother, newborn and each child).[1]

From 2021, this assessment was coupled with the analysis of the records of patients and newborns being hospitalized, and of those who died in the previous year and during the current year in the facility.

The assessment confirmed weaknesses in the care provided to mothers, newborns and children, with grades from "1" to "3". Analysis of the files enabled us to assess the way the files were kept and the prescriptions made, as well as to determine whether or not the deaths recorded were avoidable.

In light of these findings, WHO assisted the assessed facilities to develop and implement appropriate improvement plans. In addition, joint supportive supervision missions involving the MoHSA and in-situ hands-on training sessions were organized in the four regions.

These training and supervision missions and hands-on training made it possible, among other things, to monitor maternal and child health care providers in the performance of their duties, to verify the effectiveness of the implementation of national guidelines, to build the capacity

1 The score "5" means that applied care practices are in compliance with WHO standards, "4" indicates standard-approximate care practice with limited need of improvement, "3" measures a certain need for improvement to meet standards, while "2" measures a considerable need to improve, and "1" shows that services are not provided and that the care is completely inadequate, or that the practices pose a fatal risk.

of 250 providers and to examine best practices. They also enabled the main problems and needs to be identified and responded to. Equipment (10 complete birth boxes, 10 complete perineal refiners, 10 equipment sterilization devices, five mechanical hoovers, three electric hoovers, 500 boxes of 100 non-sterile examination gloves, 200 adult voltmeters and 500 discs for choosing contraceptive methods, according to eligibility criteria, etc.) and various guidelines were made available.

During the implementation period of the improvement plans, a mid-term review was conducted. It revealed the effectiveness of some corrective actions, such as the appointment of service heads where this position was vacant, and a laboratory that became operational 24 hours a day, while previously it was only open half a day. This mid-term review also noted that permanent agents had been assigned to the hospital for patient sorting; a weekly staff component had been appointed in each obstetric gynaecology department; and a care schedule had been developed and posted. In addition, personnel dedicated to awareness-raising and recycling of waste had been assigned, and a continuous training programme for health care personnel had been set up. Finally, an agreement was signed with the inpatient catering service.

> **“Knowing that outside eyes are observing our current practices is stressful, but this exercise has enabled us to realize that they are not always compliant and that we need to improve them.”**
>
> **Anonymously affirmed by a health staff member of the Port-Gentil Regional Hospital**

Given its mid-term results, we can conclude that this experience is fruitful and worth continuing. Although it was stressful for the staff of the evaluated facilities, this intervention was generally welcomed and led providers to improve their common practices for the benefit of mothers, newborns and children in order to significantly reduce deaths.

However, these interventions require sustainable financial resources that are not always available. Swedish funding has been of great help, but is far from sufficient if we want to reach, by 2030, the standards set for maternal, neonatal and infant mortality in Gabon. Thus, other financial partners should be called on to increase funding in order to sustain the achievements and extend the experience to all health facilities in the country.

Key WHO contributions

- WHO contributed US$ 110 000 to the quality assessment of maternal, neonatal and paediatric care at the Egypto-Gabonaise Cooperation Hospital and in the Regional Hospitals of Port-Gentil, Lambaréné and Franceville.
- Supplied 10 complete birth boxes, 10 complete perineal refiners, 10 equipment sterilization devices, 5 mechanical hoovers, three electric hoovers, 50 000 non-sterile examination gloves, 100 000 adult voltmeters and 500 discs for choosing contraceptive methods.
- Built the capacity of 250 child and maternal health care providers in 11 departments through supervision missions.

The Director General (black suit) and the Interim Director of Medical Affairs (medical coat) of Regional Hospital AMISSA BONGO of Franceville with the evaluation team

Impact case study 2: Ensuring access to routine vaccination throughout the COVID-19 pandemic in Gabon

Short title: Ensuring access to routine vaccination throughout the COVID-19 pandemic

Dr Ricardo Obama Nse Obono (Focal Point Immunization and Vaccine Diseases)

In 2021 WHO collaborated with the Government of Gabon to launch the Intensified Vaccination Activities (IVA) programme. The programme was developed in response to declining immunization coverage, increasing vaccine hesitancy and interruptions to routine immunization due to the COVID-19 pandemic. In October 2021, approximately half of unvaccinated children aged from 0 to 11 months received Penta 3, oral poliovirus vaccine type 3 (OPV3), inactivated polio vaccine (IPV), varicella vaccine (VAR) and yellow fever vaccine (YFV) through the IVA programme. Follow-up rounds conducted monthly resulted in the further administration of Penta 3 and OPV3 vaccinations to more than 2700 children, a further 2371 children receiving IPV, 5415 children vaccinated with VAR, and 3139 pregnant women receiving the tetanus vaccine. The implementation of the IVA programme successfully restored immunization coverage for Vaccine Preventable Diseases (VPDs), even surpassing prepandemic levels. Penta 3 vaccine coverage, which protects against five VPDs, rose from 63% in 2020 to 72% by the end of 2021.[2]

How did Gabon, with the support of the WHO Secretariat, achieve this?

In order to ensure high vaccination coverage in all districts, WHO provided the Government of Gabon with technical support and funding to develop an operational plan based on the Reach Every District (RED) approach. This approach, outlined in the WHO Regional Strategic Plan for Immunization, is designed to ensure equitable access to vaccination. This operational plan was used to advocate for additional funding from partners and donors, and WHO Gabon successfully raised US$ 400 000 to cover operational costs for a catch-up immunization campaign.

In order to mitigate the disruption caused by the COVID-19 pandemic, WHO provided technical advice to the MoH to adjust the routine vaccine schedule. In September 2021 COVID-19 vaccines were received through the COVAX mechanism, a partnership between the Coalition for Epidemic Preparedness Innovations (CEPI), Global Alliance for Vaccines and Immunization (GAVI), United Nations Children's Fund (UNICEF) and WHO. Routine vaccinations were then administered through the IVA programme in three rounds from October to December 2021, which was integrated with the national COVID-19 vaccination campaign.

WHO provided the MoH with complete technical and financial support to ensure the effective implementation of the IVA programme. This included training 20 national-level trainers from the MoH and STOP Program[3] consultants on the RED approach and surveillance techniques; financial support to train and deploy 256 health facility staff, including nurses and midwives, for each phase of the IVA; training and financial assistance to central and regional supervisors to improve management of the campaign and monitor adverse events following immunization; technical advice and funding for teams of vaccinators and social mobilizers who visited villages and neighbourhoods to actively search for children who had not yet been immunized; and operational support for the transportation of materials and vaccinations.

WHO acted as the lead government partner, communicating and coordinating with UNICEF in all regions and with the Red Cross in some regions to ensure that vaccination activities were conducted effectively and efficiently while protecting staff and patients from COVID-19.

WHO and UNICEF worked together to raise awareness of the availability of vaccines in the community, conducting a communication campaign that aimed to build and maintain public confidence in immunization and the health system. WHO provided technical support to create messages for the campaign, which were then distributed throughout the country via multiple channels, such as radio, television, websites, newspapers, SMS messages and the existing social mobilizer network. In Gabon, social mobilizers, who are funded by the government, are responsible for informing their communities about health matters and initiatives.

WHO, in collaboration with UNICEF, has been closely assessing the progress of vaccination services in Gabon. Evaluation meetings, supervisory visits, and surveys conducted using Open Data Kit (ODK)[4] have been used to evaluate service performance and identify any potential barriers to vaccination. The data collected have been used to inform investments to improve the services in areas of need.

[2] https://data.unicef.org/wp-content/uploads/2022/07/gab.pdf

[3] https://www.cdc.gov/globalhealth/immunization/stop/about.html#:~:text=The%20STOP%20Program%20recruits%20and,and%20help%20support%20polio%20eradication

[4] https://getodk.org/

> **The COVID-19 pandemic posed a great challenge to Gabon, but routine vaccinations were prioritized and protected. WHO analysed health system indicators and mobilized resources. By partnering with the Government of Gabon and engaging with diverse stakeholders, WHO channeled implementation support to fill identified gaps in the health system, making it more resilient.**

Dr Magaran Monzon Bagayoko, WHO Representative in Gabon

The IVA programme demonstrated success in addressing vaccine hesitancy and increasing coverage, despite the disruption of health services caused by the pandemic. This success highlights the necessity of strong partnerships between government, WHO and other partners, along with clear communication and engagement with the public, in order to achieve successful vaccination outcomes.

Key WHO contributions

- WHO developed the strategic and operational plan.
- Successfully advocated for funds to cover operational costs.
- Trained the workforce and coordinated with partners to ensure safe and effective implementation.
- Developed and implemented a communication campaign to improve community awareness.
- Monitored vaccination services.

The Minister of Health administers a vaccine at the launch ceremony

Impact case study 3: Community agents' involvement in finding contacts for tuberculosis (TB) patients, an innovation in Gabon

Short title: The impact of community agents in the fight against tuberculosis (TB)

Dr Ghislaine Nkone Asseko (Focal Point Transmissible and Non-Transmissible Diseases) and
Dr Casimir Manzengo Mingiedi (Focal Point Fight Against HIV/AIDS, Tuberculosis and Hepatitis)

The prevalence of pharmaco-resistant tuberculosis (TB) in Gabon is critical; it is one of the 30 countries with the highest burden of TB in the world, with the number of cases increasing from 66 in 2019 to 103 in 2020 and at 83 in 2021.

Despite the limited experiments in community involvement carried out in 2016 with financial support from the Global Fund, the country is still struggling to effectively control this disease, which requires active community engagement.

This experience focused on raising public awareness, referring people presumed to be ill, tracking down irregular migrants and helping them to comply with the treatment protocol.

Drawing on the lessons learned in 2016, in 2020 WHO helped the government to conduct a pilot experiment in the effective involvement of communities in TB control. WHO, through technical and financial support, helped enrol community health extension workers, provided them with hands-on training and deployed them to search for TB contacts; namely, for those individuals who had been in contact with TB patients. With the aim of reducing the risk of transmission of the disease within the community this strategy, tested for three months in two health regions (Libreville-Owendo and West), has proven to be effective. This report presents what works in this pilot project, as well as the lessons learned.

