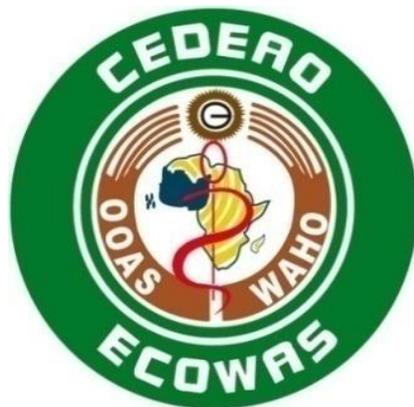


**ORGANISATION OUEST AFRICAINE DE LA SANTE
WEST AFRICAN HEALTH ORGANISATION
ORGANIZACAO OESTE AFRICANA DA SAUDE**



2015 ANNUAL ACTIVITY REPORT

January 2016

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GLOSSARY

AHM:	Assembly of Health Ministers
AIDS:	Acquired Immune Deficiency Syndrome
ANC:	Ante Natal Care
ARV:	Anti Retrovirals
AYH/SRH:	Adolescent and Youth Health/Sexual and Reproductive Health
BD:	Board of Directors
CAD\$:	Canadian Dollar
CAMES:	African and Malagasy Higher Education Council
CAPS:	Leadership Capacity Strengthening
CFA F:	African Financial Community Franc
CPED:	Centre for Population and Environmental Development
CREFDES:	Centre for Economic and Social Development Research and Training
CYP:	Couple's Year of Protection
DTWC:	Diphtheria Tetanus Whooping Cough
ECOWAS:	Economic Community of West African States
EDF:	European Development Fund
EDTCP:	European and Development Countries Clinical Trials Partnership
EPDs:	Epidemic-Prone Diseases
EVD:	Ebola Virus Disease
FASFAF:	Federation of Francophone Africa Associations of Midwives and Nurses
FP:	Family Planning
GCC:	General Consultative Council
GHP:	German Healthcare Partnership
GIZ:	German Technical Cooperation
HIV:	Human Immune Deficiency Virus
HRH:	Human Resources for Health
HRweb:	Platform for the information management relative to health research
IDB:	Islamic Development Bank
IDRC:	International Development Research Centre
IDSr:	Integrated Disease Surveillance and Response
IFA:	Iron and Folic Acid
IMCI:	Integrated Management of Childhood Illness
INPIQS:	International Network for Planning and Improving Quality and Safety in Health Systems in Africa
IRSP:	Regional Public Health Institute
IUD:	Intra Uterine Device
JCC:	Joint Consultative Committee
KFW:	German Financial Cooperation
LMD:	Bachelor Master Doctorate Degrees
LMG:	Leadership, Management and Governance
LMV:	Live Measles Vaccine
M/NTDs:	Malaria/ Neglected Tropical Diseases

MDGs:	Millennium Development Goals
MEP:	Moving Maternal, Newborn and Child Health Evidence into Policy in West Africa
MI:	Micronutrient Initiative
MLE:	Monitoring, Learning and Evaluation
MNCH:	Maternal, Newborn and Child Health
MoU:	Memorandum of Understanding
MR-TB:	Multi-resistant Tuberculosis
NCAHF:	Network of Champions for Adequate Health Financing
NEWAHE:	Network for Excellence in West African Higher Education
NHIS:	National Health Information System
NITAG:	National Immunization Technical Advisory Group
NPHI:	National Public Health Institute
NTDs:	Neglected Tropical Diseases
RBM/WARN:	Roll Back Malaria/ West African Regional Network
RCC:	Regional Consultative Committee
RCDS:	Regional Centre for Disease Surveillance and Control
SC:	Steering Committee
SERSAP:	Public Health Research and Surveys Firm
STIs:	Sexually Transmitted Infections
SWEDD:	Sahel Women's Empowerment and Demographic Dividend
TB/HIV:	Tuberculosis/ Human Immune Deficiency Virus
TM:	Traditional Medicine
UA:	Unit of Account
UEMOA:	West African Economic and Monetary Union
UNAIDS:	Joint United Nations Programme on HIV/AIDS
UNDP:	United Nations Development Programme
US\$:	United States Dollar
USAID:	US Agency for International Development
UTH:	University Teaching Hospital
WACS:	West African College of Surgeons
WAHO:	West African Health Organisation
WAPCEH:	West African Postgraduate College of Environmental Health
WARF:	West African Rural Foundation
WHO:	World Health Organization
YPIP:	Young Professional Internship Programme

INTRODUCTION

WAHO implemented several programmes in 2015 in the pursuit of its efforts geared towards contributing its quota to the ideal of the regional integration of ECOWAS Member States, in accordance with its mandate of providing the highest level of health services to the people of the region. This report is a fact sheet on the major activities implemented as well as the outcomes. It reviews the following items:

- Update on the health situation in the ECOWAS region;
- Status of implementation of major recommendations of the 16th session of the ECOWAS Assembly of Health Ministers;
- Major achievements of WAHO;
- Oversight activities;
- Implementation of programmes;
- Other achievements;
- Status of financial execution;
- Administrative situation;
- Challenges and Way forward.

1 Update on the health situation in the ECOWAS Region

In 2015, the region recorded successes in terms of controlling Poliomyelitis and the Ebola Virus Disease epidemic. Conversely, there were outbreaks of other epidemic diseases. The health update is as follows:

Poliomyelitis

In October 2015, our Community ceased to appear on the list of areas around the world where poliomyelitis was considered endemic. Nigeria, the only country in the sub region that had confirmed cases in the last three years was ultimately declared free from the transmission of the indigenous wild poliovirus. This WHO declaration confirms, if need be, that as difficult as this could appear, it is absolutely possible to achieve brilliant results with regards to combating communicable diseases, in particular those diseases that are avoidable thanks to vaccination.

Ebola Virus Disease

At end of two arduous years of combating an unprecedented epidemic, the most affected three countries namely Liberia, Sierra Leone and Guinea were eventually declared free from the epidemic. In the first instance, Liberia was the first country to be declared Ebola-free followed by Sierra Leone and Guinea.

The disease led to the loss of thousands of lives thereby leading to the dislocation of several families within the communities and further weakening of the already fragile health systems. The age-old cherished ideal of the communities' desire to live in harmony was put to the test.

A total of 28,631 cases including 11,315 deaths were recorded in the six countries between December 2013 and December 2015. In addition, at least 535 health workers died.

However, it is noteworthy that the declaration of the end of the epidemic in the three countries does not necessarily imply the end of the transmission of the Ebola virus. The outbreak of sporadic cases at least twice in Liberia and recently in Sierra Leone after both countries were declared Ebola-free highlights the persistence of the risk of infection. Thus, this confirms the need to step up the surveillance measures against the disease in order to enable the affected countries have the required capacity for early detection of cases and provide rapid response.

It is an incontrovertible fact the virus can still be found in some body fluids and organs of infected persons who had survived the disease, thereby causing the disease to be sexually transmitted during a period that is not yet well determined. This situation, in addition to being a challenge for the health research institutions, constitutes a real threat of the likely resurgence of the disease at any time and in any location within and outside our region.

The crisis that ensued following the outbreak of the Ebola epidemic brought to the fore not only our vulnerability as a community in the face of threats such as outbreaks of infectious diseases, but also demonstrated to the entire world how the outbreak of an infectious epidemic in a country could become a public health crisis of international concern when the health systems do not have adequate preparedness in place. Consequently, it is imperative more than ever before that the strengthening of health systems should be the topmost priority on our agenda.

Finally, it is noteworthy that this epidemic should be perceived as an unprecedented human disaster due to its epidemiological scope and its socio-economic and political impact. Its occurrence is a reminder about the notion of health safety, its definition, meaning as well as its ramifications in practical terms relative to the health programmes and policies, in particular within the context of regional integration.

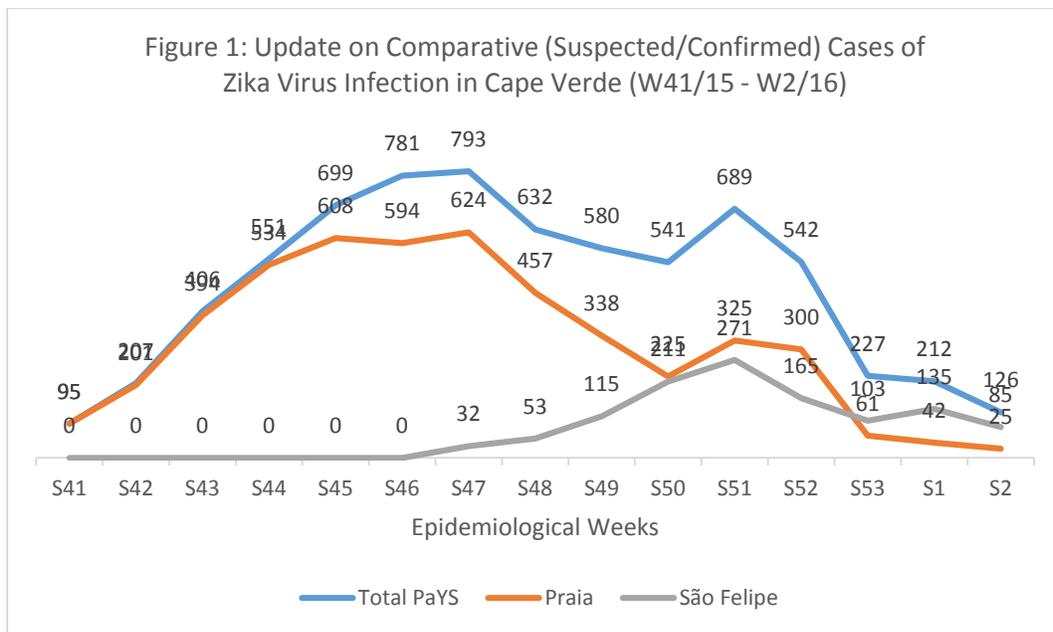
Zika Virus Epidemic

Cape Verde has been facing the Zika virus epidemic since October 2015. Indeed, Zika is an emergent virus that is transmitted through an *Aedes* mosquito bite, which is similar to the specie responsible for Yellow Fever, Dengue and Chikungunya.

This virus was first discovered in Uganda in 1947. The major effects of the Zika virus are congenital complications (microcephaly) even though the connection between the virus and microcephaly are not formally established and other neurological disorders in newborns and mothers exposed to the ailment.

