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**AN INNOVATIVE APPROACH TO STRENGTHENING THE GLOBAL
ARCHITECTURE FOR HEALTH EMERGENCY PREPAREDNESS
AND RESPONSE IN THE WHO AFRICAN REGION**

Report of the Secretariat

CONTENTS

	Paragraphs
BACKGROUND.....	1–9
ISSUES AND CHALLENGES	10–18
ACTIONS PROPOSED.....	19–20

BACKGROUND

1. The African Region reports the highest burden of public health emergencies globally, with an average of 102 events recorded annually over the past two decades.¹ New and recurrent outbreaks, and conflict- and climate-driven humanitarian crises create an increasingly complex health emergency profile for the African Region. The last decade recorded a significant 87% increase in zoonotic disease outbreaks compared to the previous decade, driven by climate change and social dislocation, especially of vulnerable populations.¹

2. Following the largest ever Ebola outbreak in history in West Africa in 2014–2015, WHO initiated significant reforms in emergency preparedness and response that have greatly enhanced its operational capabilities. These reforms that included the establishment of the World Health Emergencies Programme (WHE) in 2016, the designation of two subregional hubs in the African Region, among other interventions, have facilitated integrated emergency preparedness, response, and recovery into a cohesive system, improving the speed and coordination of emergency actions. The African Region, however, continues to face public health emergencies with increasing frequency and severity, calling for continued adaptive and effective approaches in responding to public health threats.

3. In August 2022, the Seventy-second session of the Regional Committee for Africa adopted a new Regional strategy for health security and emergencies 2022–2030.² The Regional strategy serves as a comprehensive road map for strengthening the Region's health emergency preparedness, detection, and response capabilities. It aims to foster resilience and enhance the capacity of health systems to manage and mitigate the impact of health emergencies, ensuring a more robust and coordinated regional response to public health threats.

4. This technical paper updates Member States on the implementation of innovative approaches to strengthen the global architecture for health emergency preparedness, prevention, response and resilience in the WHO African Region over the past two years in alignment with the Regional strategy for health security and emergencies.

5. Three flagship initiatives were launched in 2022, drawing on lessons and experiences from Member States, including insights from the COVID-19 response.³ The initiatives – as listed below – are geared towards strengthening national capacities to better prepare, detect and respond to public health emergencies:

- (a) Promoting Resilience of Systems for Emergencies (PROSE)
- (b) Transforming African Surveillance Systems (TASS)
- (c) Strengthening and Utilizing Response Groups for Emergencies (SURGE).

6. To support the implementation of the flagship initiatives, two strategically positioned subregional Emergency Preparedness and Response Hubs were officially launched in Nairobi, Kenya and Dakar, Senegal in 2022 and 2023 respectively. Preparations are underway to establish a third hub to cover southern Africa. Prior to the official launch of the emergency hubs in Kenya and Senegal,

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 Glob Health* 2023;8:e012015.

² Regional Committee for Africa. Seventy second session, August 2022. Regional Strategy for Health Security and Emergencies, 2022-2030; Document AFR/RC72/8

³ Independent Panel on Pandemic Preparedness and Response (IPPPR), the IHR Review Committee and the Independent Oversight and Advisory Committee (IOAC) for the WHO Health Emergencies Programme

these hubs played and continue to play a crucial role in bolstering regional preparedness and response to health emergencies in countries. The hubs serve as the operational arm of the emergency programme, to ensure prompt and effective technical and logistical support to Member States.

7. Three Centres of Excellence are co-located within the hubs to provide focused support on data innovation and intelligence; workforce development; and research and genomic surveillance, linking with other programmes in the WHO African Region for alignment.

8. WHO has embarked on stronger partnerships with Africa CDC and other regional and subregional entities, including regional economic communities, to build on complementarities and coordinate support to Member States. A Joint Emergency Action Plan (JEAP) 2023–2026 was developed and launched in 2023. This is a partnership between the WHO Regional Offices for Africa and the Eastern Mediterranean, and the Africa Centres for Disease Control and Prevention (Africa CDC).