WHO pathway to improve tracing of TB contacts in Gabon

The WHO facilitated a household survey targeting people living in the vicinity of TB patients. We aimed to direct the identified cases to the nearest Diagnostic and Treatment Centres to determine their TB status.

The investigation was conducted by community agents from five WHO style guide stipulates 'nongovernmental' organizations (NGOs), including the Gabonese Red Cross, National Youth Network for Sexual and Reproductive Health Matters (RENAPS/AJ), Health Information System of Gabon, ALSEM NGO and Fréquence 15. They were coordinated and supervised by staff from the National Tuberculosis Programme and WHO Gabon's TB Focal Point in collaboration with the WHO International Support Team for Central Africa. Three other departments (the National HIV-AIDS Programme, the National Service for Health Education and the Director-General of Health) from the MoHSA participated in this investigation. In addition to financial support, WHO facilitated the development of protocol tools used in the field. These included an investigation sheet, a suspected case referral form and a referral follow-up form.

Eleven mixed teams of three people, including two Community Health Extension Workers (CHEWs), were set up. They were each in charge of visiting six households a week, and of obtaining the consent of the patient there to talk to the other members of the household and to those in his or her immediate surroundings. Previously, appointments were made with each patient or their family for individual interviews. These semi-directed interviews were conducted at home or in the place indicated by the patient. They were able to collect data that were processed in Excel.

Thus, the survey examined 374 subjects from 69 households, with groups ranging in size from 1 to 24 people. The age of the respondents was from 5 months to 76 years. All contact subjects of the visited patients were examined; those without presumptive signs of TB were placed on preventive treatment and those with signs were directed to the diagnostic centres to pass the GeneXpert test (a rapid diagnostic test for TB detection).

> **"I didn't know that the Nkembo Hospital Social Service was doing this kind of work. I am really surprised to see them in our home to raise awareness and check if everything is well. Really, thank you. It is a praiseful and unprecedented act. Thank you to the staff who support our patients."**
>
> **Ms Medza Obama Natasha Carine, the mother of a 5-year-old girl with TB**

The analysis of the data revealed that 108 of the 374 subjects surveyed were TB contacts. Among them were 53 children under the age of 5 eligible for preventive treatment, 18 cases of suspected TB and one multidrug-resistant TB contact with his 16 subjects or contacts. People suspected of TB were directed to the Diagnostic and Treatment Centres to pass the GeneXpert examination, while the patient with the multidrug-

resistant TB was placed under second-line anti-TB treatment. Most of the patients expressed their gratitude to the investigators for these visits made to their living environment.

The above results show the primary role of CHEWs in the success of family interventions in the field of TB control in Gabon. Indeed, the trust relationship previously established with the patients and with their families, as well as with the accompanying agents in the patients' therapeutic journey, has helped to facilitate adherence to and acceptance of the survey by those concerned. CHEWs also ensured the monitoring of treatment compliance and the therapeutic follow-up of patients, the majority of whom were appreciative of the home visits. However, in order to make a bigger impact by reducing the risk of transmission of TB within families and by bringing TB patients to treatment, it is necessary that this experience be extended to a larger number across the territory. This requires the prior mobilization of sufficient resources to expand this activity.

Key WHO contributions

- WHO provided financial support for the Multidrug-Resistant TB Patient Contact Subjects Survey and Missing Subjects at the GeneXpert Pole level, April 2021.
- WHO contributed to tracing 374 subjects.
- WHO detected 108 new cases of TB, resulting in 55 adults and 53 children being directed to treatment centres.

Interviews with patients and contacts in the community

Impact case study 4: Bringing human immunodeficiency virus (HIV) care to beneficiary populations in Gabon

Short title: Approaching the care of people living with the human immunodeficiency virus (HIV)

Dr Ghislaine Nkone Asseko (Focal Point Transmissible and Non-Transmissible Diseases) and
Dr Casimir Manzengo Mingiedi (Focal Point Fight Against HIV/AIDS, Tuberculosis and Hepatitis)

Gabon is a country with a widespread outbreak of HIV, with a prevalence of 3.6 % in 2021 (Department of Health Survey (DHS) 2019–2021). To treat people carrying the virus, since 2001 it has gradually built and opened outpatient treatment centres which are exclusively dedicated to HIV/AIDS, eight of which offer both HIV/AIDS care and general medicine, as well as domestic medicine. All this was technically and financially supported by WHO and the French Cooperation.

Over time, it had turned out that with centralization, the number of care sites for people living with HIV (PLHIV) was insufficient to allow effective access to HIV/AIDS prevention, care and treatment. In addition, centralization promoted the stigmatization of PLHIV.

That is why, with the service delivery model proposed by WHO, the system has been simplified through decentralization and integration of services. At the same time, the country delegated tasks to nonspecialized providers through task shifting. In addition, the number of support structures has increased from 18 to 43. This has brought care closer to recipients and increased the annual Active File (total number of people cared for in a given facility during the year) of PLHIV who are receiving antiretroviral (ARV) treatment.

WHO pathway to HIV care for beneficiaries in Gabon

The 10 outpatient treatment centres created in 2001 covered all the provinces of the country; two are in Libreville, which is the administrative capital, and one is in each of the eight provincial capitals. In addition to the outpatient treatment centres, there were seven medical departments in the country and the paediatric department of the University Hospital Centre of Libreville, which also cared for adult and child PLHIV, making a total of 18 HIV structures. They were responsible for providing comprehensive therapeutic care for PLHIV in accordance with national technical guidelines developed on the basis of international recommendations. With this number of facilities, however, sick people living in remote areas, far from the main towns, had difficulty accessing care.

This finding prompted the WHO to propose the “Treat All Strategy” to the government at the end of 2018. This consisted of decentralizing the management of PLHIV by integrating HIV care into the internal medicine and infectiology services of the public and private health structures (university hospital centres, regional hospital centres, health centres, medical centres, clinics and polyclinics) of all provinces of the country, including Libreville. Indeed, with the technical and financial support of WHO and the French Red Cross, the country has gradually decentralized the management of PLHIV, starting with some public hospitals in Libreville and two religious hospitals within the country. Today, the number of support structures has increased from 18 to 43.

Since then, WHO has continued to provide technical and financial support to the National Programme for HIV/AIDS and Sexually Transmitted Infections Control. This support includes three components, namely, capacity-building, adaptation of international guidelines, and production–distribution of technical documents and equipment.

With regard to capacity-building, it involved training of health care providers: doctors, nurses, laboratory technicians, psychologists, social workers, pharmacy managers, drug managers and data managers. From year to year, this capacity-building has been extended to the providers of integrated public and private health structures. Initially, it was mixed training, with participants with different profiles (general doctors, paediatricians, nurses, psychologists or laboratory technicians grouped together). In the last two years, the training sessions have been specialized according to profile or professional category. There were five types of sessions: for doctors, nurses, social workers, drug managers and data managers. The guidelines were adapted to those recommended by WHO for HIV prevention and antiretroviral treatment.

As for technical equipment, at the end of each training session providers received kits of all patient management tools, as well as a batch of HIV screening and ARV drugs. This enabled them to start taking effective care of people living with HIV immediately upon their return to their health facilities.

From 2021 to 2022, WHO Gabon produced and distributed 2000 technical guides. They focused on counselling and testing for HIV, taking care of adults, adolescents and children. They also addressed the supervision and the specifications of the participant prevention of mother-to-child transmission (MTCT). In addition, WHO has reproduced

and distributed more than 2000 posters on HIV screening, early diagnosis, treatment and follow-up protocols for all age groups, as well as blood exposure accident prevention. Finally, WHO produced and distributed records for patient consultations and for dispensing of ARV drugs.

Post-training follow-up is provided by WHO through on-site visits, by conventional telephone or via WhatsApp. The monitoring is also carried out by the National Programme for HIV/AIDS and Sexually Transmitted Infections Control through annual service provider supervision missions, thanks to the technical and financial support of WHO. This monitoring helps to maintain good practices and ensures the quality of HIV care.

In addition, an annual review of PLHIV therapeutic care is carried out with the managers of all PLHIV care centres and services with the technical support of WHO. Thus, from 18 in 2017, the number of PLHIV support structures increased to 26 in 2018, 35 in 2020 and 43 in 2022. The number of PLHIV treated increased from 24 208 in 2020 to 25 375 in 2021.[5]

WHO's regular technical and financial support to the National Programme for HIV/AIDS and Sexually Transmitted Infections Control for several years has helped improve the management of PLHIV. In fact, with 43 outpatient treatment centres by 2022, HIV services are gradually being brought closer to the population through the decentralization and integration of these services into public and private general and internal medical structures in all provinces. This strategy also helped to reduce the stigma of PLHIV, exacerbated by the centralization of care through outpatient treatment centres. However, the availability and accessibility of ARV drugs to the population, especially the vulnerable population, remains a major challenge that needs to be addressed as a priority in order to build on the progress made and achieve the objectives of GPW 13.

Key WHO contributions

- WHO supported to bringing HIV services gradually closer to the population with the operationalization of 43 outpatient treatment centres.
- From 2020 to 2021, 1167 additional PLHIV were enrolled in treatment.

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[5] Annual activities reports of PNLIST/HIV-AIDS from 2001 to 2022.

Impact case study 5: WHO and the Government of Gabon contribute to promoting healthy ageing

Short title: Promotion of healthy ageing

Dr Annie M Mbouwezigolo Mbadinga (Focal Point Maternal, Neonatal, Infantile, Adolescent Reproductive Health)

Ageism is the way we think, feel and act towards others or ourselves as we get older. Older people are those aged 60 and over. The 2021 *Global Report on Ageism* states that one in two people globally have ageist attitudes about older people. Ageism contributes to marginalizing older people within their community, reduces their access to health care and social services, and limits the appreciation and use of their human and social potential.