According to the data from the Cape Verdean Ministry of Health a total of 7,081 cases were reported by 13 out of the country's 17 health districts (*delegacias*) between October 2015 and 17 January 2016. The capital, Praia, is the most affected district with 68% of the cases followed by São Felipe with 17.5%. The update on the situation is depicted in Figure 1.

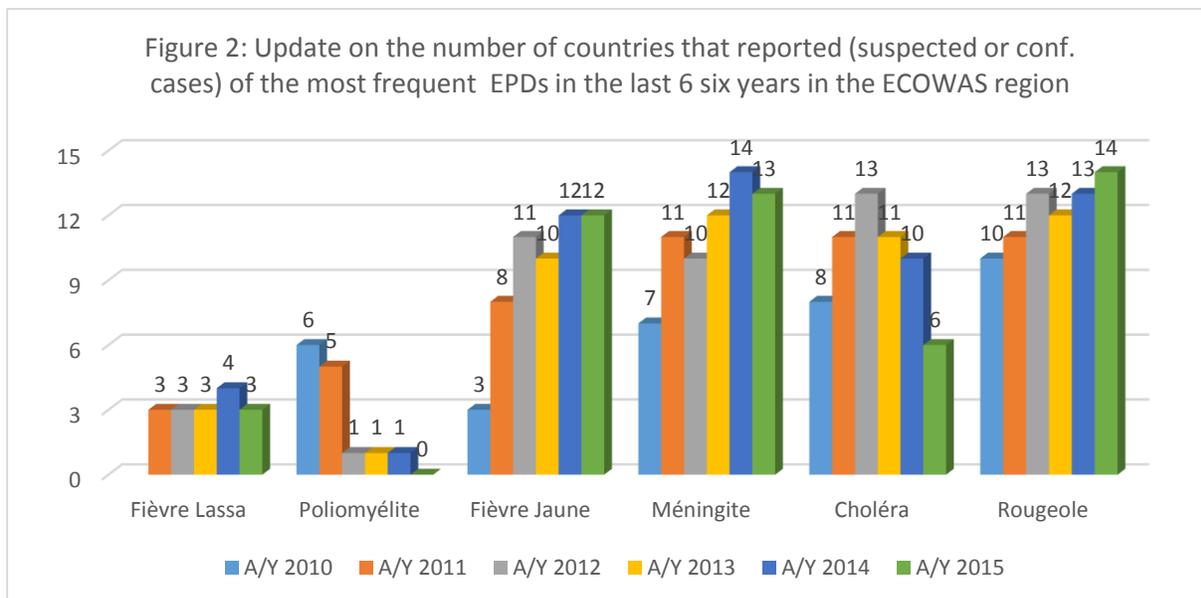
Finally, WHO declared Zika virus a public health emergency of international concern in January 2016.



Source: Website of the Cape Verde Ministry of Health

Parallel to the outbreak of the EVD, meningitis and measles also attained epidemic proportions during the first half of the year. Niger witnessed the occurrence of (3) three different epidemic diseases namely meningitis, measles and cholera. These three diseases are considered to be among the top priorities under the epidemiological plan in terms of frequency and the annual scope of the epidemics in the region.

Figure 2 shows the update in terms of the number of countries that reported (susp. or conf. cases) relative to one of the most frequent EPDs in the last 6 years within the ECOWAS region.



Source:

Cholera

The number of cases fell significantly in 2015 (see Figure 3). In total 6,290 cases including 205 deaths were recorded by 6 countries (Nigeria, Ghana, Côte d'Ivoire, Niger, Togo and Senegal) compared to 24,618 cases including 1,114 deaths in 2014 by a total of 10 countries. It is noteworthy that Niger and Ghana are the two countries of the region that are constantly affected by cholera accounting for 96% of the all of cases in 2015 compared to about 95% in 2014.

Meningitis

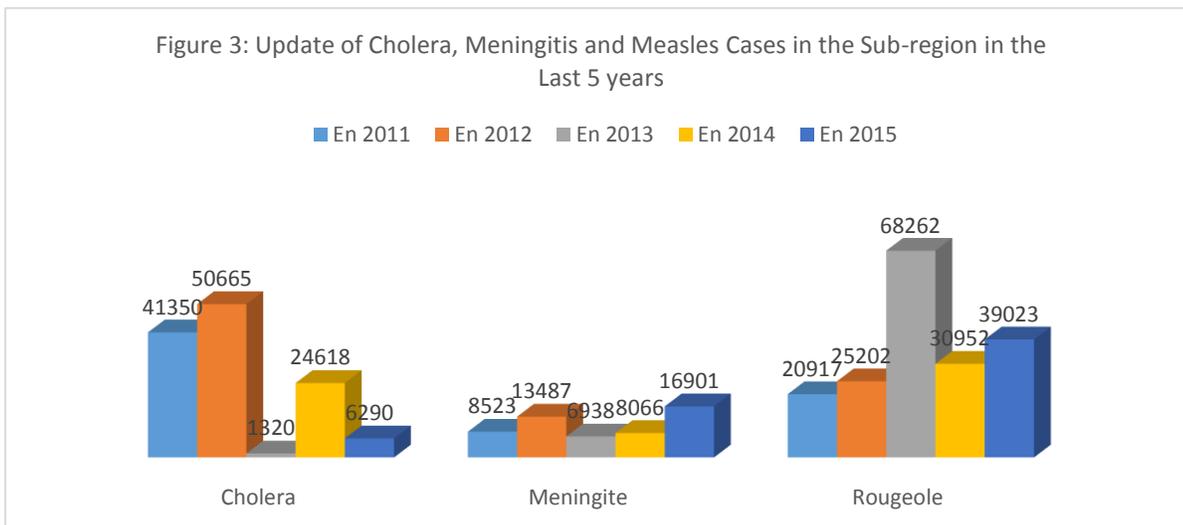
A total of 16,901 (suspected or confirmed) cases including 1,171 deaths were reported in 2015 by all the countries of the region, with the exception of Guinea-Bissau and Liberia, thus accounting for more than double of the cases reported by 14 countries in 2014.

The region witnessed a huge upsurge of meningitis cases in the first half of 2015, especially in Niger that reported 8,586 cases accounting for 51% of all cases including 577 deaths representing a lethality rate of 7%.

Measles

The region recorded 39,023 (suspected or confirmed) cases including 17 deaths. All ECOWAS countries, except Cape Verde were affected. This situation is due, among other things, to stagnating immunization campaigns or even its decline in some countries. Indeed, at least one child out of four does not always receive the mandatory vaccination.

Meanwhile, more than 80% of the funding for vaccines comes from external financing.



Yellow Fever

In 2015, twelve countries reported only suspected cases (Jaundice fever) totalling 2,986 cases including 133 deaths. Three countries that did not report any cases are namely Cape Verde, Guinea-Bissau and Liberia.

Lassa Fever

In 2015, three hundred and eighty (380) cases including 12 deaths were reported by Benin, Nigeria and Sierra Leone. Nigeria reported 375 cases and all the 12 deaths. In 2014, the region recorded 1,335 cases including 60 deaths from 4 countries (Benin, Liberia, Nigeria and Sierra Leone).

Neonatal Tetanus

It is noteworthy that Neonatal Tetanus is one of the diseases targeted for elimination for many years. In 2015, nine (9) countries reported ninety-five (95) cases including 31 deaths (a lethality rate of about 33%) compared to 112 cases including 31 deaths reported in 2014.

In 2014 and 2015, Guinea was the most affected country with 28 and 40 cases respectively.

Table 1: (Suspected/confirmed) cases and deaths relative to EPDs reported by ECOWAS countries in 2015

Countries	Cholera		Meningitis		Measles		Yellow Fever		Lassa Fever		Neonatal Tetanus	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Benin	0	0	575	64	176	1	111	1	1	0	7	1
Burkina Faso	0	0	2,881	286	238	1	723	25	0	0	0	0
Cape Verde	0	0	402	0	0	0	0	0	0	0	0	0
Côte d'Ivoire	194	6	142	18	665	0	610	14	0	0	0	0
The Gambia*	0	0	7	4	666	7	1	0	0	0	0	0
Ghana	711	8	393	44	750	0	372	0	0	0	3	0
Guinea	0	0	233	22	2,154	10	55	0	0	0	40	15
Guinea-Bissau	0	0	0	0	315	1	0	0	0	0	2	1
Liberia*	0	0	0	0	646	0	0	0	0	0	0	0
Mali	0	0	507	7	705	1	210	14	0	0	8	5
Niger	51	4	8,586	577	6,396	23	23	1	0	0	8	4
Nigeria	5,298	186	2,709	130	24,317	127	186	73	375	12	0	0
Senegal	1	0	202	7	998	0	311	2	0	0	4	0
Sierra-Leone	0	0	23	1	698	4	27	0	4	0	11	2
Togo	35	1	241	11	299	0	357	3	0	0	12	3
Total	6,290	205	16,901	1,171	39,023	175	2,986	133	380	12	95	31

Source: NHIS/IDSR of Member States

(*) Incomplete data

Malaria

In 2015, the malaria-induced mortality rate estimates showed a 60% reduction at the global level between 2000 and 2015. However, the Africa Region alone accounts for the majority (90%) of all malaria-related deaths in the world.

In the ECOWAS region, the majority of malaria cases are exclusively due to the *Plasmodium Falciparum* and only Cape Verde is currently at the pre-elimination stage. The remaining fourteen (14) countries are at the control stage of the disease.

Moreover, the trends in terms of the incidence or admission rate relative to this disease are not known in these fourteen countries. This situation is attributable, among other things, to poor reporting, changes in diagnostic test coverage (in net increase) and access to health services. However, the mathematical modelling reveals that the incidences fell to at least 75% between 2000 and 2015 in three countries (The Gambia, Guinea-Bissau and Senegal), between 50 and 75% in two other countries (Ghana, Liberia). The remaining nine (9) countries posted a reduced incidence rate of below 50%¹.

In view of this observation, in February 2016 some West African countries received awards for their efforts towards malaria control. In this vein, Senegal and Liberia received awards for best performance in the area of malaria control between 2011 and 2015 while Guinea and Mali received prizes for making significant progress over the same period.