9. As a result of these innovative approaches, Member States are making progress towards timely detection and more effective response to emergencies, as evidenced by the following improvements:

- (a) Weekly Integrated Disease Surveillance and Response (IDSR) reporting by Member States improved significantly from 10 to 37 countries between May 2022 and June 2024. The completeness rate of reports increased from 21% to 79%, and timeliness from 11% to 66% during the same period;
- (b) Overall, the time to detect and end outbreaks has improved over the last decade: the time for detection of reported outbreaks progressively decreased over time, from 14 days in 2017 to 7 days in 2023; and the time required to end outbreaks decreased from an average of 156 days in 2017 to 62 days in 2023.^{4,5} The decrease is particularly noted for vector-borne diseases (from 234 days in 2017 to 16 days in 2023), vaccine-preventable diseases (from 308 days in 2017 to 56 days in 2023), and viral haemorrhagic fevers (from 106 days in 2017 to 48 days in 2023). However, the time required to end outbreaks of respiratory pathogens has increased considerably, mainly due to the negative effects of the COVID-19 pandemic (from 28 days in 2017 to 76 days in 2023), and that of food- and waterborne diseases, largely driven by cholera (from 84 days in 2021 to 134 days in 2023);⁵
- (c) The lead time for delivery of supplies to countries during emergencies has dropped from 25 days to an average of 3 to 5 days.
- (d) A pool of national emergency responders has been identified and trained with essential skills to respond swiftly and effectively to health emergencies, further strengthening countries' capacities to manage multiple public health hazards. As of June 2024, over 1600 national emergency responders have been identified and trained in 18 countries⁶ in the African Region and have already been deployed locally in 14 countries and internationally to eight countries to respond to emergencies.

⁴ Impouma, B, Roelens, M, Williams, G, Flahault, A, Codeço, C, Moussana, Farham, B, et al. (2020). Measuring Timeliness of Outbreak Response in the World Health Organization African Region, 2017–2019. *Emerging Infectious Diseases*, 26(11), 2555-564.

⁵ WHO Regional Office for Africa, Emergency Preparedness and Response Programme Data Analysis, May 2023

⁶ Botswana, Central African Republic, Chad, Congo, Democratic Republic of the Congo, Ethiopia, Eswatini, Kenya, Lesotho, Malawi, Mauritania, Namibia, Niger, Nigeria, Rwanda, Senegal, United Republic of Tanzania and Togo

- (e) Furthermore, the integration of advanced surveillance systems and digital data analytics has improved the speed and accuracy of outbreak detection and response. This proactive approach has not only contained outbreaks more efficiently but also minimized their impact on affected populations.
- (f) Stronger partnerships and collaboration with international organizations, national governments, and local communities have fostered a more cohesive and coordinated response network.

ISSUES AND CHALLENGES

10. Member States in the Region are responding to more frequent, complex and concurrent emergencies. Cholera outbreaks are on the increase and are occurring in new locations, mainly driven by suboptimal water and sanitation coverage and climate-related hazards. In 2023, a total of 192 919 cases and 2780 deaths were recorded in 17 countries,⁷ up from 10 countries with 86 986 cases and 2780 deaths in 2022 (a 121% increase in cases). In addition, there is a surge in outbreaks of vaccine-preventable disease such as diphtheria and measles, fuelled by low vaccination coverage in several countries.

11. The United Nations estimates that 139 million people in the WHO African Region require humanitarian assistance in 2024, with many facing urgent health threats. This figure represents a 66% increase compared to 2023, when 83.8 million people required humanitarian assistance.

12. While Member States accelerate efforts to enhance their capacities for health security, the increasing complexity of emergencies continues to strain health systems. Deepening humanitarian crises in the Democratic Republic of the Congo, northern Ethiopia, the Greater Horn of Africa, and the Sahel are straining the capacity of some of the Region's most fragile health systems.

13. The multidimensional risks contributing to health emergencies in the Region, such as increasing interactions at the human-animal-environmental interface, with the potential for zoonotic epidemics and pandemics, and the impact of climate change and food insecurity, call for enhanced collaboration with various multisectoral stakeholders to build ownership and accountability beyond the health sector. Nonetheless, multisectoral engagement and accountability will not be sufficient to holistically address these threats.