This is why from 1 to 31 October 2021, WHO Gabon, in collaboration with the MoHSA, organized a national campaign to combat ageism directed against the elderly. The campaign was aimed at raising public awareness of this phenomenon and the insufficient attention paid to this segment of the population. Interested parties, NGOs and associations working with the elderly, and the general public all raised awareness about the extent and impact of ageing and ageism on our elders. The following describes what was done during the campaign and its immediate results.

WHO pathway to promote healthy ageing in Gabon

During this month of awareness raising, numerous activities were organized, mainly in the province of Libreville, the largest in the country, in the municipalities of Libreville, Owendo and Akanda. Five sites were targeted: namely, the National Centre of Geriatrics, the Public Garden of the Owendo Town Hall, the Town Hall Esplanade of the 6th arrondissement (or district) of Libreville, the Akanda Town Hall Hotel Esplanade and the Malibé School 1. WHO provided US$ 60 000 in financial support, which enabled the establishment and operation of a multisectoral organizing committee and the provision of roaming caravans in the target sites.

These caravans included awareness-raising sessions for the elderly and the general public on various topics, such as ageing, nutrition, exercise, diabetes, high blood pressure (HBP), cancers, abuse, the care circuit for economically insecure older people, etc. In addition, diabetes, HBP screening sessions and ophthalmological consultations were organized. Read-ready reading glasses and product kits (for example, anti-inflammatory balsam, hydro-alcoholic gel, multivitamins, etc.) were distributed. Furthermore, elderly persons not registered with the National Health Insurance and Social Security Fund were registered and enrolled. At all sites they were given snacks (sandwiches and water). All these services and products were offered free of charge.

In addition to the MoHSA, the National Centre for Geriatrics and Gerontology, the National Directorate of Maternal and Child Health, the National Blindness and Deafness Control Programme, the National Noncommunicable Disease Programme, and the Department of Social Affairs and Women's Rights also participated in the campaign. Other participants included the National Health Insurance and Social Guarantee Fund, municipalities, NGOs and associations (International Francophone Network of Seniors, National Federation of Associations of Persons Living with Disabilities, SOS Vieillesse, Age d'or, and Fréquence 15).

The awareness-raising campaigns were carried out by NGOs and associations: the screening for diabetes and HBP by the National Noncommunicable Disease Programme; the ophthalmological consultations by the Programme to Combat Blindness and Deafness; and the registration and recruitment of the elderly through the National Health Insurance and Social Security Fund.

In total, 1468 people were targeted. Of these, 1086 elderly people were tested, including 509 for diabetes and 577 for HBP. This allowed us to identify 67 diabetics and 171 people with HBP. The ophthalmologists diagnosed 382 cases, including 7 cases of glaucoma, 214 cases of ametropias and 6 cases of neuropathy. After that, 159 reading glasses were distributed as well as small kits consisting of a tube of nonsteroidal anti-inflammatory drugs, a bottle of hydroalcoholic gel and multivitamins.

In addition, in the municipalities of Owendo, Ntoum, Ndjolé and Lambaréné, an identification campaign for elderly and disabled people was organized with the help of the National Federation of Associations of Persons with Disabilities in Gabon. It identified 1000 older people and made files available for them.

Moreover, a television advertisement to raise awareness among the elderly was broadcast on national television throughout October. At the same time, a number of visual aids were produced, reproduced and distributed, including posters, kakemonos (vertically hung banners), leaflets and brochures.

In conclusion, this national campaign helped raise public awareness about the phenomenon of ageism in relation

to the elderly. The first experience of its kind, the roaming campaigns to raise awareness of the elderly in Libreville, and the missions to identify them in the municipalities of Owendo, Ntoum, Ndjolé and Lambaréné, have reached 3000 older people, who are frequently vulnerable and abandoned populations. Good stakeholder collaboration, effective involvement, strong elderly participation and WHO's technical and financial support have been effective factors for the success of this campaign. This success bodes well for the expansion of the campaign to the entire country.

In order to sustain the achievements, there is a need for post campaign follow-up to maintain the momentum. To capitalize on the achievements, greater political engagement is needed. This should also require awareness raising and recruitment of more volunteers and specialists, such as ophthalmologists, cardiologists and diabetologists. Free consultations, support and care for older people diagnosed with noncommunicable diseases and victims of abuse should be addressed as a priority.

Key WHO contributions

- WHO contributed US$ 60 000 for the establishment and operation of a multisectoral organizing committee, for the provision of caravans, and for the recruitment of the elderly to the National Health Insurance and Social Security Fund.
- 1086 elderly people were tested, including 509 for diabetes and 577 for HBP.
- 67 diabetics and 171 cases of HBP were detected and directed to treatment facilities.
- The WHO-led campaign also contributed to the diagnosis of 7 cases of glaucoma, 214 cases of ametropias and 6 cases of neuropathy.
- A total of 159 reading glasses were distributed free of charge to older people.
- WHO produced and broadcast a video magazine to raise awareness on ageism is Gabon.

Celebration of International Day of the Elderly in conjunction with the launch of the National Campaign against Ageism for Older People

Care for retirees at the Estuaire Regional Hospital (Melen Hospital)

Outcome 2.2
Prevention of epidemics and pandemics

Impact case study 6: Contribution of infection prevention and control committees to improving the quality of care: case of Libreville Egypto-Gabonaise Cooperation Hospital

Short title: Contribution of infection prevention and control committees in improving the quality of care in Gabon

Dr Armel Boubindji Nzobaba (Country Preparedness & Country Preparedness and International Health Regulations Officer); and Mr Alex Bekale B'Allogo (Focal Point Infection Prevention and Control)

In several African countries, infection prevention and control (IPC) measures are yet to be adequately implemented in most health facilities. The same is true in Gabon due to the inadequate application of standard precautions to all patients, the lack of health workers trained in the practice of IPC, and insufficient water, sanitation and hygiene (WASH) services (IPC–WASH Report Evaluation). These deficiencies threaten the quality of care and facilitate the spread of nosocomial infections.

The advent of COVID-19 was an opportunity for WHO Gabon to make infection prevention a key pillar of the response to the pandemic. WHO thus helped the country to set up IPC committees in health facilities to ensure the coordination and continuity of IPC activities in a context where resources were limited. Based on our experience at the Egypto-Gabonaise Cooperation Hospital in Libreville, we present below the actions undertaken, the main achievements and the lessons learned with a view to strengthening the IPC measures.

WHO pathway to improve IPC in health facilities in Gabon

WHO provided support in three dimensions thanks to its World Bank-funded project on Access to Basic Services in Rural Areas and Capacity-Building (PASBMIR). The Country Office recruited a national consultant in charge of IPC in December 2020 to coordinate the Country Office's actions in this area. Subsequently, it organized health personnel training sessions followed by the establishment of an IPC committee by the respective health facilities. Finally, WHO supplied equipment worth more than US$ 2 million (namely, personal protective equipment (PPE), hand washing stations, waste treatment units and consumables) and IPC–WASH guidelines.

The training was one of the components of PASBMIR, which provided 50 training sessions to IPC staff in health facilities. At the end of each training session an IPC–WASH committee was set up. The members of these committees were exclusively those who have received training and have been approved by the head of the health facilities. The task of these committees was to facilitate the take-up of IPC measures by their health facilities, with the use of strategies aimed at ensuring compliance with standard precautions by all hospital staff. It was, for example, the establishment of a traceability system of care practice that enabled the detection of negligent health personnel who were then sanctioned accordingly by the suspension of the hospital indemnities.

In this process, the role of the MoHSA is to provide qualified personnel, namely, professionals from the Public Hygiene and Sanitation Institute, and sanitary engineering and public hygiene agents trained at the National Institute for Health and Social Action Training and assigned to the health facilities for this purpose.

In the case of the Egypto-Gabonaise Cooperation Hospital of Libreville, all IPC measures were scrupulously applied throughout the hospital, up to the vaccination services and the delivery unit. The implementation of these measures led to a reduction in hyperthermia among inpatients in medicine and paediatrics.

According to the assessments carried out during the committees' supervision, IPC conditions in this hospital have improved considerably. From 2021 to 2022, the implementation rate of the measures increased from 54.76% to 70.37%. The same trend was observed in Libreville's other public and private health facilities, with the implementation rate above 75% for 2021–2022. However, within the country where the implementation of IPC faces many difficulties,

some hospitals and medical centres have only gradually reached average implementation levels of 50–75%.

> **We thank WHO for the training and the establishment of the IPC–WASH committee in our structure. For us, this is the beginning of a paradigm shift for a regular monitoring of the IPC–WASH, taking it into account in all care services and care activities, from the moment the patient is admitted to the moment she/he is discharged and returns home.**

Clérant Okologo, Head of the IPC–WASH Committee of the Egypto-Gabonaise Cooperation Hospital

The establishment of IPC–WASH committees composed of professionals contributed to controlling the spread of COVID-19 through appropriate IPC and WASH interventions in the country's public health training. These interventions helped address the unavailability of running water and to meet the needs of hospital hygiene in the routine work of care services, especially during the epidemic period. They also addressed gaps in the protection of health personnel and the management of biomedical waste.

This success depends on the involvement of the various stakeholders and the relevance of the IPC–WASH committees, especially at the Egypto-Gabonaise Cooperation Hospital in Libreville. Despite the lifting of the restrictions by the government since 9 March 2022, and consequently the reduction of resources and equipment, the committee continues to ensure the safety of patients and health care personnel. It always monitors the wearing of masks, the establishment of a weekly decontamination schedule and the selection and use of appropriate hygiene products. Therefore the application of standard precautions has been sustained.

Key WHO contributions

- WHO has provided financial support of US$ 2 million through its World Bank-funded project on access to basic services in rural areas and capacity-building.
- Provided technical support.
- Strengthened the capacity of care personnel.
- Created IPC committees.
- Provided support for IPC–WASH equipment (individual protection equipment, hand washing stations and waste and consumables treatment units, as well as guidelines) worth more than US$ 2 million.