Table 2: (Confirmed/estimated) malaria-induced cases or deaths in ECOWAS countries in 2015

Countries	Confirmed and reported cases	Death cases	Estimated deaths
Benin	1,044,235	1,869	4,400 -8,200
Burkina Faso	5,428,655	5,632	12,000-32,000
Cape Verde	46	2	
Côte d'Ivoire	3,712,831	2,069	12,000-20,000
The Gambia	166,299	170	120-930
Ghana	3,415,912	2,200	5,900-18,000
Guinea	660,207	1,067	7,400-13,000
Guinea-Bissau	93,431	357	160-990
Liberia	864,204	2,288	1,200-2,900
Mali	2,039,853	2,309	15,000-25,000
Niger	1,953,309	2,691	7,300-17,000
Nigeria	7,826,954	6,082	81,000-150,000
Senegal	265,624	500	650-6,200
Sierra-Leone	1,374,476	2,848	5,700-11,000
Togo	1,130,251	1,205	3,100-5,900
Total	28,358 445	31,289	

Source: World Malaria Report 2015

According to this table relative to Nigeria's confirmed and reported cases, the country alone accounts for about 30% of all cases in the region.

Concerning malaria control, the annual review of national programmes conducted in November 2015 revealed the following challenges:

¹ World Malaria Report 2015

- Reduction in the malaria-related incidence and mortality rates is very low in the most affected countries of the region in view of reaching the pre-elimination stage.
- Difficulties in providing the vulnerable segment of the population with access to health services.
- Resistance of parasites to first-line treatment and prevention drugs was reported in some countries;
- Domestic financing of malaria control programmes by the affected countries remains low.

Tuberculosis

In most cases, the Tuberculosis/HIV co-infection continues to affect the region's population. In 2014, the update of the disease in the ECOWAS region is presented below in Table 3.

Table N°3: Reported Tuberculosis Cases in ECOWAS Countries in 2014

Countries	New cases			Relapse cases			Retreatment, excluding relapses	Total Number of New Cases	New and Relapse Cases	Total Number Reported Cases
	Confirmed Pulmonary Bacteriology Infections	Clinical Pulmonary Diagnostics	Extra-Pulmonary Infections	Confirmed Pulmonary Bacteriology	Clinical Pulmonary Diagnostics	Extra-Pulmonary Infections				
Benin	3,079	313	359	135	-	-	91	3,751	3,886	3,977
Burkina Faso	3,722	815	683	217	109	-	246	5,220	5,546	5,792
Cape Verde	172	41	52	9	-	-	18	265	274	292
Côte d'Ivoire	14,233	2,901	5,243	898			475	22,377	23,275	23,750
The Gambia	1,475	787	209	81	-	-	2,262	2,471	2,552	4,814
Ghana	7,682	5,364	1,181	441			608	14,227	14,668	15,276
Guinea	6,449	2,334	2,478	473	-	-	-	11,261	11,734	11,734
Guinea-Bissau	1,544	602	93	43	-	-	6	2,239	2,282	2,288
Liberia	1,703	-	957	42	-	-	24	2,660	2,702	2,726
Mali	3,804	632	1,208	165	-		167	5,644	5,809	5,976
Niger	7,073	1,698	1,710	370			251	10,481	10,851	11,102
Nigeria	49,825	29,460	4,764	2,415	-	-	4,890	84,049	86,464	91,354
Senegal	9,278	1,514	1,653	653	234	-	315	12,445	13,332	13,647
Sierra Leone	7,453	4,239	509	276	-		244	12,201	12,477	12,721
Togo	1,899	177	339	110	-	-	52	2,415	2,525	2,577
Total ECOWAS	119,391	50,877	21,438	6,328	343	0	9,649	191,706	198,377	208,026

Source: 2015 Tuberculosis World Report

HIV/AIDS

Today, about 80% of People Living with HIV live in only 20 countries of the world with 13 of them living in Sub-Saharan Africa. In West Africa, almost all the ECOWAS countries have mixed epidemic situations i.e. generalised and heterogeneous cases. HIV affects the sub-groups of the population through multiple and diverse transmission mechanisms. For instance, in Sierra Leone the prevalence rate stood at 2.3% in the urban areas compared to 1.0% in the rural areas. This trend could be observed across the region.

According to sentinel and health demographic surveys (coupled with HIV and STI biology), the average prevalence rate observed among the general population in the ECOWAS region is as presented below:

Table N°4: HIV/AIDS in West Africa² in 2014

Countries	General Prevalence Rate (15-49 year olds)	Number of Adults under ARV Treatment (2014)	Number of Patients Needing ARVs
Benin	1.2%	27,241	61,104
Burkina Faso	1.5%	46,623	
Cape Verde	0.8%	1,211	
Côte d'Ivoire			
The Gambia	1.9%	4,586	
Ghana	1.47%	90,756	
Guinea	1.7%	32,040	45,372
Guinea-Bissau	3.25%	8,127	
Liberia			
Mali			
Niger			
Nigeria	3.4%	747,382	
Senegal	0.7%	16,682	23,795
Sierra-Leone	1.5%	10,289	26,495
Togo	2.5 %	37,511	45,372

Source: *Monitoring Report of the HIV/AIDS Policy Declaration of West African Countries*

These prevalence rates are the highest among the key section of the population that is most exposed to HIV infection namely Professional sex workers, men having sexual intercourse with other men and consumers of injectable hard drugs regardless of the mode of drug administration.

² *Monitoring Report on the HIV/AIDS Policy Declaration of West African Countries: Report submitted by each country*

Neglected Tropical Diseases (NTDs):

The ECOWAS countries and their partners made significant progress in combating and eliminating certain neglected tropical diseases in endemic areas, especially Guinea Worm and Onchocerciasis.

However, NTDs remain a public health issue in our region due to the handicaps that they induce as their negative socio-economic consequences. Many countries of the region have set NTDs as a priority in their national health policy.

Though NTDs exist throughout Sub-Saharan Africa, the burden of these diseases is highly concentrated in the Sahel region and four highly debilitating NTDs are linked to the climate conditions of the Sahel: 88% of trachoma cases in Africa are concentrated in the Sahel, 59% of lymphatic filariasis, 50% of schistosomiasis and 49% of Onchocerciasis. Most people in the Sahel region are at risk of co-infection with the possibly of contracting at least five NTDs (see the Table below).

Table N°5: Share of Neglected Tropical Diseases³

Diseases	Burkina Faso	Mali (Geographical distribution)	Niger
Schistosomiasis	12.2 M	Endemic across Mali; School-age children are the most at risk	12.7 M
Lymphatic Filariasis	15.2 M	Endemic across Mali	11.5 M
Soil-transmitted helminthiasis	6.3 M	Endemic across Mali, children are the most at risk	7.2 M
Onchocerciasis	333.000	Endemic in 17 districts in Kayes, Koulikoro and Sikasso Regions	Hypo endemic
Trachoma	7.2 M at risk 23.000 active cases	Present in all the countries districts	11.3 M at risk

Non-Communicable Diseases

The data on the prevalence and update on Non-Communicable Diseases (NCDs) is rare in our countries. But according to the WHO Non-Communicable Diseases (NCDs) Progress Monitor 2015, there were nearly one million deaths due to NCDs in the ECOWAS Region in 2015. Half (51%) of these deaths occurred in Nigeria alone. Within the countries, the proportion of deaths due to NCDs ranged from 24% in Nigeria to 69% in Cape Verde. The probability of premature deaths due to NCDs ranged from 15% in Cape Verde to 27% in Sierra Leone.

Hypertension remains a problem in all ECOWAS countries with the prevalence rate ranging from 28% to 36%. Obesity is increasingly becoming common in the region: In women, the prevalence ranges from 7% in Niger to 19% in Ghana. The prevalence of diabetes in adults in the Region is 7% - 11%, with the lowest prevalence in Niger and Guinea and the highest prevalence in The Gambia and Cape Verde.

³http://www.rsph.org.uk/filemanager/root/site_assets/membership/publications/xix_world_epidemiology_congress/the_global_burden_of_neglected_tropical_diseases.pdf

Nutrition Situation

One of the major contributing factors to the rising NCDs is nutrition transition that usually accompanies rapid urbanization. Survey results show that Ghana and Cape Verde are two of the four countries in Africa at the final stages of transition. The Gambia and Senegal are countries in the region, which are in the middle stages of the transition.

But, West Africa is one of the regions most affected by malnutrition, with under five year children and women of reproductive age constituting the most vulnerable groups. While the Region has made good progress in reducing the prevalence of undernourishment reduced from 24% to 10% and the number of undernourished people reduced by 24.5% between 1991 and 2015, many countries are unlikely to meet the World Health Assembly 2025 Nutrition Targets. For example, stunting rate among under-five year children has remained stagnant and high at 38% since 1990 and the projection up to 2020 shows no improvement, though there are some differences between countries. Of the 15 countries in West Africa, six countries are not on course to meet the four out of six World Health Assembly Nutrition Targets for which data are available (Benin, Burkina Faso, Ghana, Mali, Niger, Sierra Leone) and 6 are on course to meet only one target (Côte d'Ivoire, The Gambia, Guinea, Guinea Bissau, Nigeria, Senegal) (7). The region also faces micronutrient deficiencies, with anaemia affecting women of reproductive age (between 45% and 62% in some West African countries).

The 14th Nutrition Forum was convened under the theme “Nutrition-related MDGs in West Africa: Achievements, Opportunities and Way Forward”. It examined the progress made on the nutrition landscape in ECOWAS countries and in the region as a whole. The ECOWAS countries made some progress on nutrition-related MDGs. Countries such as The Gambia, Ghana and Mali had substantially reduced the proportion of children who are underweight by 2015.

Notable achievements had been made in reducing the burden of acute and chronic under nutrition; improving the governance of nutrition and multisectoral action; joining the SUN Movement platform; and in micronutrient supplementation interventions. However, many existing challenges remain. They include limited availability of reliable data on nutrition, shortage of nutrition professionals, low investment in nutrition, and poor community feeding practices. One initiative, reported to be the first in Africa, was the establishment of a human breast milk bank in Cape Verde.

Mother and Child Health

Despite the fact that ECOWAS countries made significant progress, too many women and children continue to die and the current situation in terms of Maternal, Newborn and Child Health (MNCH) continues to be a source of concern. According to the African Union 2014 Report on the Status of MNCH in Africa, about 73% of all maternal deaths were due to obstetrical complications and 27.5% of the deaths were traceable to indirect causes such as pre-existing conditions that were worsened by pregnancy. The major and direct causes of maternal deaths are postpartum haemorrhage (27.1%), hypertension disorders during pregnancy (14%), puerperal sepsis (10.7%), unsafe abortions (7.9%), embolism (3.2%) as well as other direct cases of deaths due to obstructed labour (9.6%).

With regards to newborn mortality the situation is yet to improve and accounts for at least 30% of child mortality.

This situation is due to the fact that the region has a low coverage of essential services for women and newborn babies due to, among other things, issues of availability, accessibility and quality of care.