14. The slow progress in access to water, sanitation and hygiene facilities in the Region is fuelling repeated food- and waterborne disease outbreaks, particularly cholera. Between 2015 and 2022, sanitation coverage increased from 38% to 41.2%, while hygiene coverage went from 23.8% to 25.9%. With the current rates of progress, a dramatic acceleration is required to meet universal coverage (greater than 99%) by 2030. Although access to safe drinking water improved from 66% to 70.6% between 2015 and 2022, thirty per cent of the population still drink water from unprotected sources. The unsafe drinking water, combined with nearly 60% of the population lacking basic sanitation services and 75% without basic hygiene services, constitute serious public health threats.⁸

⁷ Burundi, Cameroon, Congo, Democratic Republic of the Congo, Eswatini, Ethiopia, Kenya, Malawi, Mozambique, Nigeria, South Africa, South Sudan, United Republic of Tanzania, Togo, Uganda, Zambia, and Zimbabwe.

⁸ Koua EL, Moussana F, Sodjinou VF, Kambale F, Keninyi JP, Diallo S, et al. Exploring the burden of Cholera in the WHO Africa region: Patterns and trends from 2000 to 2023 cholera outbreak data. *BMJ Global Health*, June 2024 (In press).

15. While reporting of public health and surveillance data by Member States has steadily improved in the Region over the past two years, information sharing within countries, between Member States and with WHO remains a challenge, hindering timely and effective response to emergencies. Local capacities for data use and infrastructure for data technology pose additional constraints in terms of timely detection and reporting of emergencies.

16. Financing and human resources are still major bottlenecks in scaling up Member State capacities for preparedness, detection and response. With limited capacity to mobilize resources domestically, countries in the African Region lack sustainable and predictable financing, relying mainly on international funding. Ensuring that an institutional approach is adopted with government leadership and domestic contribution remains critical.

17. While the host governments of the subregional emergency hubs (Kenya and Senegal) have offered land for the establishment of the hubs and two centres of excellence, substantial and sustained financing is required for both the Hubs and Centres of Excellence to be fully operational.

18. Ongoing efforts to collaborate and align partner support to Member States are progressing. The JEAP between WHO and the Africa CDC has aligned their emergency action across six core areas: country preparedness; workforce development; surveillance; logistics, supply chain and local manufacturing; response readiness and coordination; and risk communication and community engagement. The increasing complexity of health security and needs in the Region will require stronger alignment and collaboration with a broad range of stakeholders including outside the health sector to address the multidimensional risks faced by Member States.

ACTIONS PROPOSED

19. Member States should:

- (a) Accelerate the implementation of the Regional strategy for health security at country level through the operationalization of the flagship initiatives to strengthen preparedness, detection and response.
- (b) Maximize the strategic and operational support from the Emergency Preparedness and Response Hubs, leveraging the stockpiling of emergency supplies and technical support.
- (c) Strengthen intersectoral engagement and accountability to address the risk factors driving public health emergencies, notably zoonoses, poor water and sanitation systems and environmental hazards. The One Health approach fosters intersectoral collaboration at local level to ensure that all relevant sectors and stakeholders combine efforts to address public health threats.
- (d) Strengthen regional collaboration on cross-border outbreak risk assessment, public health surveillance and timely information sharing to enhance early detection and prevention of outbreak-prone diseases.
- (e) Secure and invest in sustainable financing for health security to bolster national capacities to prepare, detect and respond to emergencies.
- (f) Prioritize the restoration and strengthening of essential health services disrupted during the COVID-19 pandemic to reinforce the resilience of systems for health emergencies, including investing in community health workers and enhancing primary health care infrastructure. By developing strong linkages between emergency preparedness and essential health services, Member States can build more resilient health systems capable of managing both routine health needs and responding to emergency situations effectively.

(g) Explore opportunities for strengthening preparedness and response to climate-related emergencies, including the Global Goal on Adaptation that represents a framework for global response to rising climate impact with a focus on health, endorsed at the 28th Conference of the Parties, and global financing mechanisms such as the Adaptation Fund.

20. WHO in the African Region, Africa CDC and partners should continue to strengthen strategic partnerships and collaboration towards ensuring a unified and coordinated approach to managing disease outbreaks and humanitarian crises in the Region towards building more resilient communities and health systems.