Post-training supervision of IPC officers at the Egypto-Gabonaise Cooperation Hospital in Libreville

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Impact case study 7: Strengthening laboratory capacity and setting up genomic surveillance in the fight against COVID-19

Short title: Setting up genomic surveillance, a breakthrough in Gabon

Dr Armel Boubindji Nzobaba (Country Preparedness & Country Preparedness and International Health Regulations Officer)

The COVID-19 pandemic has had catastrophic consequences for people's lives and livelihoods. It has sparked various fighting initiatives, including the capacity-building of laboratories that have placed genomic sequencing at the centre of the response. In fact, genomic sequencing allows, on the one hand, to identify the cause of epidemics and to better understand transmission and, as in the case of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pandemic, to know and track the evolution of circulating variants. On the other hand, sequencing helps to assess risks, develop vaccines, treatments and diagnostic tests, and to make decisions on public health and social measures.

It is for these benefits that WHO in Gabon, together with its partners, supported the Gabonese Government in establishing genomic vigilance during and after the hot phase of COVID-19.

WHO pathway to improve laboratory capacity in combating COVID-19 in Gabon

A Joint External Evaluation (JEE) is a voluntary, collaborative, multisectoral process to assess country capacities to prevent, detect and rapidly respond to public health risks, whether occurring naturally or due to deliberate or accidental events.

The 2019 JEE of Gabon's International Health Regulation capabilities revealed that the country's national laboratory system was not equipped to detect priority diseases. Based on this alarming finding just prior to the COVID-19 pandemic, WHO together with its partners in the United Nations has, since 2020, provided considerable technical and financial support to the national laboratory system, resulting in the strengthening of the diagnostic capabilities for COVID-19 at the National Public Health Laboratory and the laboratories of the 10 health regions of the country. The WHO Gabon Office provided experts from the Regional Office for Africa, who trained a dozen laboratory agents from Professor Daniel Gahouma Laboratory, Franceville International Medical Research Centre, Lambaréné Medical Research Centre and the National Public Health Laboratory. Subsequently, WHO provided funding of approximately US$ 4 million to the country – a donation of US$ 2 million in the form of reagents, equipment, consumables, equipment for polymerase chain reaction (PCR) and sequencing; and, in addition, 50 000 testing/sequencing reagents.

As the first outcome of this support, Gabon now has a fully operational national genomic monitoring laboratory system that has allowed the country to screw samples and find mutations in the Omicron variant in 85% of the samples.

These findings prompted the country to set up an Institute of Infectiology to monitor and manage emerging and re-emerging infectious diseases. In May 2022, this outcome also enabled the National Public Health Laboratory and Professor Gahouma Laboratory to detect variants of Omicron circulating in Gabon.

Thus, WHO has enabled Gabon to become one of the African countries able to test for COVID-19 and to effectively perform genomic monitoring, including sequencing and integrating sequencing data into the national public health monitoring system for appropriate decision-making. This represents a breakthrough.

Strengthening the acquired diagnostic and sequencing capabilities has made Gabon's laboratory network more dynamic and accessible. In addition to the results achieved, this has helped to strengthen the partnership with the MoHSA, the COPIL[6], and other stakeholders, positioning WHO as the key stakeholder providing technical advice and quality cooperation in the field of public health in Gabon.

To sustain these achievements, WHO should help support the maintenance of equipment and especially strengthen the genomic vigilance of other pathogens for the screening of infectious diseases. This extension of genomic vigilance will improve the resilience of the health care system to enable a better response to emerging diseases and re-emergences. WHO should also promote the sharing of the country's experiences abroad.

6 Comité de pilotage de la COVID-19 (COVID-19 steering committee).

Key WHO contributions

- WHO established a national genomic monitoring laboratory system for Operation Genome Surveillance.
- Made available experts from the Regional Office for Africa who trained a dozen laboratory agents.
- Donated US$ 2 million in the form of reagents, materials, consumables, PCR and sequencing equipment, and 50 000 tests/sequencing reagents.

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Impact case study 8: The importance of community seroprevalence in the fight against epidemics

Short title: Contribution of the seroprevalence study to improving COVID-19 response in Gabon

Dr Inoua Aboubacar (Focal Point Health System)

As soon as the first case of COVID-19 was diagnosed in Gabon on 12 March 2020, the coordination of the response has been assigned to a steering committee set up by the government with the support of WHO. However, despite all preventive measures, including the preparation of a daily report on the situation to facilitate case follow-up, the actual situation of the virus circulating in the population was not known; this made it difficult to rigorously plan the requirements in terms of inputs for hospitals and response teams, and to adopt appropriate measures to ensure an effective response.

As a result of this situation, WHO decided to carry out an unprecedented national COVID-19 seroprevalence survey to gather factual data on the circulation of SARS-CoV-2 in the country. The study showed that the virus had been spreading very widely in the population (87% of the sample tested positive for SARS-CoV-2) regardless of background, gender or age group.

How did Gabon, with the support of the WHO Secretariat, achieve the implementation of this study?

Over a 6-month period, WHO supported the country both technically (protocol drafting, provision of reagents and computer equipment for data collection, data centralization and data analysis) and financially, with US$ 250 000 for the implementation of a population-based transversal sero-epidemiological survey. The study population consisted of adults and children living in urban and rural areas of the country's nine provinces, selected by systematic random sampling, stratified by province and age and drawn in two stages. The data collection was carried out electronically from 28 November to 20 December 2021 via KOBOCOLLECT. The blood was tested with the ELISA WANTAI SARS-CoV-2 antibody kit.

Out of a sample of 3455 people, namely, 864 households to be included with a confidence level of 95% and a precision of 2% and a calculation factor of 4, a total of 3705 people were enrolled in this survey. There were 3705 participants surveyed, of which 50 refused to have blood samples taken or whose blood had been haemolyzed. Therefore, a total of 3659 blood samples were analysed. Overall, 1772 households were visited, 789 were surveyed and 883 refused to participate. The results of the tests carried out in the laboratory resulted in 3175 positive tests or 86.8%, compared to 484 negative tests or 13.2%. The national seroprevalence was 86.8%, of which 87.8% were women and 86.4% men. It was 75.8% in rural areas compared to 89.1% in urban areas. The Ogooue-lolo province with 92% seroprevalence was the most affected. The age groups 20 to 29 and 40 to 49 had the highest seroprevalence, with 91.8% and 91.4% respectively.

This study resulted in the production of important knowledge, not only on the national prevalence of COVID-19, but also on prevalence at the level of each province of the country and each provincial capital, thereby enabling a review of the response strategy to combat the spread of the virus. Not only that, it allowed WHO to collaborate for the first time in Gabon with all the reference laboratories in virology (International Centre for Medical Research of Franceville, Lambarene Medical Research Centre, National Laboratory, the Laboratory of Bacteriology and Virology of the University of Health Sciences), as well as with the Director-General of Statistics and the department of statistics and epidemiology at the Université des Sciences de la Santé.

The seroprevalence survey showed that the country experienced high levels of community transmission of SARS-CoV-2 despite a series of social and public health measures enacted by the government. The main recommendation of the study was to focus on vaccination against COVID-19. These findings were presented to the Technical Committee and the Scientific Committee for Combating COVID-19 as well as the technical and financial partners who have supported the government in controlling this pandemic. The results that were officially presented to the Prime Minister, Head of Government and the Minister of Health on 26 January 2022, by the WHO Representative, fundamentally allowed the authorities to modify the response strategy, whose new measures were announced on 9 March 2022. The focus was shifted mainly to vaccination and to lifting all measures of social distancing, including covering up, as the study showed that almost all of the population had been in contact with the virus. The compliance with ethical standards – evidenced by the validation of the study protocol, both by the National Ethics Committee and by the WHO Regional Office for Africa – and the robustness of the study have upheld its scientific validity, which gives it authority, thus enabling it to enlighten the political decision. The scientific community of Gabon unanimously welcomed this study.

Key WHO contributions

- WHO provided technical and financial support in conducting an unprecedented national COVID-19 seroprevalence investigation in Gabon.
- Participated in the preparation of the study protocol.
- Provided support for the mobilization of virology reference laboratories and statistics and epidemiology departments.
- Facilitated the production of knowledge on national prevalence and at the level of each province of the country.
- Facilitated the uptake of the results of this survey to redirect pandemic response strategies, with an emphasis on vaccination.

Presentation of the results of the survey by Dr Magaran Monzon Bagayoko, WHO Resident Representative in Gabon, to Mrs Rose Christiane Ossouka Raponda, Prime Minister of the Republic of Gabon

Outcome 2.3

Detection and quick agreement to bear medical costs of Emergency Sanitary Situation

Impact case study 9: Sentinel sites, a catalyst for influenza surveillance in Gabon

Short title: Sentinel sites, a catalyst for influenza surveillance

Dr Armel Boubindji Nzobaba (Country Preparedness & Country Preparedness and International Health Regulations Officer)

In tropical and subtropical regions, especially in Gabon, there are very little data available on epidemiological trends, the burden of influenza and its impact on the economy. Often insufficient resources are a limiting factor for such a study.

This is why, following the JEE carried out in 2019, WHO has supported Gabon since May 2021 in the application of the so-called “sentinel sites” method to ascertain the influenza situation in the country. This method was used because, relying on only a few monitoring sites, it consumes very few resources while allowing for the rapid collection of high-quality epidemiological and virological data. These data are representative of the national population in demographic and geographical terms.

The establishment of sentinel sites within the reference medical structures, departmental and regional, and representative of the population, has allowed the boosting of the influenza surveillance in Gabon. In addition to this system, we have provided motivated health workers with an improved working environment, based on the virological diagnostic capacity previously acquired, for the first time, by the national and regional laboratories. All this contributes to the strengthening of the national surveillance system and the health system, enabling evidence-based decision-making.

How has Gabon, with the support of the WHO Secretariat, achieved this?

In Gabon, influenza surveillance was primarily based on syndromic surveillance, allowing only to estimate the number of cases captured by routine monitoring. Sentinel surveillance was made possible thanks to financial support from the WHO Gabon Pandemic Flu Preparedness Programme, with WHO supporting the country financially and technically.