Indeed, according to the 2015 Report on Assessment of the Maputo Plan of Action, the average FP cover (contraceptive prevalence) recorded in the region was 14.8% (over the same period the unmet needs in terms of FP stood on the average at 25%), ANC1 was 70% while ANC4 was 60% and the average rate of assisted deliveries stood at 53.7%.

Concerning vaccination, according to reported routine data from January to September 2015, the vaccination coverage in DTP3 and LMV stood at 84% in the region compared to 90% and 89% in 2014 over the same period. In addition, it is noteworthy that despite the considerable progress recorded in the region, one child out of four fails to receive the mandatory vaccination and over 80% of funds for vaccines purchase comes from external financing. This situation constitutes an enormous challenge for the sustained availability of the vaccines and universal access to vaccination, thereby compromising the expected universal vaccination coverage.

Furthermore, the IMCI strategy introduced for more than fifteen years in the region is suffering from the much-needed impetus to attain optimal coverage due mainly to the high cost of teaching the subject matter as a component of on-the-job training programmes. Indeed, according to a joint WAHO-WHO study conducted in our region in 2013 on the occasion of the annual review of national MNCH programmes in the ECOWAS countries, the proportion of Health Districts that implemented IMCI ranged from 12% (Côte d'Ivoire) to 100% (Burkina Faso, Ghana, Guinea, Guinea-Bissau and Niger). The same study showed that the proportion of Health Districts that have less than 60% IMCI-trained health workers (the recommended standard for effective child care) ranged from 0% (Mali, Togo) to 73% (Benin).

During the same period, IMCI training in the primary health workers' training schools, which is the best vehicle for increasing coverage by skilled health personnel in providing quality care to under-five children, was fraught with several challenges in terms of the introduction, effective implementation as well as the monitoring and evaluation of this training.

II- Status of Implementation of Major Recommendations of the 2015 AHM

On the whole, the meetings of the sixteenth ordinary session of the ECOWAS Assembly of Health Ministers made seven (7) recommendations to the countries, fourteen (14) to WAHO, two (2) to the WAHO Liaison Officers and three (3) to the partners.

They are as follows:

To the Countries:

1. Support WAHO to establish a special fund for the implementation of the Regional Plan for Malaria Control and Elimination;
2. Set up a multisectoral malaria control committee;
3. Step up advocacy to the Governments of Member States for the provision of additional funding (Community Levy) to WAHO;
4. Take all the necessary measures so that WAHO could adequately play its leadership role in the area of health in the ECOWAS region;

5. Further take ownership of WAHO interventions;
6. Step up advocacy to the Governments in order to strengthen WAHO's operational capacity through the recruitment of adequate human resources;
7. Draft appropriate plans for the reconstruction of the health systems of the countries affected by EVD in view of the forthcoming meetings (in April and May 2015) under the auspices of the World Bank and the United Nations General Secretariat.

To WAHO:

1. Give an update of ongoing projects and share with the countries;
2. Systematically send reports of meetings/workshops organised by WAHO to Liaison Officers;
3. Take stock and carry out systematic labelling of all materials and equipment sent to countries and replace them if necessary;
4. Make advocacy to the countries and the region for the establishment of a special fund for the implementation of a Regional Plan for Malaria Control and Elimination;
5. Support the countries in the drafting of documents and the implementation of strategies for Universal Health Coverage;
6. Carry out annual country assessment towards the attainment of the goal of allocating 15% of the national budget to health based on the approved computation method;
7. Carry out the assessment and dissemination of countries' level of implementation relative to the harmonised curricula namely: General Medicine training curricula, Medicine and Surgery specialisations curricula, Nurses and Midwives' curricula, Pharmacists and Pharmacy Technicians' curricula, Allied Health Professions' curricula (community health, medical biology, environmental health, medical imaging);
8. Improve the institutional and media visibility of these interventions through more vigorous communication/advocacy plan;
9. Support the countries in building governance systems that are more attuned to the current demographic transition context and the permanent quest for the well-being of the population;
10. Support the countries of the region for the drafting of specific urban health policies;
11. Assist the countries to better prevent future crises such as Ebola by developing a strong leadership aimed at taking up the challenges of population pressure, equity, universal healthcare and related health issues;
12. Support the Ministers in preparing the forthcoming Washington meeting in order to ensure that emphasis will be laid on strengthening health systems, especially the presentation of priority interventions identified during the Ebola crisis;
13. Capitalise on the lessons learnt in combating the EVD epidemic;
14. Strengthen the coordination of partners' health interventions in the region.

To the Liaison Officers:

1. Further advocacy for the setting up of the Solidarity Fund (WAHO) for epidemic control;
2. Ensure effective hand over (with the minutes of the handover) in the event of the replacement of the Liaison Officer.

To the Partners:

1. Support WAHO's regional technical and financial initiatives;
2. Participate actively in the coordination of interventions and share the best practices with WAHO in view of scaling them up in the ECOWAS countries;
3. Assist further promotion of WAHO's visibility and strengthen its leadership role in the area of health.

Two (02) recommendations directed at WAHO were implemented; six (06) are being implemented while six (06) are not yet implemented. The details about the actions undertaken relative to these recommendations are presented in the table attached in the Annexe.

III- WAHO's Major Achievements

The major achievements for the period focus on the following points:

- The oversight activities;
- The implementation of programmes;
- The other achievements;
- The status of financial execution;
- The administrative situation.

III.1. Directorate General's Oversight Activities:

In the course of 2015, the activities implemented under the oversight activities focused on the Directorate General's participation at statutory meetings, meetings with government authorities and partners for resource mobilisation, creation and strengthening of strategic partnerships and the coordination of WAHO activities.

III.1.1. Statutory Meetings:

The Directorate General attended all the Community statutory meetings namely two ordinary sessions of the Authority of Heads of State and Government, two sessions of the Council of Ministers, two sessions of the Assembly of Health Ministers including an extraordinary session, the ECOWAS Mediation and Security Council meeting and the statutory meetings of the Administration and Finance Committee.

A) Authority of Heads of State and Government

The 47th ordinary session of ECOWAS held on 19 May 2015 in Accra took the important decision of creating the "Regional Centre for Disease Surveillance and Control" with headquarters based in Abuja, Nigeria. It requested the ECOWAS Commission President in collaboration with WAHO to take the necessary steps for the creation and operationalisation of the Centre. The Authority of Heads of State and Government appealed to all partners to support the process. In addition, the Summit reiterated its earlier appeal on the need to lift all restrictions on flight connections to the EVD affected countries.

The Summit, once again, expressed its gratitude to **H.E Mr Faure Essozimna Gnassingbé**, President of the Togolese Republic, who is the coordinator of the Ebola virus control efforts in West Africa and urged him to continue his supervisory and coordination role during the current post-Ebola reconstruction phase.

The Heads of State and Government urged all the Member States to ensure the constant lifting of all barriers to free movement.



Cross-section of the Summit of the Authority of Heads of State and Government

The 48th ordinary session of ECOWAS held on 16 and 17 December 2015 in Abuja, Nigeria took several decisions including, among other things, the adoption of WAHO's 2016-2020 Strategic Plan, the texts of the creation and operationalisation of the Regional Centre for Disease Surveillance and Control (RCDC), the Regional Pharmaceutical Plan, the Regional Malaria Control Plan, the 2016 Community Budget and the first phase of the Community's Institutional Reform.

B) ECOWAS Council of Ministers

The 74th ordinary session of the ECOWAS Council of Ministers was held on 16 and 17 May 2015 in Accra. This meeting discussed the creation of the RCDC.

The 75th ordinary session of the ECOWAS Council of Ministers held on 13 and 14 December 2015 in Abuja, Nigeria considered the resolutions relative to the harmonised training curricula of Pharmacists and Pharmacy Technicians in the ECOWAS region, harmonised training curricula of the Allied Health Disciplines in the ECOWAS region, the method for computing the 15% of the national budget to be allocated to health (Abuja Declaration), the Regional Pharmaceutical Plan and the ECOWAS Regional Plan for Malaria Control and Elimination.

Furthermore, this session examined the resolutions focusing on WAHO's 2016-2020 Strategic Plan, the legal texts on the creation and operationalisation of the Regional Centre for Disease

Surveillance and Control (RCDC) and the setting up of an epidemiological surveillance and disease control network in the ECOWAS region.

C) ECOWAS Mediation and Security Council

The 34th ordinary meeting of the ECOWAS Mediation and Security Council was held on 17 May 2015 in Accra, Ghana.

The 35th ordinary meeting of the ECOWAS Mediation and Security Council was held in Abuja, Nigeria and made the following recommendations within the framework of Ebola control:

- Further the control of the borders of Member States with a view to preventing the resurgence of residual cases in the region;
- Urge ECOWAS to develop a regional epidemic re-emergence prevention strategy;
- Urge the ECOWAS Commission to speed up the process especially in terms of mobilising the necessary resources towards establishing the RCDC.

D) Administration and Finance Committee

The 18th meeting of the Administration and Finance Committee recommended to the Council of Ministers the approval of WAHO's budget amounting to UA 24,320,043 representing an increment of 12.14% compared to the 2015 budget.

E) Assembly of Health Ministers (AHM)

WAHO organised two meetings of the ECOWAS Assembly of Health Ministers. They include the following:

The 16th ECOWAS AHM was held in Niamey on the theme: Strengthening Health Systems and Management of Epidemics in ECOWAS: Lessons Learnt in the Management of the Ebola Virus Epidemic. This meeting, among other things, provided a platform for exchanging ideas with health partners in the region and it approved all the resolutions that were thereafter considered by the 75th ordinary session of the ECOWAS Council of Ministers held on 13 and 14 December 2015 in Abuja.



Cross section of participants during the 16th ECOWAS AHM held in Niamey on 13 March 2015

The 6th Extraordinary AHM held in Dakar in November 2015 considered and approved WHO’s 2016-2020 Strategic Plan as well as the legal texts on the establishment of the ECOWAS Regional Centre for Disease Surveillance and Control including the following:

- ECOWAS regulation on “the establishment and the operational modalities of the Regional Centre for Disease Surveillance and Control (ECOWAS/RCDC) and;
- ECOWAS regulation establishing the “ECOWAS Epidemiological Surveillance and Disease Control Network.”

In addition, these two strategic documents were considered by the 75th ordinary session of the ECOWAS Council of Ministers held on 13 and 14 December 2015 in Abuja.

III.1.2. Meetings With the Political Leaders of Member States:

Throughout 2015, the Director General and his deputy paid visits to all the countries and met with several political leaders. They also exchanged ideas with these leaders on the region’s priority health issues and WHO activities. They carried out advocacy relative to the implementation of ECOWAS decisions on issues relating to health, the health of the population and the continuous proper functioning of WHO.

