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PROGRESS REPORT ON THE REGIONAL STRATEGY FOR HEALTH SECURITY AND EMERGENCIES 2022–2030

Information document

CONTENTS

BACKGROUND

1. The WHO African Region has been facing an increasing number of health emergencies, with an average of 102 events annually for the past two decades.[1] In 2016, the Sixty-sixth session of the WHO Regional Committee for Africa endorsed the "Regional strategy for health security and emergencies 2016–2020" to help Member States prepare for, rapidly detect and promptly respond to health emergencies.[2] The COVID-19 pandemic and a 25% increase in climate-related emergencies between 2011 and 2021[3] have exposed the gaps in health security.

2. In 2022, the Seventy-second session of the WHO Regional Committee for Africa adopted the Regional strategy for health security and emergencies 2022–2030.[4] The strategy has six objectives, with 12 targets to be achieved by 2030. It aims to reduce morbidity, mortality, disability and economic disruptions due to disease outbreaks and other health emergencies.

3. To fast-track implementation, the 2022–2030 strategy is anchored by three flagship initiatives: Promoting Resilience of Systems for Emergencies (PROSE); Transforming African Surveillance Systems (TASS); and Strengthening and Utilizing Response Groups for Emergencies (SURGE).

4. This first report highlights the progress made in the implementation of the strategy from 2022 to 2023, as well as challenges and next steps.

PROGRESS MADE/ACTION TAKEN

5. The Multi-hazard Preparedness and Response Plan (MHPRP) milestone for 2024 (30%) has been achieved as 17 Member States[5] (36%) had approved plans by April. Rapid response teams, focusing on high-threat pathogens have been established in 80% of districts within 40% of Member States.

6. Under the SURGE initiative, 23 Member States created country-specific roadmaps for priority interventions. Sixteen of these countries have trained approximately 1348 emergency responders, known as African Volunteer Health Corps (AVoHC)/SURGE members. Fourteen Member States have successfully deployed these members within 24–48 hours to respond to public health and humanitarian emergencies, including diphtheria, Rift Valley fever, cholera and Marburg within their countries.

7. The logistics operational hubs in Kenya and Senegal have successfully reduced supply lead time from over three weeks to just three days. These hubs have supported 12 response operations, including those for Ebola, cholera, displacements due to conflict, drought and food insecurity, with 142 shipments to 32 Member States valued at US$ 6 594 950. Strategic partnerships with Africa CDC on operational support and logistics have enhanced training and operational responses, notably reducing supply response time from weeks to days.

8. The majority (94%) of the 47 Member States have a national laboratory system that can conduct at least five of 10 core tests in over 80% of districts, and nearly all (98%) have the capacity to analyze and link data from and between surveillance systems at the national and intermediate levels. Under TASS, one

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1 Koua EL, Njingang JRN, Kimenyi JP et al. Trends in public health emergencies in the WHO African Region: an analysis of the past two decades public health events from 2001 to 2022 BMJ Global Health 2023;8:e012015.

2 AFR_RC66_R3-eng.pdf (who.int)

3 'Africa Faces Rising Climate-Linked Health Emergencies', *WHO | Regional Office for Africa*, 2024 (<https://www.afro.who.int/news/africa-faces-rising-climate-linked-health-emergencies>, accessed 30 January 2024).

4 AFR-RC72-8-eng.pdf (who.int)

5 Benin, Botswana, Congo, Mali, Eswatini, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, South Africa, South Sudan, United Republic of Tanzania and Zambia.

epidemic and pandemic intelligence hub is operational in Dakar, out of the five that were targeted. The weekly Integrated Disease Surveillance and Response (IDSR) reporting increased from 10 to 36 Member States between May 2022 and August 2023. The completeness rate of reports also increased from 21% to 77%, and timeliness from 11% to 64%. However, only 33 Member States (70%) have a functional e-IDSR system with over 90% coverage.

9. Public health emergency operations centres (PHEOCs) are fully functional in 89% (42 out of 47) of the Member States. Botswana, Eritrea and Gabon have started the process of establishing PHEOCs. WHO supported those 42 Member States in developing legal frameworks, plans, procedures and emergency management capabilities to ensure PHEOC activation within 120 minutes. Using these capacities, 85% of Member States responded to at least 80% of acute health events in accordance with global and national performance standards with no cross-border spread of Ebola and Marburg outbreaks.

10. In 2022, only 13 Member States[6] achieved the global target of 90% DTP coverage. Routine immunization coverage remains low, leading to an increase in zero-dose children and posing risks of vaccine-preventable disease outbreaks. The Region faced its worst diphtheria outbreak in decades in 2023, with over 22 000 cases and 770 deaths in five Member States.[7]

11. By the end of 2022, Ethiopia and Mozambique had achieved the target of all 15 International Health Regulations (IHR) core capacities that were at level 3, at least (developed capacity), based on the IHR State Party Annual Self-Assessment Report (IHR-SPAR). Fourteen Member States[8] had at least 60% of their 15 IHR core capacities at level 3 or more.

CHALLENGES AND ISSUES

12. Despite the progress made, challenges persist. These include multiple concurrent public health and humanitarian emergencies and minimal funding, a limited and stretched health emergency workforce, and increasing cohorts of unvaccinated children, thereby hampering the implementation of the strategy.

NEXT STEPS

13. **Member States should**

(a) Member States should prioritize domestic, predictable and sustainable funding for emergency response, and allocate resources to the implementation of the three flagship initiatives to accelerate the attainment of the milestones and targets.

(b) Revamp and fast-track the catch-up of routine immunization activities, considering the reemergence of diphtheria, pertussis and measles and the limited progress made in increasing coverage.

(c) Institutionalize continuous capacity-building for the health emergency workforce with emphasis on expertise to predict, detect and respond to climate-related emergencies (droughts, cyclones, heatwaves) as well as chemical events (such as falsified drugs and heavy metal poisoning).

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6 WHO, Status of immunization coverage in Africa as of the end of 2022, World Health Organization Regional Office for Africa, 2023, (https://www.afro.who.int/sites/default/files/2023-10/Status%20of%20immunization%20coverage_final-compressed_compressed.pdf, accessed on 30 January 2024)

7 AFRO.Diphtheria.Sitrep004-20231126.pdf (who.int)

8 Algeria, Burkina Faso, Cabo Verde, Eritrea, Namibia, Niger, Nigeria, Rwanda, South Africa, Uganda, United Republic of Tanzania, Zambia and Zimbabwe

14. **WHO Secretariat and partners should:**

(a) Support Member States in leveraging the pandemic fund mechanism and other streams to obtain resources for the implementation of the priority interventions.

(b) Expedite the implementation of the three flagship initiatives: PROSE, TASS and SURGE.

(c) The Regional Committee is invited to note the progress report.