Thus, in 2021, this support focused on the identification of three surveillance sites in Libreville (Nzeng Ayong Medical Centre, Peyrie and Egypto-Gabonaise Cooperation Hospital), the development of surveillance tools, Standard Operation Procedures (SOPs) and the national influenza monitoring protocol. It also included the risk assessment of zoonotic influenza; the identification of zoonosis monitoring activities; the development of a pandemic influenza preparedness and response plan; and the training of health care personnel.

This included training of 15 sentinel sites’ personnel to oversee the collection, storage and transportation of samples to the reference laboratory; trained 20 sites’ personnel on the national monitoring protocol; and strengthened the virological diagnostic capabilities of the National Public Health Laboratory, which had been identified as a reference laboratory for influenza.

Purchase of equipment, reagents and primers, as well as the training, were part of the National Public Health Laboratory’s capacity-building activities. Similarly, the SOPs for the surveillance and diagnosis of influenza were updated by the end of 2021.

In 2022, WHO contributed to the recycling of six non-steroidal anti-inflammatory drugs (NSAID) agents for virological diagnosis through the use of Multiplex and the FluMart

platform, sampling and analysis. Subsequently, we helped the National Public Health Laboratory share the first virological monitoring results and circulated them on FluNet. We have provided the surveillance officers at the three sites with computer equipment, Communications Credits and a cold chain.

In addition, the WHO team and the MoHSA, through the Institute of Epidemiology and Endemic Control team, carried out assessment, training and equipment to set up the three newly established sentinel sites in the regions: Tchengue Regional Hospital of Port-Gentil, Regional Hospital of Oyem and AMISSA Regional Hospital of Franceville. These new sentinel sites enabled the training of 115 surveillance officers, including 15 laboratories' personnel from these regional hospitals. They also supported capacity-building in virological diagnosis of influenza at two laboratories of the Regional Hospitals of Oyem and Franceville, which can now locally identify the strains of influenza circulating in their region and contribute to the identification of strains at the national level.

Since May 2022, WHO has supported an epidemiological and virological study focusing on influenza. In seven months of surveillance at the three sentinel sites in Libreville, more than 200 samples were collected and transported to the National Public Health Laboratory. Sixty percent came from Nzeng Ayong Medical Centre, 30% from Peyrie Medical Centre and 10% from regional hospitals.

As a result, most seasonal influenza strains A (H3N2) have been identified and a minority of strains B. No cases of pandemic or avian influenza have been identified. In May 2022, for the first time, Gabon began to communicate virological data on influenza on the WHO FluNet network.

One of the lessons we have learned from this experience is that this positive outcome is the result of a combination of strong commitment from the MoHSA, strong support from WHO and the collaborative efforts of the sentinel site staff. The country's capability to detect influenza and monitor its trends will enable our participation in regional and global surveillance activities. This monitoring is essential for response to emergencies and will help prepare Gabon to better cope with a potential influenza pandemic.

Extending the deployment of sentinel sites to all 10 health regions will enable characterization and monitoring of influenza trends in Gabon, to better determine their seasonality and to provide data to inform national prevention and control activities.

Key WHO contributions

- WHO provided technical and financial support for the establishment of influenza sentinel surveillance in Gabon.
- Performed risk assessment of zoonotic influenza.
- Supported the identification of zoonotic surveillance activities.
- Developed a plan of preparedness and response to pandemic influenza, and trained health personnel.
- Trained personnel at sentinel sites to oversee the collection, storage and transportation of samples to the reference laboratory.
- Strengthened the virological diagnostic capabilities of the National Public Health Laboratory.
- Purchased equipment and reagents and established start-ups as well as training, with support provided for conducting an influenza-oriented epidemiological and virological study.

Egypto-Gabonaise Cooperation Hospital

Outcome 3.3

Environmental sciences to promote health and sustainable societies

Impact case study 10: Securing polychlorinated biphenyls (PCBs) stocks to preserve population health and protect the environment in Gabon

Short title: Preserving the health of the population and protecting the environment by securing polychlorinated biphenyls (PCBs) stocks

Dr Inoua Aboubacar (Health System Focal Point)

Since June 2018, Gabon has implemented the project entitled: Integrated Health and Environment Observatories and Legal and Institutional Strengthening for the Sound Management of Chemicals in Africa (the Africa ChemObs project). The Africa ChemsObs project aims at developing an integrated guidance to build capacity necessary to set up an integrated health and environment observatory surveillance and information management system that will enable African countries to establish evidence-based policies and make sustainable decisions on sound management of chemicals and related disease burdens. It addresses, in particular, the necessary improvements to be made in the fields of awareness, knowledge, information management and communication on chemicals to support and provide an enabling framework for measures and actions to be taken. The analysis of the vulnerability of populations to chemicals identified PCBs as the most concerning chemical whose safeguarding, to protect the environment and preserve health, was the priority intervention implemented by the MoH and the Ministry of the Environment with the support of WHO. It is toxic, eco-toxic, reproductive and highly carcinogenic to humans.

The WHO and the Gabonese Government, together with their financial partners, have undertaken a number of initiatives to control this scourge. These include high-level leadership and advocacy for the implementation of the project, capacity-building of the actors in the field, development of project-strategic documents, field visits for PCBs security, etc. This paper presents the organization established, the process developed and the current results, as well as the lessons learned.

With the support of the WHO Secretariat, what has Gabon done?

The Africa ChemObs project was funded by the Global Environnement Facility (GEF) through the United Nations Environment Programme (UNEP). WHO has served as an executing agency in the four Francophone African countries: Gabon, Mali, Madagascar and Senegal. In addition, it has conducted intense advocacy with national stakeholders.

Following this advocacy, a multisectoral steering committee was established. It was composed of members from civil society and of several ministries who play a role in the importing, distribution, marketing and use of PCBs: Environment, Health, Higher Education and Scientific Research, Mines, Water and Energy, Communications, Economy, Commerce, Industry, Agriculture and Land Planning. In the spirit of the Health and Environment Strategic Alliance (HESA) of the Libreville Declaration, two coordinators from the two central ministries of this project, Health and Environment, have been appointed by their ministers.

In addition to supporting the operation of the Steering Committee, the WHO Office has recruited consultants to provide a factual basis. Indeed, they generated knowledge through reports on concerning chemicals in Gabon and their management, on the cost of nonaction, and on the regulatory framework for chemical management. Subsequently, they developed a plan to train and raise awareness of the community, economic operators, and national and decentralized authorities on this issue.

As a result, 30 members of the steering committee and 400 people from communities and civil society were trained in chemical management, and awareness raising reached more than 1500 people in the nine provinces of Gabon. The inhabitants of Libreville, which has 800 000 people, also

benefited from awareness raising for two months by means of about forty giant panels on chemical waste management. All major oil, mining, agro-industrial and energy companies in the country were sensitized. The nine provincial governors, as well as the municipal authorities of the nine regional capitals, whose role is important in enforcing regulations and raising awareness of their administrators, have received nine training teams sent into the field. Follow-up visits to the various sites were organized.

The real impact on the environment and the population of this project is the identification and security, in sealed containers protected from weather, soil and populations, of 171 tons of PCBs found in the cities of Libreville, Port-Gentil and Franceville. It is also the development of a draft decree for the establishment of an integrated observatory for chemicals and waste management that should enable the continuation of the initiated actions and to register them within the duration of the project.

The current impact of the project is directly securing the 171 tons of PCBs identified in the three cities mentioned above. Indirectly, it has enabled the country to update to international requirements through the development of the framework reports of the Basel, Rotterdam and Stockholm Conventions, and to establish collaborative relationships with academic centres to ensure the continuous monitoring of chemical waste management.

Key WHO contributions

- WHO provided leadership and high-level advocacy for the initiation and implementation of the project.
- Provided financial support through its GEF-funded project.
- Strengthened the capacity of the actors in the field, and facilitated the development of project strategic documents, development of communication tools and field visits to secure PCBs.
- Contributed to securing 171 tons of PCBs.

Giant panel awareness poster in Libreville on chemical management

Identification visit to secure PCB stocks in Poubara in the Haut Ogooué

Outcome 4.2

Strengthening the leadership, governance and promotion of health

Impact case study 11: Impact of the WHO Secretariat's Transformation Programme in the African Region, 2015–2020 on WHO's presence in Gabon

Short title: Contribution of the new cross-cutting functions to the work of the WHO Country Office

Dr Magaran Monzon Bagayoko, WHO Representative in Gabon; Dr Maurel Noudohounsi, Programme Manager Officer; and Mr Abdoul Aziz Maïga, Communication Officer

The WHO African Region launched a Transformation Programme covering the period 2015–2020. As part of the implementation of this transformation agenda, the WHO Regional Office for Africa undertook the functional review of the WHO Gabon Country Office in Gabon in August 2019. The main objective of this review was to ensure a better alignment of WHO's human resources and operations with the needs and priorities of the country.

Gabon is an upper-middle income country and therefore is not eligible for most international financial mechanisms, such as the The Global Fund to fight AIDS, Tuberculosis and Malaria and Global Alliance for Vaccines and Immunization (GAVI).

Most bilateral or multilateral development aid agencies and initiatives, such as the President's Emergency Plan for AIDS Relief (PEPFAR), the Department for International Development (DFID), the United States Agency for International Development (USAID) and the Korea International Cooperation Agency (KOIKA), are absent from the country; this is a challenge when mobilizing conditional resources. The abolition of the post of Planning Officer in country offices has increased the workload of disease programme managers with, among other consequences, the following: vertical monitoring and evaluation of disease-specific programmes compared to horizontal and integrated programme management; delay in submitting monitoring and evaluation reports; and insufficient knowledge of planning and reporting tools.

The functional review highlighted the need for new transversal functions and for an integrated approach of the WHO Country Office to universal health coverage, addressing health emergencies and promoting healthier populations. The transformation agenda comes at the right time, with the integration of the functions of the External Relations and Partnership Officer (ERPO), Programme Management Officer (PMO) and Communication Officer (COM), as well as Strategic Health Information Officer in a context where the visibility of WHO is becoming crucial to its position as a leading health partner in Gabon. The involvement of its key functions has helped to affirm its leadership, and has integrated the result-based management culture with an emphasis on accountability and resource optimization. During the reporting period, WCO Gabon was able to fill three cross-cutting positions, namely the PMO, ERPO and COM.