In the course of the year, a strong advocacy was deployed in favour of epidemic control, the establishment of the RCDC, Health Systems Strengthening and the preparation of WHO’s 2016-2020 Strategic Plan. To this end, the Director General and his deputy visited most ECOWAS Member States and met with Heads of State and Government, Members of Parliament and Ministers.

These meetings were veritable opportunities to strengthen EVD control actions, mobilise the Member States in favour of Health Systems Strengthening (HSS), facilitate the setting up of the RCDC and call for the inputs of the Member States towards the drafting of WAHO's 2016-2020 Strategic Plan.

III.1.3. Strategic Partnership and Resource Mobilisation

In view of WAHO's mandate of strategically and collectively seeking solutions to the region's health issues, it pursued and intensified its cooperation with various partners.

To this end, WAHO played host to several partners and attended several partners' events namely meetings of statutory organs, symposia and other scientific and exchange fora aimed at strengthening partnership in many health areas of interest.

On the whole, 2015 witnessed the signing of several MOUs and agreements leading to the commencement of new projects and programmes as well as the initiation of discussions on new operations.

The outcomes are as follows:

- Signing of supplementary financing with USAID in favour of the "Leadership Capacity Strengthening" (CAPS) programme for US\$850,000 over a four-year period with effect from 2015. This project is aimed at strengthening WAHO's capacity and creating a conducive regional and national environment for better utilisation of health services. The project seeks to promote best practices in health, public-private partnership in the health sector, health information and advocacy/communication;
- Signing of two agreements with the World Bank:
 - ✓ The Sahel Women's Empowerment and Demographic Dividend (SWEDD) Project for the sum of US\$ 207 million for a four-year period with effect from 2015. This project is aimed at increasing the empowerment of women and young girls as well as their access to quality maternal and child reproductive health services. The project covers the following countries: Burkina Faso, Chad, Côte d'Ivoire, Mauritania, Mali and Niger. It should contribute to improving the demand for maternal, newborn, child and nutritional health services;
 - ✓ The "Sahel Malaria and Neglected Tropical Diseases" Project (SMNTDs) for the sum of US\$121 million over a four-year period with effect from 2016. This project is aimed at increasing access and use of harmonised community-based malaria prevention and treatment services and certain neglected tropical diseases along the border areas of beneficiary countries. This project covers Burkina Faso, Mali and Niger. It should assist these three countries to carry out activities aimed at achieving the goal of malaria pre-elimination and treatment of schistosomiasis, trachoma, lymphatic filariasis, geo-helminths and onchocerciasis among school-age children and adults alike;
- Signing of an agreement with the IDRC for the « Moving Maternal, Newborn and Child Health Evidence into Policy in West Africa » (MEP) project for the sum of \$CAD2.6 million over a period of five (5) years with effect from 2015. This project is aimed at improving the use of research outcomes in the decision-making process relating to maternal, newborn and child health programmes in the ECOWAS region. It covers Benin, Burkina Faso, Ghana, Mali, Nigeria and Senegal;
- Signing of an agreement with MI (Regional Micronutrient Fortification Project in ECOWAS countries) for the sum of \$CAD890,000 for a period two (2) years with effect from 2015. This project is aimed at improving the health status of pregnant women and

under-five children through micronutrient fortification: Iron and Folic Acid (IFA) and Vitamin A. The project covers Ghana, The Gambia and Niger;

- Signing of an agreement with KFW: for the fourth phase of the Regional Reproductive Health and HIV/AIDS Project for the sum of 15 million euros over an additional period of three (3) years with effect from 2015. This project is aimed at contributing to the reduction of maternal morbidity and mortality in ECOWAS countries. It covers fifteen (15) countries and WAHO with priority given to five (5) pilot countries namely Benin, Burkina Faso, Ghana, Guinea-Bissau and Niger.

Furthermore, other projects are under discussion with the World Bank, IDB, GIZ, the French Cooperation Agency and the upgrade of laboratories with KFW for the strengthening of the epidemiological surveillance system.

Similarly, over the same period under review, MoUs were signed with the purpose of strengthening partnerships for resource mobilisation and programme implementation with:

- The Coordination Unit of the Ouagadougou Partnership so as to enable WAHO capitalise upon the achievements of this Initiative in order to strengthen access and use of Family Planning;
- The renewal of the MoU with the International Network for Patients' Safety and Quality Care Improvement (RIPAQS) within the framework of health systems strengthening.

IV- Physical Implementation of Programmes

Despite the financial and epidemiological constraints in 2015, WAHO recorded achievements with the outcomes according to programmes presented as follows:

IV.1. Programme Policy Coordination and Harmonisation

This programme is aimed at ensuring the coordination of regional health interventions thanks to the organisation of various thematic meetings as well as the promotion of regional policies, legislation, norms and standards. The following outcomes were achieved:

- The draft harmonised regulations for the practice of pharmacy in the ECOWAS region is available.
- The following strategic documents were produced and adopted by the ECOWAS Authority of Heads of State and Government. They are:
 - ✓ WAHO's 2016-2020 Strategic Plan, which outlines the strategic orientation and operational thrust of the Organisation over the same period,
 - ✓ ECOWAS Strategic Malaria Control and Elimination Plan with the overall objective of contributing to the reduction of malaria-related deaths to a level close to zero by 2015 and maintaining such levels by 2020,
 - ✓ ECOWAS Regional Pharmaceutical Plan which is the strategic framework for the management and regulation of the pharmaceutical sector in the region with a view to improving access and rational use of essential medicines and other commodities that are safe, potent, of proven quality and at an affordable price.

Meanwhile, the following documents underwent technical validation:

- ✓ Regional Programme for Strengthening Management of Maintenance and Repairs of Biomedical Equipment; the implementation of this programme will contribute to improving the management and maintenance of biomedical equipment;
- ✓ ECOWAS Regional Strategic Research Plan aimed at promoting research for health.

Epidemic control

The year 2015 witnessed the outbreak of epidemic diseases in the ECOWAS region just like in the previous years. WAHO contributed to epidemic control i.e. Meningitis and Measles thanks especially to the technical and financial support of Member States.

These efforts deployed in addition to activities undertaken in order to eradicate the Ebola Virus Epidemic. These activities are as follows:

- Meetings of the Ministerial Coordination Committee and the Technical Monitoring Group;
- Implementation of the Regional EVD Epidemic Control Multisectoral Plan;
- Advocacy for Funds Mobilisation in the Member States and among partners;
- Supervisory visit to the staff members who were redeployed by WAHO to the 3 most affected countries.

In terms of major outcomes, these interventions contributed significantly towards the declaration by December 2015 of the end of the epidemic in the three most affected countries.



WAHO deployed voluntary field workers to the countries that were most hit by EVD.

Moreover, in view of the persistence and recurrence of epidemics with its attendant negative consequences, the ECOWAS Heads of State and Government decided to commit the region to the introduction of a sustainable disease surveillance and control mechanism. Thus, the 47th Summit

decided to create a Regional Centre for Disease Surveillance and Control (RCDC) with headquarters in Abuja, Nigeria. Pursuant to that decision, WAHO under the leadership of the ECOWAS Commission President conducted several activities that produced the following outcomes:

- Drafting and adoption of legal texts for the establishment and functioning of the RCDC;
- Drafting and adoption of legal texts for the setting up of an ECOWAS Disease Surveillance and Control Network;
- Inclusion of activities relating to the effective operationalisation of the RCDC in WAHO's 2016 programme budget.

Combating other diseases:

The activities conducted focused on the control of Malaria, HIV/AIDS, Tuberculosis, Eye Infections, Nutritional Deficiencies and Non-Communicable Diseases. Furthermore, the major highlights are as follows:

- Annual review of the National Malaria Control Programmes.
This meeting gave us the opportunity to carry out an assessment of the implementation of malaria control programmes and plan malaria control activities in the fifteen (15) countries. It was organised by the Roll Back Malaria Network (RBM/WARN), a network that is being restructured. Country representatives in the review recommended the continuation and strengthening of advocacy in favour of substantial increase of public funds allocated to malaria control in the ECOWAS countries. They agreed to send the relevant malaria-related data to WAHO ensuring that the data is used for advocacy purposes in the direction of the Heads of State and Government and partners⁴.
Finally, in view of the restructuring of the Roll Back Malaria Network (RBM/WARN), WAHO committed itself to organising annual coordination review of malaria control activities using its own funds;
- Finalisation of the drafting of the Sahel Malaria and Neglected Tropical Diseases Control Project;
- Organisation of a regional consultation on key population and HIV epidemic with the participation of the Ministries of Health, Committee on Health of the ECOWAS Parliament, National AIDS Control Agencies/Committees, Inspectors General of Police, Prosecutors and WAHO partners such as USAID, UNAIDS and UNDP.

This consultative meeting led to the Dakar Declaration on HIV/AIDS Control towards attaining the “ZERO” new infections target in addition to “ZERO” discrimination and “ZERO” deaths as signed by the ECOWAS Member States.

- The strengthening of management capacity in terms of Tuberculosis-HIV co-infection and Multi-resistant Tuberculosis (MR-TB) of eight (8) programme managers;
- Organisation of the meeting of eye health partners leading to the consolidation of partnership, coordination and harmonisation of programmes in this area;

⁴ Annual review of Malaria control programmes, Banjul, The Gambia 2015, WAHO



Visit to an ophthalmological consultation room

- Pursuit of coordination programmes for the elimination of Onchocerciasis thanks especially to participation at the 40th meeting of the African Technical Consultative Committee Programme for Onchocerciasis Elimination;
- The 14th Regional Nutrition Forum. This Forum assessed the attainment of nutrition-related MDGs and recommended the drafting of a regional strategic nutrition plan under the aegis of WAHO;
- The commencement of the MI-funded nutrition project in three countries towards the development of sustainable micronutrient fortification programmes in Ghana, The Gambia and Niger;
- The launching of the drafting process relative to the Regional Strategic Non-Communicable Diseases Plan.

Maternal, Newborn, Child, Adolescent and Youth Health:

Within the framework of carrying out its mandate of supporting the countries of the region in improving maternal and child health, WAHO implemented a certain number of activities in 2015 and obtained encouraging results. They are notably:

- Capacity building in favour of the countries through the promotion of Family Planning for the development and dissemination of the RAPID/FP Advocacy tool in Côte d'Ivoire and contribution to the Ouagadougou Partnership (PO) for the implementation of FP plans of action in the 8 Francophone countries of West Africa that are members of ECOWAS;
- The provision of contraceptives (Implants, Condom, Pills, Calendars, IUD and Injectables) to (Benin, Burkina Faso, Ghana, Guinea-Bissau and Niger) for the total sum of CFAF3,190,707 625;
- Five hundred and ninety-four thousand five hundred and fifty five (594 555) couple's year of protection (CYP) were realised in 2015 representing 594 555 effectively protected women;

- Capacity building in the public and private sectors (central stores, social marketing firms, FP service providers) for improving demand and supply of contraceptives for the total sum of CFAF590,361,300;
- Organisation of a huge mobilisation campaign relative to Family Planning and HIV screening at the Niger-Burkina Faso border post, thereby leading to the mobilisation of about 5,525 persons including 1,461 screened persons;
- The input into the organisation of the 1st Congress of Francophone Africa Nurses and Midwives: the FASFAF in Bamako, Mali;
- The strengthening of vaccination programmes for six countries (Burkina Faso, The Gambia, Mali, Niger, Nigeria and Togo) towards the introduction of the National Immunization Technical Advisory Group (NITAG) in addition to technical and financial support for the functioning of four NITAGs namely (Benin, Burkina Faso, Côte d'Ivoire and Senegal);
- Conducted a situation analysis of Adolescent and Youth Health including Sexual and Reproductive Health (AYH/SRH) in the ECOWAS region.

Health Systems Strengthening:

In view of the weakness of national health systems, WAHO implemented the following interventions in 2015 in order to strengthen these health systems.

- Provided technical assistance support to the Gambia for the procurement of essential orthopaedic equipment for use by the St. Francis small teaching hospital in Banjul. A total of one hundred and seventy three types of equipment and materials were procured, delivered and installed for a total cost of CFAF 85,000,000;
- Provision of bio-medical equipment and materials by WAHO to the Sanou Souro UTH to the tune of CFAF86,000,000 for strengthening its capacity for emergency care;
- Strengthening the capacity of the Ministries of Health with the installation of video conferencing equipment in 13 countries (Benin, Burkina Faso, Côte d'Ivoire, Ghana, The Gambia, Guinea, Guinea-Bissau, Mali, Liberia, Niger, Senegal, Sierra Leone and Togo);
- Contribution to the development of national health systems resilience plans of the three countries hard hit by Ebola Virus Disease through participation in international technical groups on evaluation for strengthening national systems during and after the Ebola outbreak and at the high-level international meetings including:
 - High-level Conference on Ebola in the presence of the three Heads of State of Liberia, Guinea and Sierra Leone;
 - Workshop on West African Disease Surveillance and Preparedness Network;
 - Post-Ebola Health Systems Meeting.

The meetings, among other things, helped the three heavily affected Ebola countries to draft National Post-Ebola Reconstruction Plans, socio-economic rehabilitation plans and peace building plans.

IV.2. Health Information Programme

The programmes implemented focused on improving the production and sharing of health information. Indeed, the major outcomes were as follows:

- The introduction of an effective Regional Information Management Platform on Epidemic Prone Diseases (EPDs) already in use in 13 countries in order to exchange information with

the other countries through the interplay of WAHO. Only Ghana and Sierra Leone are yet to join this platform;

- The organisation of an annual meeting of NHIS/IDSR and technical and financial partners that enabled the partners reaffirm their availability to support ECOWAS countries in improving the production, dissemination and use of health information.

IV.3. Research Development Programme

One the major challenges of health research is the introduction of permanent dialogue between researchers and decision-makers aimed at the effective use of research outcomes for improving the implementation of health programmes.

To this end, in 2015 WAHO implemented programmes with a view to developing health research.

They are as follows:

- Validation of a 2016-2020 Regional Strategic Plan for the Promotion of Health Research;
- Technical support to the regional technical research project teams titled “West Africa Initiative to Strengthen Capacities through Health Systems Research” with a grant from the Canadian International Development Research Centre (IDRC) to the tune of two million Canadian dollars. The support was aimed at improving the Monitoring, Learning and Evaluation (MLE) of the countries’ systems through the WERF (West African Rural Foundation), production and publication of annual mid-term review reports and numerous Policy Briefs for decision makers at the national and local levels;
- The closing of the regional capacity building support project for health research in Liberia, Sierra Leone, Guinea Bissau and Mali. The project helped in drafting and implementing strategic documents (Mali, Sierra Leone), policy documents (Sierra Leone) and research priority (Guinea-Bissau). It also helped in the promotion of the HRweb platform for health research information management in all the 15 countries;
- The situation analysis for knowledge translation and use of evidence in matters relating to maternal, newborn and child health in six countries (Benin, Burkina Faso, Ghana, Mali, Nigeria and Senegal) and in WAHO under the Moving Maternal, Newborn and Child Health Evidence into Policy Project in West Africa via Canadian financing. This situation analysis raised the level of the use of evidence-based approach in drafting policy documents and strategic plans even if the process is always inclusive with the participation of various stakeholders, lack of an organised support platform for the acquisition, evaluation, adaptation and use of evidence in the Ministries of Health using the experiences garnered from existing platforms in certain countries; lack of background documents for the use of evidence with regards to the limited knowledge and skills of the health personnel in the process of evidence usage. Moreover, this analysis helped to identify the system factors that promote or limit the use of maternal, newborn and child health programmes in the region. Finally, it helped to highlight the fact that gender and equity issues were not properly mainstreamed into maternal, newborn and child health programmes in the countries despite some limited attempts at addressing the issue. These outcomes led to the validation and mobilisation of the various stakeholders via the organisation of workshops in the six countries;
- Exchange of ideas with partners in order to strengthen the training and use of research with WAHO’s participation relative to the launching of the African Research Excellence Fund, during which WAHO committed it self to supporting the training of young researchers in the ECOWAS region. In addition, WAHO discussed collaboration with the COCHRANE

Group for the purpose of promoting the production and supporting the use of health evidence in the ECOWAS region. Finally, a WAHO officer participated in the training of trainers' programme towards the organisation of systematic review under the aegis of the COCHRANE group;

- Provision of support to strengthen the West African Health Research Journal platform through the online publication of the journal and production of the third issue of the journal;
- Fourth issue of the West African Health Research Journal was finalised and published;
- Provision of support to certain countries and health research scientific societies.

IV.4. Promotion and Dissemination of Best Practices Programme

In accordance with the Resolution adopted during the 2014 AHM held in Monrovia, Liberia on the creation of an ECOWAS Forum on Best Practices in Health aimed, among other things, at speeding up the effective and efficient implementation of priority health programmes in the Member States, WAHO organised the maiden edition of the forum from 29-31 July 2015 in Ouagadougou on the theme: *"Ending avoidable maternal and child deaths in West Africa"*.

This major event caught the sustained interest of relevant national and international stakeholders and enjoyed the huge financial backing of the West Africa Regional Bureau of USAID. The Forum's preparatory phase helped to develop consensual documentation tools in terms of best practices in health and organised eight national capacity building workshops in the area of best practices in health documentation. Thus, the capacity of more than eight hundred (800) national stakeholders was developed in the subject matter.

The Forum proper brought together about three hundred and fifty (350) participants and one hundred and twelve (112) selected abstracts were presented and displayed as posters. The Joint Consultative Committee meeting held on the margins of the forum recommended to WAHO to prepare two resolutions to be submitted for adoption at the next Assembly of Health Ministers. They are:

- Transform national structures responsible for Maternal, Newborn, Child, Adolescent and Youth and Older People's Health into National Directorates of Family and Reproductive Health and harmonise their nomenclatures within the Ministries of Health;
- Promote best practices in line with Task Shifting in particular with regards to community-based interventions.

IV.5. Human Resources for Health Development Programme

Within the framework of developing human resources for health, WAHO implemented programmes aimed at harmonising and facilitating the training of health professionals as well as developing their capacity. The outcomes are as follows:

- The accreditation criteria in all areas of health were finalised for publication;
- The harmonised curricula for the basic training of pharmacists, specialist training for pharmacists and training for pharmacy technicians and auxiliaries in the ECOWAS region was finalised and now available;
- The training curricula for specialised nurses and midwives in the Francophone countries within ECOWAS were finalised and now available;

- The trainer’s manual for implementing the training curricula of midwives and nurses in the ECOWAS region was finalised and now available;
- The curricula for the basic training of the following professionals namely physiotherapists, optometrists and opticians, biomedical equipment technologists, dental and dental prosthesis assistants, nutritionists and dieticians, health promotion officers were finalised, aligned and now available;
- The harmonised curricula for the training of experts in environmental health, medical biology, medical imaging, mental health and medical emergency are now available;
- The capacity building of twenty (20) Anglophone countries (2 per country for The Gambia, Ghana, Liberia and Sierra Leone and 12 for Nigeria) in Universal Health Coverage, twenty eight (28) Anglophone professionals in the area of contraceptive estimates and quantification, eight (8) officers responsible for Tuberculosis treatment in TB/HIV co-infection (Benin, Burkina Faso, Mali, Niger, Senegal, Guinea, Togo and Côte d’Ivoire) were trained, staff members of the Directorate of Traditional Medicine (TM) at the Ministry of Health of Burkina were trained in the use of the TM software.

In the same vein, still in the area of quality human resources in the region, WAHO provided support to several scientific bodies and participated both financially and technically in several scientific congresses. They are:

- Participation at the 5th Board of Directors’ meeting of the Regional Institute of Public Health (IRSP) at Ouidah;
- Support for the evaluation of the Faculty of Medicine and Pharmacy at the Kankan Moussa University of Bamako to arrange for its accreditation;
- Conference held in Abidjan during the 55th Annual Congress of the West African College of Surgeons (WACS) on the theme “Health Surgery and Development: WAHO’s Prospects”;



WAHO DG, 3rd from the left during the 55th Annual Congress of the West African College of Surgeons (WACS) in Abidjan.