With the support of the Secretariat, how was the WHO Country Office in Gabon impacted by the presence of these new functions?

These new functions have brought new impetus to the WHO's work in Gabon.

The ERPO has helped strengthen strategic partnerships. The office has continued to expand its collaboration with key partners while mobilizing both traditional and new partners. The quality of the partnership has improved, increasing the available resources. As the mobilization of resources is crucial for the implementation of its work plan, WHO Gabon has intensified its partnerships and its brokerage role while increasing its visibility. This was achieved by the ERPO through donor research, the design of an Access Contacts database with potential donor profiles (national and international, including individuals and companies), and convening of 27 meetings and information sessions between each partner and the WHO Representative to discuss their role in health and possible collaborations. These actions have raised the WHO's profile in Gabon by strengthening the

partnership with the Member States (Switzerland, Benin, Korea, Germany, Japan, France, etc.), the United Nations agencies and have enhanced their willingness to support WHO as a leader in improving the health of the population.

These actions also resulted in the establishment of a coordination platform with WHO as vice-president.

Management accountability, transparency and risk management improved with the appointment of the PMO. The PMO facilitated the coordination of the evaluation of the Country Cooperation Strategy (CCS) 2017–2021 and led the development of the new CCS by including all stakeholders directly or indirectly involved in health in Gabon (namely, United Nations agencies, bilateral cooperation agencies, including the World Bank, the World Fund, embassies, etc., the MoHSA), and related ministries).

Thus, the work of the PMO has yielded several tangible advantages. These include the gain in financial resources – WHO no longer needed to hire a consultant to prepare the CCS, the timely submission of reports on the implementation of the Programme Budget (quarterly Country Office reports, semi-annual reviews and statutory assessment of the biennial plan), as well as the development of case studies to document good practices.

The PMO also supports the WHO Representative in implementing certain activities of the UN Country Team; this includes: the evaluation of the United Nations Development Assistance Framework (UNDAF) 2018–2022, Common Country Analysis (CCA) and the preparation of the United Nations Sustainable Development Cooperation Framework (UNSDCF). There's been a particular focus on GPW 13 priorities in line with the Country Office plan, improved participation, and involvement of the Minister of Health in both regional and global WHO decision-making bodies. This has encompassed briefing on sustainable financing, country participation in working group sessions, a country statement on sustainable financing during the 75th World Health Assembly, etc., as well as giving technical support to the national counterpart in developing strategic plans and programmes.

In addition, the efficiency and compliance of the Country Office has improved significantly, as the implementation of a value-for-money initiative, which is a project of increasing accountability and internal control (AIC), has improved the management of the WHO country offices, including that of Gabon. This project involves conducting regular programme management, administration and compliance checks. For this purpose, a framework of key performance indicators (KPIs) has been developed and is monitored and sent to senior management through the Compliance and Risk Management Committee every quarter.

Similarly, the audit conducted by the Internal Control Services Division (IOS) concluded that the effectiveness of the governance, risk management and control processes in the areas of administration and finance of WHO Gabon was SATISFACTORY. Based on the answers submitted and the details provided, IOS closed the audit in September 2022, as appropriate measures had been taken to follow up on the recommendations contained in the audit report.

When compared with the management coordination of the WHO Country Office's Biennial Work Plan 2022–2023, it is 100% compliant with the standards of the International Aid Transparency Initiative (IATI). The Country Office has closed the 2020–2021 biennial with a 95% implementation rate of its work plan. On 31 December 2022, the Office was at 62% of the implementation rate of the financial resources received for the period 2022–2023. A total of four analytical reports (one report per quarter) on WHO's work in Gabon were prepared and submitted to the WHO Regional Directorate.

> **"The appointment of the programme manager was a major step forward for the WHO Country Office in Gabon; in less than three months, we were convinced of its importance for the office."**
>
> **Ms Gislene Moussouamy, Head of Health Promotion at the WHO Country Office in Gabon**

Communication has improved; there has been an increased engagement with the media and stakeholders. In two years of intense communication activities, the visibility of the Country Office has been optimized through internal and external communication, thus ensuring a presence in the media, in this case, television, radio, Facebook and Twitter. Thus, more than 35 articles and newsletters, 25 videos encapsulating the activities carried out in the field, 2000 awareness-raising messages, and news items central to the Country Office were published on Facebook and Twitter. We have seen an increase in the followers' community from 54 to 15 000 subscribers, and more than 250 000 people have been affected by our tweets and the 15 health-focused TV shows that were regularly hosted by the WHO Representative and technicians in Gabon. These various communication achievements, including the so-called 'Cafe Press' events, have helped dispel some rumours about COVID-19, and have strengthened public confidence in WHO.

Hence, the active use of social media and innovative platforms have significantly increased the scope of the WHO Country Office in Gabon for disseminating public health information. Indeed, polls conducted by the Office of the United Nations Resident Coordinator in 2019 and 2022 showed that, compared to other resident agencies, WHO was the most well-known United Nations agency among the Gabonese population, with more than 80% of the

respondents recognizing WHO as the agency responsible for the health of the population. This is confirmed by WHO.

Judging from these two years, these three new cross-cutting functions (PMO, ERPO and COM) have proven to be very relevant to the work and presence of WHO at country level. They should remain essential functions for the WHO Country Office. The WHO Secretariat's Transformation Programme in the African Region, 2015–2020, has brought new impetus to WHO's leadership and performance in Gabon.

The meeting between Dr Magaran Monzon Bagayoko, WHO Resident Representative in Gabon, and Gomez Agou, International Monetary Fund Resident Representative, for strengthening cooperation between the two entities in order to support the country's efforts in response to COVID-19 and its overall health system.

The meeting between Dr Magaran Monzon Bagayoko, WHO Resident Representative in Gabon, and Patrick Ossi Okori, Director General of the Gabon National Social Security Fund. This meeting was an opportunity to define a partnership framework to contribute to the improvement of the care and services offered to the Gabonese population.

The meeting between Dr Magaran Monzon Bagayoko, WHO Resident Representative in Gabon, and Mahamat Saleh Togoï Mahamat, First Secretary and Current Chief of Foreign Affairs of Chad. Among other topics discussed, was the need for a strong bilateral and multilateral partnership for the management of health priorities as well as the first national health forum scheduled in Libreville in September 2022.

Public-private partnership meeting between WHO Gabon and Merck Vaccines (USA) with emphasis on the introduction of the human papillomavirus (HPV) vaccine against cervical cancer.

Workshop for the adoption of the Country Cooperation Strategy 2022–2026, chaired by the Director-General of Health and the PMO, Libreville 6 and 7 October 2022

Outcome 4.3

Efficient, result-oriented and transparent management of financial, human and administrative resources

Impact case study 12: Contribution of the new purchase platform for the COVID-19 response: WHO's Gabon experience

Short title: Contribution of the new purchase platform for the response against COVID-19

Mr Saah Fayiah, Head of Operations; Ms Jessica Nadine Okomze EP Obiang (Logistics Assistant), Mr Igor Mezeme Ngoua Régis (Procurement Assistant), Ms Pélagie Bagnama (Administrative Assistant)

Like several other WHO offices, the Gabon Country Office was faced by the COVID-19 outbreak and as part of the response a surge team was set up. Responding to COVID-19 required a large volume of purchases.

Until the end of 2019, all international purchases were made using the WHO catalogue or by a Request Price Estimate. This conventional purchase process provided no time limit for the acquisition and delivery (to the applicant) of the items. There could be a period of six to eight months between the order and receipt of the goods or equipment.

The implementation process of the platform and its results

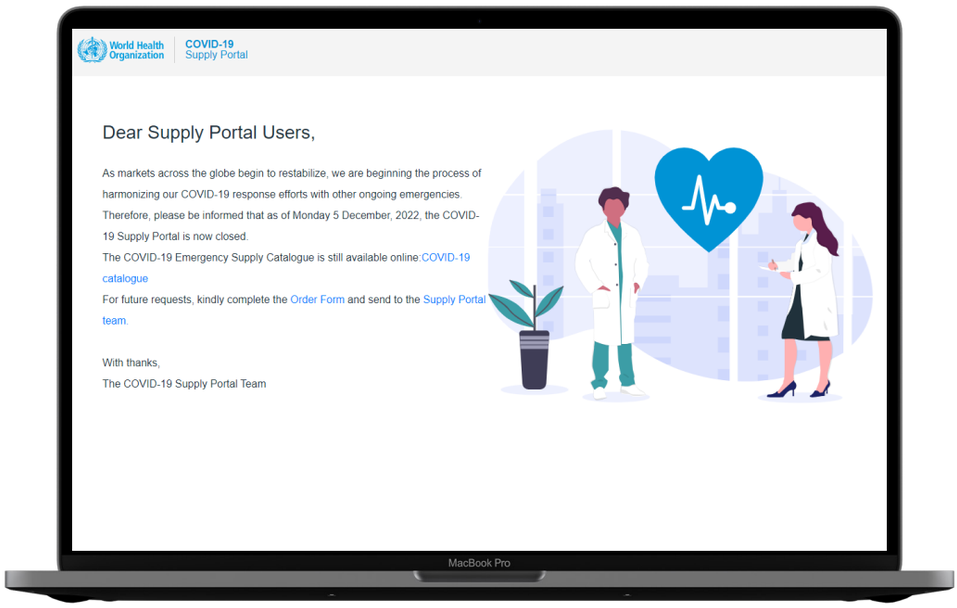
In 2020 WHO, in collaboration with other agencies within the United Nations system, created a supply chain platform. This tool facilitated the rapid and equitable distribution of COVID-19 inputs around the world to avoid having a gap in developing countries while manufacturing countries prioritized supplies in their own countries. The temporary closure of some companies/manufacturers by quarantining staff, as well as that of several airports and the suspension of several flights, prompted consideration of the creation of a purchase platform. This was meant to facilitate obtaining the necessary authorization, both from the government and those identified suppliers who could help produce these inputs, to provide allocations to countries according to their needs, taking into account the proportion of COVID-19 cases relative to their populations.