- Successful advocacy with University authorities with the purpose of making the University of Cape Verde the 3rd training site under the YPIP reform;
- Coordination and chairmanship of the Francophone group on Human Resources for Health (HRH), by 2030, consultation organised in Accra by WHO Afro;
- Consensus reached on the harmonisation curricula for Training of Health Professionals in Libreville during the General Consultative Council (GCC) of CAMES;
- Information and sensitization of ENSP of Niamey Students and Lecturers and the Dean of the Faculty of Medicine of Maradi on the Harmonisation Process and Curricula Accreditation;
- Financial support to the tune of five million five hundred and twenty five thousand (CFA F5,525,000) in addition to technical support to the Federation of the Associations of Francophone Africa Nurses and Midwives (FASFAF) for the organisation of a Conference on the Training of Francophone Africa Midwives in the era of LMD “Challenges – Stakes and Prospects”;
- The financial support of thirty six million (CFAF36,000,000) for the harmonisation of training content project (in areas other than health) in the Universities that are members of the Excellence in Higher Education in West Africa Network (EHEWAN);
- The technical and financial contribution to CAMES through the provision of twenty-five (CFAF25,000,000) for the organisation of the CAMES Scientific Days;
- Technical and financial contribution of seven thousand five hundred USD (US\$ 7,500) for the 1st Congress of the West African Postgraduate College of Environmental Health, WAPCEH) in Ibadan, Nigeria;
- The technical contribution to the high level dialogue organised by UNAIDS/German Healthcare Partnership (GHP) on ARVs and the safety of health commodities in Africa “the role of regional economic communities and the ECOWAS regional pharmaceutical plan”.

IV.6. Medicines and Vaccines Programme

The activities relating to medicines and vaccines focused on the implementation of the Regional Pharmaceutical Plan as well as the use of the regional ARV safety stock. The following outcomes were considered:

- A situation whereby ARVs would go out of stock was avoided in Senegal and Ghana thanks to the support of the ECOWAS regional ARV safety stock;
- Meetings organised with partners on the investment opportunities in the production of medicines in the ECOWAS region, on accelerating the pre-qualification of local pharmaceutical industries, participation in the Global Fund tender;
- Organisation of a meeting with the West African Pharmaceutical Manufacturers Association (WAPMA) and the 15 National Medicine Regulatory Agencies of ECOWAS have helped in leading to a consensus involving all drugs manufacturers in the region in terms of their participation in the association and the modalities for the participation of non-producer countries.



Partial View of the Regional Safety Stock of ARVs

IV.7. Traditional Medicine Programme

In pursuing the goal of institutionalising Traditional Medicine in the national health systems, WAHO carried out the following interventions in 2015:

- Capacity building of the representatives of ECOWAS Member States' regulatory authorities for the utilisation of the harmonised directives and the evaluation standards registration of traditional medicine practitioners and their products;
- Support for the introduction of TM training modules into health training schools in Burkina Faso and Nigeria;
- Organisation of the 7th Scientific congress of traditional medicine practitioners and conventional medicine practitioners with a view to promoting collaboration between the two sectors;
- Financial support to 3 ECOWAS Member States in order to celebrate the African Traditional Medicine Day;
- Strengthening of the partnership with traditional medicine promoters thanks notably to the meetings with structures responsible for TM in the countries visited by the Director General.
- Visits to countries (The Gambia, Côte d'Ivoire, Benin and Senegal), support to the countries for their inter-country visits. After the visit to Senegal, financial assistance was provided to the Directorate of Traditional Medicine for a field study visit to Côte d'Ivoire, Ghana and Togo;
- Inauguration of the Botanical Garden of the University of Abomey Calavi (Benin) and the development of a regional strategy for the preservation of rare medicinal plants that are under the threat of extinction.



Group photograph with the Gambian Minister of Health with DG WAHO and PO Traditional Medicine on the occasion of the 7th Scientific Congress of Traditional Medicine and Conventional Medicine Practitioners held in Banjul

IV.8. Health Financing Mechanism Diversification Programme

Within the framework of implementing activities under this programme, the following outcomes were obtained:

- An orientation manual for the development, implementation and follow up of the UHC is now available. This document will be made available to the Member States with a view to availing them of a tool to guide the drafting and updating of the implementation and monitoring of UHC national policies;
- A document titled “ECOWAS private sector health profile” is now available. This document was prepared based on the fifteen (15) national documents on the private sector health profile, recommends among other things the drafting of two regional private sector health promotion programmes namely: Installation programme of health professionals in the district, (ii) Creation of ultra modern centres as well as the organisation of a regional roundtable to support the implementation of these two programmes;
- Similarly, WAHO received the assistance of a consultant working in public-private partnership promotion in the health sector. In this connection, the objective to create a partnership between the health sector and the private non-health sector interested in supporting health improvement using several initiatives. For instance, one cannot develop mobile health without partnership with mobile telephone operators. In terms of results, WAHO conducted mapping of firms for public-private partnership and a forum will be organised to identify the various areas of interest;

- In the framework of private sector health promotion intervention, the WAHO Director General paid a visit to the largest private clinic in Togo with a view to showing the support of the Organisation towards assisting in the development of this sub-sector;
- Financial support to the Network of Champions for the Adequate Health Financing (NCAHF) of Côte d'Ivoire and Guinea for them to implement their annual plan of action;
- Capacity building of networks in Burkina Faso and Niger through the use of RAPID models.

IV.9. Institutional Capacity Building Programme

In the area of WAHO's institutional capacity building, the following major events were carried out:

- Acquisition of VSAT equipment under the Ecolink/ECOWAS project;
- WAHO professional officers were trained in the use of Ecolink;
- Installation of SAP in all staff workstations (starting with those that are involved in the "Finance and Equipment Management project" and extended to the others within the framework of human resources and travel modules that will commence in due course);
- An information meeting with communication officers of the ECOWAS Ministries of Health was organised to strengthen collaboration in the area of health-related information sharing among the countries and with WAHO.

IV.10. Monitoring and Evaluation Programme

Planning, monitoring/evaluation was one the main areas of focus of WAHO in 2015. The outcomes are as follows:

Planning:

- The ECOWAS Authority of Heads of State and Government approved the proposed WAHO 2016-2020 Strategic Plan;
- Two (2) internal project and programme reviews were organised at WAHO to ensure better monitoring of their implementation;
- The ECOWAS Council of Ministers adopted the WAHO's 2016 Draft Programme Budget.

Furthermore, WAHO prepared several project briefs for the institution's project bank. Some of these briefs were sent to partners and the ECOWAS Commission notably as regards the 11th EDF.

Monitoring and Evaluation:

A final evaluation report of the 2009-2013 Strategic Plan is now available. The conclusions of this report were used to draft the current 2016-2020 Strategic Plan.

Moreover, several trips were made to the Member States to ensure the monitoring of the supports made available to them.

V. Other achievements during the year

In 2015, WAHO took part in many regional and international meetings.

These participations were aimed at strengthening the Organisation's influence relative to the choice to be made in terms of health priorities. This focuses on various events relating to discussions on priority health topics. To this end, WAHO took part in the following events:

- Meetings of decision making organs of training institutions and scientific bodies;
- Scientific congress working in health research;
- Annual national reviews of the health sector;
- Meetings on Universal Health Coverage and private sector promotion;
- Discussions on cooperation and regional integration of health;
- Diverse other meetings (Promotion of Reproductive Health, Health Systems Strengthening, Epidemics, Vaccination and Medicines, Laboratories).

In addition, other achievements were recorded notably within the framework of the WARDS project especially field epidemiologist training in collaboration with the Universities of Ghana and Ouagadougou, the setting up of Centres of Epidemiological Surveillance (CES) in several countries, training of laboratory technicians, supply of vehicles to the countries.

VI. Financial Execution

The 2015 budget of WAHO amounted to a total of UA21,686,547 broken down as follows: UA5,844,590 for General Administration accounting for 27% and UA15,841,957 for programmes thus representing 73% of the budget. The budget performance rate was up to 61% as regards General Administration compared to 62% in 2014 and 39% for programmes compared to 49% in 2014, thus accounting for an overall budget performance rate of 53%.

ECOWAS remains WAHO's main source of funding. In 2014, the financial situation was as follows:

- Total receivables from ECOWAS UA17,406, 583;
- Total actuals received from ECOWAS UA10, 274, 547 (about 59%);
- Amount expected from partners UA4, 271, 807;
- Amount received from partners UA1,092,164 (about 26%).

VII. WAHO's Administrative Situation

In 2015, WAHO pursued the strengthening of human resources and capacity development in administrative and financial management. The outcomes are as follows:

- The rehabilitation of offices and their extension in order to accommodate new staff members;
- Installation of three generating sets to produce energy during power outages;
- Acquisition of computer equipment and office furniture for the new staff;
- Finally, in 2015 a staff member (director) went on retirement.

VIII. Status of Cooperation With Partners

The activities in the period under review are multifaceted and led to the obtention of the following results:

- A work session with UEMOA helped in the drafting of a cooperation programme between the two institutions;
- The Partners' Forum held on the margins of the Assembly of Health Ministers had adopted the revised terms of reference of the Partners' Forum and made several recommendations directed to the WAHO countries and Partners (cf. table of recommendations in annexe);
- An MOU was signed with the Coordination Unit of the Ouagadougou Partnership and will enable WAHO to capitalise on the achievement of this Initiative;
- In the same vein, the renewal of the MOU with the International Network for Planning and Improving Quality and Safety in health Systems in Africa (INPIQS/RIPAQS) entered into force in the course of this year;
- The discussions with USAID helped WAHO in securing the CYP project budget for about US\$850,000 dedicated to information health activities;
- Work sessions were organised with SOGEMAB for of a formal cooperation in the area of biomedical equipment maintenance training.

IX. Challenges and Way Forward

IX.1. Challenges

2015 witnessed the emergence of many challenges namely:

- Persistence of epidemics and their management;
- Implementation of resolutions, decisions and recommendations of the various decision-making organs;
- Implementation of the programmes thanks to inadequate and the late provision of funds by the ECOWAS Commission;
- Recruitment to fill up key vacant positions within the organisation;
- Ownership of WAHO activities by the countries;
- Justification of funds awarded to the countries;
- Implementation of training curricula and harmonised codes of ethics.