Following the establishment of the platform with other UN and bilateral cooperation agencies, WHO, the technical and financial partner of the MoHSA, was designated as the leader in making purchases at the country level. Training was conducted and access was approved to submit purchasing applications using this system. Unlike the previous process, the new platform has the advantage of displaying items and different unit costs. Therefore, it is only necessary at the time of purchase to specify the required quantities and submit the application for approval.

Since the acquisition of the platform, WHO has facilitated the supply and delivery of products (10 medical ambulances for a total cost of US$ 6.6 million; 4 incinerators for an overall cost of US$ 153 058; 2 095 000 surgical masks for US$ 690 186; 8 paediatric fans for US$ 213 158; 95 544 reactors for US$ 522 125; 100 1000-litre hand washing stations each for US$ 77 515). This equipment was shipped to Libreville and the other eight provinces of the country: 500 respirators; masks – FFP2/N95, type IIR, s.u., unvalved, with noseclip – for US$ 501 483; four A2 type 1.2 M Model ESCO microbiological safety cabins for US$ 19 027; and 4000 disposal samplers for US$ 11 922 of recommended quality for COVID-19 response, with approximately US$ 8 million of World Bank funding. The equipment was ordered and received within 15 days. The logistic team took charge of the distribution of the inputs to the ministry, which took place within two days. However, there was a constraint: it was necessary to wait a little longer for the decision of the authorities to determine the exact place of delivery.

Thus, the WHO Country Office has made and/or contributed to the above major purchases, the list of which is not exhaustive (see the note below).

In conclusion, the establishment of the input purchase platform for the COVID-19 response was an innovation in WHO's purchasing process with its partners, including the government. It has saved time in finalizing budgets, because unit costs are known and available. The advantage was the timely acquisition of the equipment, including equipment not easily accessible. Together with the relatively short delivery times, this platform has proved a valuable tool to facilitate orders in the context of emergencies. Given these advantages, this practice should be followed for all purchases in general.



Interface of the purchasing platform for the fight against COVID-19

Opinion pieces

Viewpoints: Capitalizing the progress of the COVID-19 response to build back better the health system in the Gabonese Republic

Dr Magaran Monzon BAGAYOKO, WHO Representative in Gabon

1. Introduction

Strengthening health systems for Universal Health Coverage (UHC) has been identified by the WHO as one of the main instruments of change proposed in the 2030 Agenda[7]. The COVID-19 pandemic was unprecedented in terms of both its scale and its impact on the achievement of the Sustainable Development Goals (SDGs), particularly SDG3.[8] This human calamity has given rise to a renewed focus on health system resilience. The implementation of the essential capacities set out in the International Health Regulations (IHR, 2005), coupled with the establishment of a resilient health system, have emerged as a key factor in preparing for future epidemics [2].

The health system in the Gabonese Republic is hospital-centric, marked by strong bureaucratic an administrative centralization, combined with the dominant position of the medical profession, focused on curative care[9]. The major characteristic of this system is its over-emphasis on curative care at hospital level; the preventive and promotional aspects remain insufficiently supported.

It was against this backdrop that the Republic of Gabon declared its first case of Covid-19 on 12 March 2020. In response to the global health crisis, the WHO has been at the forefront, providing multi-faceted support and measures aimed not only at increasing the resources available, but also at involving and engaging other partners in order to strengthen the country's capacity to adapt and to mobilize and make effective use of internal and external resources.

Based on the lessons learned from the management of Covid-19, this paper reflects on how the achievements of the response to the pandemic could be used to strengthen the health system in the Gabonese Republic. It highlights the efforts made and actions underway to consolidate investment in the health system in response to Covid-19, with a view to rebuilding the health system more effectively.

2. Investment in the building blocks of the healthcare system during covid-19

The response to Covid-19 generated an unprecedented level of resource mobilization, both locally and internationally. These additional resources made it possible to increase and accelerate investment in the building blocks of the health system[10], including leadership and governance, adequate financing, skilled and motivated health workforce, essential medical products, and technologies (quality consumable and non-consumable medical supplies), functional health information systems and people-centered service delivery.

Leadership and governance of the health system

In Gabon, as in other countries in the WHO African Region, management of the Covid-19 pandemic has involved increased multi-partner, multi-sector, and multi-actor collaboration.

As soon as the first case of Covid-19 was detected in Gabon, WHO, the lead technical and financial partner for health, was the main catalyst for mobilizing resources for

7 Executive Board report. EB140/32. http://apps.who.int/gb/ebwha/pdf_files/EB140/B140_32-en.pdf. Accessed 30 April 2017.

8 Ensure healthy lives and promote well-being for all at all ages

9 République Gabonaise, ministère de la Santé, des Affaires Sociales, de la Solidarité et de la Famille : Plan National de Développement Sanitaire 2011-2015 (Décembre 2010).

10 Leave no one behind: strengthening health systems for UHC and the SDGs in Africa: © World Health Organization Regional Office for Africa, 2017

the response, including from the United Nations system and other development partners. With the support of the WHO, the government moved up a gear by setting up the Covid-19 National Steering Committee (COPIL) under the leadership of the Prime Minister. The COPIL brought together all the key development sectors: health, national defense, administration, transport, tourism, agriculture, the private sector, civil society, and technical and financial partners. Intersectoral collaboration was stepped up at all levels with the establishment of intersectoral steering committees, technical groups, scientific committees, and the political and strategic orientation commission at the level of the Presidency of the Republic. For the first time, decentralized administrative and health structures have been delegated responsibility for managing the pandemic through provincial committees headed by governors, assisted by regional health directors. The pandemic thus paved the way for unprecedented political dialogue between health partners at all levels.

The management of Covid-19 gave a strong impetus to functional and structural reforms in the governance of Gabon's healthcare system. One of the main reforms was the government's adoption in March 2022 of its first-ever community health policy focusing on primary healthcare. This major reform was influenced by the massive participation of communities in the response to covid-19. The collaborative platforms and policy dialogue established between the sectors served as a springboard for the implementation of the 'One Health' approach. Other equally important post-Covid reforms include the creation of the National Medicines Agency, the hospital reserves (hospital-based pharmacies). The coordination of the national laboratory network through the development of a new laboratory policy and strategy.

Adequate funding

The pandemic triggered an unprecedented mobilization of local and international financial and material resources (internal and external) in record time. WHO mobilized and allocated more than USD 4,000,000 of its flexible funds to Gabon to support the response. WHO has also signed a financing agreement for US$6,240,000 (six million two hundred and forty thousand US dollars) with the World Bank. These funds, managed entirely by the WHO, have helped to strengthen the government's human, infrastructural, technical, and logistical capacity to respond to the pandemic. This has involved the supply of inputs (ambulances, personal protective equipment, intensive care units, laboratories, and training). In addition, for the first time, the WHO was able to mobilize US$1 million from USAID through the American Rescue Plan to strengthen COVID-19 vaccination activities in the country's health departments.

Qualified and motivated healthcare staff

In line with its surge principle, WHO/Gabon recruited and reassigned, trained and deployed a critical mass of health care providers to support the government in various aspects of crisis management. In total, WHO trained and deployed more than 60 health providers in the country's 10 health regions, including 40 permanent staff and 20 newly recruited international and local staff. At COPIL level, more than 500 providers have been trained in the various components of the WHO emergency response framework[11].

The national staff included in the response team have acquired new skills in emergency response as well as other non-technical skills such as the culture of mutual responsibility and the prevention of sexual misconduct. Today, this team forms the backbone of the multi-sector rapid response team, ready to deploy to detect and respond to emergency situations.

As a test case, during the outbreak of the Marburg virus disease in Equatorial Guinea in the border regions with Gabon in February 2023, part of the response team was deployed in less than 24 hours to the three main entry points with Equatorial Guinea, thanks to the experience acquired following the response to Covid-19. Between 23 March and 12 May 2023, the team sensitized 1,1417 passengers after checking their temperature at the entry points; it recorded 298 alerts, 237 of which were thoroughly investigated; 4 suspected cases were sampled and tested within 24 hours. This experience proves that there is a national capacity to prepare for and respond to public health emergencies.

Medical products and technologies

In April 2020, the WHO and its partners launched the ACT-Accelerator[12] to accelerate access to tools for combating COVID-19, which made it possible to place a response arsenal in the public domain and equip countries at an unprecedented rate. Thanks to this technological feat driven by the WHO, Gabon, an upper-middle income country, has been able to access vaccines and other response tools on the same footing as other more eligible countries in the African region. The COVAX initiative, supported by WHO, UNICEF, the Coalition for Epidemic Preparedness Innovations (CEPI) and the GAVI Alliance, has enabled the Gabonese Republic to receive more than 500,000 doses of Covid-19 vaccine free of charge. National diagnostic and laboratory capacity has improved considerably. The WHO has donated reagents, Polymerase Chain Reaction (PCR) equipment worth USD 1,800,000, and 100 refrigerators as part of its efforts to strengthen laboratory capacity. These efforts have contributed to the establishment and strengthening of 60 sampling sites and a network of 15 laboratories across the country. The government has also invested in setting up a "mega-laboratory" called the "Laboratoire Pr Daniel

11 https://reliefweb.int/report/world/who-emergency-response-framework-second-edition

12 https://www.who.int/fr/initiatives/act-accelerator

Gahouma”[13], capable of carrying out up to 10,000 tests a day. This technical support, combined with decentralization and increased diagnostic capacity in all the country’s health regions, has enabled COVID-19 tests to be carried out for almost a tenth of the country’s two million inhabitants, as well as a nationwide SARS-Cov2 seroprevalence survey.

This diagnostic capacity is now in place in the country’s ten health regions, not only for SARS-Cov2, but also for HIV, tuberculosis, and arboviruses. Thanks to this strengthening of the health system, a network of laboratories has been set up with the participation of the country’s main research institutes. Support from the WHO and AFRICA/CDC has also enabled the country to acquire the capacity to sequence the virus in order to ensure genomic surveillance of Covid19.

Healthcare services availability and readiness

In terms of infrastructure, covid-19 has made a major contribution to the availability of healthcare services in the country. A field hospital with a capacity of 150 beds, including 20 intensive care beds, has been built on the outskirts of the capital Libreville.

To reduce transmission, including nosocomial transmission of the virus, infection prevention and control (IPC) conditions have been considerably improved. Around 300 water tanks and hand-washing facilities have been made available to all health centers. At the same time, standard precautions, including disinfectants and soap for hand washing, personal protective equipment and technical guidelines have been made available to all health facilities.

In terms of logistics, the WHO has provided the country with 10 medical ambulances, one for each health region. The introduction of the Go-data[14] application has made a major contribution to the tracing of patients and their contacts. Innovative digital technologies have been introduced into surveillance. Today, thanks to support from the WHO, all the country’s epidemiological bases are equipped with an integrated remote monitoring system for the disease and the response, comprising a laptop, a screen, a printer, a voltage regulator, an internet box, and a zoom license. As result, surveillance data can be monitored and shared virtually and in real time.

3. The net gain for the healthcare system to better cope with future public health events

COVID-19 triggered an unprecedented mobilization that resulted in colossal investments in the health system. Large quantities of consumable and non-consumable medical supplies were procured; health personnel were mobilized, reassigned, and trained; new health facilities were created; new types of services were provided; infection prevention and control at health facility and community level was generalized; and COVID-19 vaccines were developed, introduced, and deployed at an unprecedented rate.

In so doing, the pandemic contributed to the strengthening of infrastructural, technical, and institutional capacities in many respects. For example, the assessment of the 15 core capacities of the International Health Regulations (IHR, 2005) carried out in 2022 showed that Gabon had made significant progress, with 43% of capacities in place, compared with 35% in 2021.

At a time when there is a downward trend in the number of Covid-19 cases, coupled with the easing or even total lifting of all restrictive measures at all levels, the WHO is stepping up its multifaceted support to the Gabonese government to take advantage of the enormous investment made, particularly in the following areas:

- Emergency preparedness and response skills: covid-19 was a springboard for equipping the country with a critical mass of human resources capable of responding to public health events. The team involved in the response of the pandemic has acquired new skills in emergency response. It now forms the backbone of the multi-sector rapid response team, ready to deploy and to detect and respond to emergencies.

- Availability and quality of care: The creation of the new Infectious Diseases Centre in Libreville, mainly equipped with material acquired during the response to Covid-19, is a major step forward in preparing for and responding to current and future emerging and re-emerging diseases. The Public Health Emergency Operations Centre (EOC), which is currently being set up, will crystallize the skills and expertise acquired during the management of Covid-19. The EOC will benefit from the monitoring equipment and innovative technologies introduced in the follow-up to Covid-19.

- Health system reform: the health crisis has shown that communities have an essential role to play in managing their own health. The development and adoption of the

13 https://www.afro.who.int/fr/news/les-tests-au-coeur-de-la-strategie-de-riposte-contre-la-covid-19-au-gabon

14 https://www.afro.who.int/fr/news/les-tests-au-coeur-de-la-strategie-de-riposte-contre-la-covid-19-au-gabon

first community health policy and strategy by the national health authorities, with support from the WHO, remains a breakthrough in terms of reorienting the governance of the post-Covid health system. The community workers who served in risk communication and community engagement (CREC) are now an integral part of the national health system as community health workers. This reform is one of the key levers for promoting and strengthening community involvement, which is essential to the implementation of primary healthcare and the achievement of universal health coverage.

4. Conclusion and lessons learned

The adverse health, economic, political, and societal consequences of the Covid19 pandemic are undeniable. Covid19 has had a negative impact on progress towards sustainable development goals. As far as health sector is concerned, the overcrowding of health care facilities and the overwhelming of most of health workforce reassigned to the pandemic response made it challenging to maintain the continuity of essential health services. In this respect, the control of priority endemic diseases such as HIV/AIDS, malaria, tuberculosis, neglected tropical diseases, sexual and reproductive health, vaccination, and non-transmissible diseases was relegated to second place.

Apart from the damage it has caused, the pandemic has been a wake-up call for the global community. It has once again provided irrefutable proof that without a solid health system in place, no country is stable, no society is secure, and no resilience exists to resist and cope with the shocks caused by the growing number of health events and disasters, including those caused by extreme climatic events that are occurring with ever greater frequency and force[15]. Moreover, this health crisis has demonstrated that strengthening the IHR's 15 core capacities must not be done in isolation, but in the context of an integrated strengthening of the health system. What's more, the IHR alone is not enough to guarantee high-quality health services, so universal health coverage is a guarantee that the gains made will be sustained, so that we can be better prepared for future public health emergencies.

In many respects, the pandemic represents an opportunity to fill gaps in the healthcare system and deliver services more effectively. Beyond the material contributions, the pandemic has above all helped to position public health as an absolute priority for development, as a pillar of social solidarity and economic prosperity, and as an essential route to social well-being.

It would therefore be a missed opportunity for healthcare systems to remain in the blatant state of unpreparedness that characterized them before the outbreak of the COVID-19 pandemic. Today, the real challenge for the WHO and Member States is to maintain the momentum and build on the investments made and lessons learned from COVID-19 to better prepare for future public health emergencies.

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Transboundary synergy for a new age in collaboration for promoting human rights: the case of Gabon and Congo Brazzaville for a revitalization and operationalization of health districts/departments

Dr Magaran Monzon Bagayoko (WHO Resident Representative in Gabon)

Cross-border synergy for pioneering a new dawn in collaboration amongst WHO country offices: the case of Gabon and Congo Brazzaville for the revitalization and operationalization of health districts/departments

In a world where health threats do not respect borders, collaboration between WHO Country Offices in Gabon and the Republic of Congo injects a fresh perspective into the work of WHO in the African Region.

The WHO Country Office in Congo, in collaboration with development partners, has been supporting the Congolese Health and Population Ministry to improve the health and well-being of people at the district level in line with the primary health care approach. The Republic of Congo maintains support at a central level for normative, strategic work, while placing greater emphasis on operational support (including catalytic resources) to decentralized structures such as health departments and communities. With the support of WHO and development partners, this approach has produced tangible results in the country.

A team from the WHO Country Office in Gabon and the MoHSA undertook a study visit to their Congolese counterparts to gain first-hand insights into the WHO Country Office in Congo's successful practices and tools used, with the intention of adapting and replicating them on return. The aim of the mission was to gain a better understanding of the operational planning process and the implementation of interventions by the WHO Country Office in Congo, and to draw lessons from the operational support mechanism made available to the Congolese Health and Population Ministry.

The motivation behind this collaboration lies in the shared health challenges faced by their populations, particularly in rural and underserved regions where availability and access to quality health care is a significant concern.

The WHO Country Office in Congo operates a robust community health strategy, reinforced by providing operational support from the WHO Country Office in Congo. Since the launch of the GPW 13 and the allocation of 75% of WHO Country Office funding at the operational level, coupled with the deployment of junior consultants and the involvement of local authorities in the management of community health facilities, primary health care services' availability and quality have significantly improved, and community demand for health services has increased.

According to Dr Magaran Bagayoko, WHO Representative in Gabon, the mission has provided crucial insights into the successful implementation of operational support mechanisms in Congo's health care sector. ***"The intention to adopt these findings and apply them in the WHO Office in Gabon's context signifies a major step towards improved public health service delivery, particularly at the district level for Gabon."***

The study mission also evaluated the pilot phase of the WHO Country Office in Congo's operational strategy, implemented two years ago in 12 health districts. The implementation showed marked improvements in revitalizing and making the targeted health districts operational, improving health entities' governance by increasing ownership at all levels and, crucially, enhancing key health indicators such as immunization coverage, antenatal consultations and consultations with preschool children.

As a sign of commitment to adopting this strategy in Gabon, Dr Guy Patrick Obiang Ndong, Minister of Health and Social Affairs, assigned Dr Linda Charlène Ngonde Mbagou, the National Director of Community Health, to accompany the

WHO team on this study visit. Gabon, which already operates under a national health insurance framework, stands to gain significantly from implementing the key findings and insights drawn from the WHO Country Office of Congo's experience when rolling out its new community health strategy.

"The mission was a resounding success, setting a precedent for future collaborations. The teams from both Gabon and Congo found themselves not just as two distinct entities, but as part of a more extensive, interconnected network working towards a common goal to protect and promote the health and well-being of people," said **Dr Lucien Manga**, WHO Representative to Congo.

The lessons drawn from the WHO Country Office of Congo's operational support mechanisms and community health strategy serve as a blueprint for the WHO Country Office of Gabon. By focusing on primary health care, these countries remind us that the path to universal health coverage begins at the grassroots level.

Presentation of WHO Congo Strategy and Operational Plan

Presentation of civilisations to the Ministry of Health and Population

Integrated Health Centre Jean Denis Tchimbakala of Pointe Noire

Conclusion

The GPW 13 focuses on making a measurable impact on people's health in all countries through its three billion strategic priorities. However, the COVID-19 pandemic has rattled the foundations of the health care system in many countries, including Gabon, and has therefore hampered the attaining of the GPW 13 triple billion targets.

This first compendium of qualitative country case studies is a living illustration of tracking our contribution to the triple billion targets. It contrasts with our traditional approaches to reporting because of its explicit, expressive, lively and factual nature.

We believe that it will serve as a model for improving the WHO's visibility and accountability to its partners. It intends to also serve as a benchmark in an increasingly competitive multi-partner environment, where WHO's leadership in health is no longer an automatic right but must be earned through concrete actions.

The present compendium does not exhaustively reflect the full scope of WHO's work in Gabon, but it does provide the quintessence of it. In line with the GPW 13 results framework, we will continue to produce qualitative country case studies to help measure WHO's impact, which remains at the heart of WHO's mission to promote global health, ensure global security and serve the vulnerable.

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