IX. 2. Way Forward

WAHO will take advantage of 2016 to begin the implementation of its 2016-2020 Strategic Plan with the consolidation of major projects namely:

Within the framework of developing this partnership, WAHO negotiated and secured funding for several projects as per the below table:

Table N°6: Projects Implemented at WAHO

PROJECT TITLE	DURATION	COST IN MILLIONS	SOURCES OF FUNDING	GOALS	BENEFICIARIES
1. Regional Programme for “Reproductive Health and HIV/AIDS Prevention in the ECOWAS Region	2010-2017	24 Euros	KFW and ECOWAS	Contribute to the reduction of maternal morbidity and mortality in the ECOWAS countries.	15 countries + WAHO
2. West Africa Regional Disease Surveillance Capacity Strengthening Project (WARDS)	2013 - 2017	US\$11.5	World Bank and ECOWAS	To strengthen the regional disease surveillance and response system of ECOWAS member states	15 countries
3. Moving Maternal Newborn and Child Health Evidence into Policy in West Africa (MEP)	November 2014 July 2020	US\$3. 851 761	IDRC and ECOWAS	Improve the demand for the production of, and use of research results for decision-making in MNCH health programmes and policies within the ECOWAS region.	Benin, Burkina Faso, Ghana, Mali, Nigeria, Senegal
4. Sahel Malaria and Neglected Tropical Diseases Project	September 2015 – December 2019	US\$121	World Bank and ECOWAS	Increase access to and use of harmonized community-level services for the prevention and treatment of malaria and selected neglected tropical diseases in targeted cross-borders areas in Participating Countries in the Sahel region.	Burkina Faso, Mali, Niger
5. Regional Micronutrients Fortification Support Project in the ECOWAS countries	April 2014- March 2016	CAD\$0.890	Micronutrient Initiative (MI)	Improve the status of health of pregnant women and under-five children through micronutrients fortification: Iron and Folic Acid and Vitamin A	Ghana, The Gambia, Niger
6. Regional Project: Research on Governance and Health Systems Equity	July 2012 – January 2017	CAD\$2,160	IDRC and ECOWAS	Produce a body of knowledge to be used for influencing local health policies and programmes	Burkina Faso, Nigeria, Senegal et Sierra Leone
7. Sahel Women's Empowerment and Demographic Dividend Project (SWEDD)	2015 – 2018	US\$207	World Bank	To increase women and adolescent girls' empowerment and access to quality services in reproductive, child and maternal health	Burkina Faso, Chad, Côte d'Ivoire, Mauritania, Mali, Niger
8. Leadership Capacity Strengthening Project (CAPS)	February 2015- January 2019	US\$4,434	USAID	To strengthen the enabling environment at the regional and national levels for increased uptake and use of health services by the people of West Africa.	WAHO
9. Leadership, Management and Governance Project (LMG)	2014 – 2015	US\$1,55371767	USAID	To strengthen the organizational capacity of WAHO as a regional leader and enhance resource mobilization for health systems strengthening in member countries	WAHO

- The implementation of the 2016 Operational Plan as would be derived from WAHO's 2016-2020 Strategic Plan;
- The pursuit of the implementation of setting up the ECOWAS Regional Centre for Disease Surveillance and Control (ECOWAS - RCDC);
- The strengthening of the strategic partnership for health with the Member States, the other institutions of the Community and Partners including the private sector.

CONCLUSION

Although WAHO faced challenges and difficulties in 2015, it implemented several programmes and obtained significant results notably: the 2016-2020 Strategic Plan, visits of the Directorate General to almost all the Member States, the commencement of the establishment of the RCDC, the signing of several financing agreements, the provision of wide-ranging items of support to the countries, contribution to the eradication of the Ebola Virus Disease that was recognised by the African Union during its Authority of Heads of State and Government Summit in January 2016. As far as 2016 is concerned, WAHO is determined to take up all the challenges geared towards improving the health situation in the region.

STATUS OF IMPLEMENTATION OF RECOMMENDATIONS OF THE 16TH AHM

I. RECOMMENDATIONS OF LIAISON OFFICERS

a) To WAHO:

RECOMMENDATIONS	STATUS OF IMPLEMENTATION			ACTIONS UNDERTAKEN	OBSERVATION
	Implemented	Ongoing	Not Implemented		
1. Give an update on the ongoing projects and share same with the countries	X			A correspondence outlining the update on all ongoing WAHO projects was sent to countries in July 2015. In addition, a presentation was delivered during Committee of Programmes meeting in October 2015.	
2. Systematically send the reports of WAHO meetings/workshops to Liaison Officers in the 15 countries			X		
3. Take stock and systematically affix labels on all materials and equipment supplied by WAHO to the countries, and replace them if necessary.			X		

b) To LIAISON OFFICERS:

RECOMMENDATIONS	STATUS OF IMPLEMENTATION			ACTIONS UNDERTAKEN	OBSERVATION
	Implemen ted	Ongoing	Not Implemented		
4. Continue the advocacy for the establishment of the Solidarity Fund lodged at WAHO for epidemic control					Status of implementation to be presented by Liaison Officers
5. Ensure the effective handing over (supported with the minutes of the handing over ceremony) in the event of the replacement of the Liaison Officer.					Status of implementation to be presented by Liaison Officers

II. RECOMMENDATIONS OF THE EXPERTS

a) To WAHO:

RECOMMENDATIONS	STATUS OF IMPLEMENTATION			ACTIONS UNDERTAKEN	OBSERVATION
	Implemen ted	Ongoing	Not Implemented		
6. Make advocacy to the countries and the region towards the creation of a special fund for the implementation of the			X		

RECOMMENDATIONS	STATUS OF IMPLEMENTATION			ACTIONS UNDERTAKEN	OBSERVATION
	Implemen ted	Ongoing	Not Implemented		
Regional Malaria Control and Elimination Plan					
7. Support the countries in the drafting of documents and implementation of strategies in favour of Universal Health Coverage		X		Twenty (20) professional officers from The Gambia, Ghana, Liberia, Nigeria and Sierra Leone were trained in the formulation, implementation and progress monitoring of Universal Health Coverage policies. An orientation manual for the formulation, implementation and progress monitoring of Universal Health Coverage policies were drafted and will be made available to the Member States	
8. Carry out annual country-specific evaluation in relation to the attainment of the goal pointing to the allocation of 15% of the national budget to health on the basis of the agreed computation method.		X		A correspondence was sent in September 2015 to the countries in order to obtain information on the status of share of the national budget allocated to health in the last ten years. A reminder was sent in January 2016	
9. Conduct the evaluation and dissemination of the level of implementation per country			X		

RECOMMENDATIONS	STATUS OF IMPLEMENTATION			ACTIONS UNDERTAKEN	OBSERVATION
	Implemen ted	Ongoing	Not Implemented		
of the harmonised curricula notably: the General Medicine training curriculum, the Medicine and Surgery specialist training curricula, the Nursing and Midwifery training curricula, the Pharmacists and Pharmacy Technicians' training curricula, the Allied Health professionals' training curricula (community health, medical biology, environmental health, medical imaging).					

b) To the Countries:

RECOMMENDATIONS	STATUS OF IMPLEMENTATION			ACTIONS UNDERTAKEN	OBSERVATION
	Implemen ted	Ongoing	Not Implemented		
10. Support WAHO for the creation of the Special Fund with a view to implementating the Regional Malaria Control and Elimination Plan					Status of implementation to be presented by Liaison Officers

RECOMMENDATIONS	STATUS OF IMPLEMENTATION			ACTIONS UNDERTAKEN	OBSERVATION
	Implemen ted	Ongoing	Not Implemented		
11. Create a Malaria Multisectoral Control Committee.					Status of implementation to be presented by Liaison Officers

III. RECOMMENDATIONS OF THE PARTNERS

a) To WAHO:

RECOMMENDATIONS	STATUS OF IMPLEMENTATION			ACTIONS UNDERTAKEN	OBSERVATION
	Implemen ted	Ongoing	Not implemented		
12. Improve the institutional and media visibility of interventions through a more vigorous communication/advisory plan.		X		An information meeting with the communication specialists in the Ministries of Health in ECOWAS was organised so as to strengthen the collaboration in the dissemination of health information to the countries and WAHO. Publication of articles on the Website.	
13. Support the countries in order to set up governance systems that are more attuned to the current demographical transition and			X		

RECOMMENDATIONS	STATUS OF IMPLEMENTATION			ACTIONS UNDERTAKEN	OBSERVATION
	Implemented	Ongoing	Not implemented		
the constant quest for the well-being of the population of the region.					
14. Support the countries of the region in formulating specific urban health policies.			X		
15. Support the countries to adequately prevent future crises such as Ebola by developing a robust leadership capable of responding to the challenges of population pressures, equity, universal healthcare and related health issues.		X		Process leading to the creation of RCDC is ongoing	
16. Support the Ministers to prepare for the forthcoming Washington meeting so that emphasis should be laid on health systems strengthening especially in terms of presenting the priority interventions identified during the Ebola crisis.	X			WAHO actively participated at the High Level Meeting organised in Washington in 2015 and presented the ECOWAS Initiative for the creation of the West African CDC and made advocacy in favour of funding the national reconstruction plans and the strengthening of the health systems of the three countries that were heavily affected by Ebola.	

b) To PARTNERS:

RECOMMENDATIONS	STATUS OF IMPLEMENTATION			ACTIONS UNDERTAKEN	OBSERVATION
	Implemen ted	Ongoing	Not Implemented		
17. Provide technical and financial support to WAHO's regional initiatives.					Status of implementation to be presented by partners
18. Participate actively in the coordination of interventions and share with WAHO the best practices that could be scaled up in the ECOWAS countries.					Status of implementation to be presented by partners
19. Assist in giving more visibility to WAHO and strengthen its leadership role in the area of health.					Status of implementation to be presented by partners

IV. RECOMMENDATIONS OF THE MINISTERS

a) To WAHO:

RECOMMENDATIONS	STATUS OF IMPLEMENTATION			ACTIONS UNDERTAKEN	OBSERVATION
	Implemen ted	Ongoing	Not Implemented		
20. Capitalise on the lessons learnt in terms of the EVD control		X		Process leading to the creation of the RCDC is ongoing.	
21. Strengthen the coordination of partners' health interventions in the region		X		Efforts were undertaken through work sessions with WAHO's strategic partners around specific health themes	

b) TO MEMBER STATES:

RECOMMENDATIONS	STATUS OF IMPLEMENTATION			ACTIONS UNDERTAKEN	OBSERVATION
	Implemen ted	Ongoing	Not Implemented		
22. Strengthen advocacy in the direction of the Governments of Member States for the provision of additional financing (Community Levy) to WAHO					Status of Implementation to be presented by the countries
23. Take all necessary measures so that WAHO could really play its leading role in the health sector within the ECOWAS region					Status of Implementation to be presented by the countries
24. Take further ownership of WAHO interventions					Status of Implementation to be presented by the countries
25. Increase the advocacy to Governments in order to strengthen WAHO's operational capacity through the recruitment of adequate human resources					Status of Implementation to be presented by the countries
26. Draft appropriate plans for the rebuilding of health systems of countries that were affected by EVD, ahead of the					Status of Implementation to be presented by the countries

RECOMMENDATIONS	STATUS OF IMPLEMENTATION			ACTIONS UNDERTAKEN	OBSERVATION
	Implemen ted	Ongoing	Not Implemented		
forthcoming meetings under the aegis of the World Bank and the UN General Secretariat respectively.					