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**SUPPORT FOR THE ESTABLISHMENT OF THE WORLD  
HEALTH ORGANIZATION (WHO) AFRICAN PUBLIC  
HEALTH EMERGENCY FUND (APHEF)**  
*(Item proposed by the Republic of the Gambia)*

## THE AFRICAN PUBLIC HEALTH EMERGENCY FUND (APHEF) BACKGROUND

1. Public health emergencies continue to be a major concern in Member States of the African Region. Epidemics and pandemic-prone diseases continue to wreak havoc on Africa's impoverished populations already grappling with a heavy burden of diseases and major health concerns such as HIV/AIDS, tuberculosis, malaria and maternal mortality among others. In 2009, countries of the African region were significantly affected by pandemic influenza A (H1N1), meningitis, cholera and dengue fever. Furthermore, the frequency and magnitude of emergencies in Africa are increasing. Natural disasters and social unrest continue to cause population displacements in many countries of the WHO African Region. In 2009 alone, over 6.9 million people were displaced, including 4.9 million internally displaced persons (IDPs) and about 2 million refugees<sup>1</sup>. West Africa is witnessing an increase in natural disasters in addition to conflicts and outbreaks of communicable diseases. Over 10 million people were affected by drought due to poor rainy season in the Sahel in 2009/2010, causing food crises and malnutrition. Countries in the Horn of Africa were also severely affected by drought and famine in 2011. At the same time, floods affected 1.45 million people in the Region<sup>2</sup>. Floods and cyclones from El-Nino cause destruction in Southern Africa annually. By the end of the rainy season in 2010, floods had affected over 368,000 people in Southern African countries, displaced about 29,000 people and destroyed, damaged or made inaccessible medical facilities in 3 countries<sup>3</sup>. As at 31 March 2011, about 150,000 persons have been affected by floods and cyclones, causing 238 deaths and destroying farmlands, houses and social infrastructure including health facilities in nine countries<sup>4</sup> of Southern Africa<sup>5</sup>.

2. Some of the major epidemics witnessed in Africa, notably meningitis and cholera, occur seasonally and are often associated with high rates of morbidity and mortality. For example, between 2004 and 2009, 84% of the cholera cases reported to WHO (i.e. 833,213 out of 992,145 cases) worldwide and 93% of reported cholera deaths globally (i.e. 21,852 out of 23,533 deaths) were from countries in Africa<sup>6</sup>. Gaps have been noted in the provision of timely and appropriate case management in some African countries, contributing to more than 10% of the ensuing mortality. Over the same six-year period, 259,126 meningitis cases and 23,469 related deaths (representing a case fatality ration of 9.1%) were reported from Africa<sup>7</sup>.

3. These conditions put a huge burden on the economies of countries of the African Region. For example, a recent study estimated that the 110,837 cases of cholera notified by countries of the African Region in 2007 resulted in an economic loss of US\$.43.3 million, US\$.60 million and US\$.72.7 million, if life expectancy is assumed to be 40, 53 or 73 years respectively<sup>8</sup>.

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<sup>1</sup> UNHCR Statistical Yearbook 2009.

<sup>2</sup> UN West Africa 2011 Consolidated appeal.

<sup>3</sup> OCHA: Southern Africa: Floods Regional Update No.5; 20<sup>th</sup> April, 2010. Angola, Madagascar and Namibia.

<sup>4</sup> Angola, Lesotho, Madagascar, Malawi, Mozambique, Namibia, South Africa, Zambia and Zimbabwe.

<sup>5</sup> OCHA: Southern Africa: Floods and Cyclone Situation Update No.11; 30<sup>th</sup> March 2011.

<sup>6</sup> WHO Global Health Atlas, <http://apps.who.int/globalatlas/>.

<sup>7</sup> Data source: WHO-Multi-Disease Surveillance Centre, Ouagadougou, Burkina Faso  
<http://www.who.int/esr/disease/meningococcal/epidemiological/en/index.html>.

<sup>8</sup> Kirigia JM, et al, Economic burden of cholera in the WHO African region. BMC International Health and Human Rights 2009, 9:8. Available from: <http://www.biomedcentral.com/1472-698X/9>

4. In order to address these public health emergencies, WHO has been working vigorously with Member States to strengthen their national health and emergency management systems in order to prepare for and respond to major pandemic and epidemic diseases and other public health emergencies. However, there is a significant gap in resources needed to provide an adequate response because Governments of most of the Member States allocate insufficient resources to public health emergency preparedness and response, leading to over-reliance on unpredictable donor funding.

5. Article 50(f) of the WHO Constitution states that one of the functions of the Regional Committee shall be “to recommend additional regional appropriations by the Governments of the countries of the respective regions if the proportion of the central budget of the Organization allotted to the region is insufficient for carrying out regional functions”.

6. In this respect, the Fifty-ninth Session of the WHO Regional Committee for Africa adopted Resolution AFR/RC59/R5 entitled “Strengthening outbreak preparedness and response in the African Region in the context of the current influenza pandemic”. The Resolution requests the Regional Director “to facilitate the creation of an African Public Health Emergency Fund” (APHEF) that will support the investigation of, and response to, epidemics and other public health emergencies.

7. The setting up of the African Public Health Emergency Fund (APHEF) was approved at the Sixtieth Session of the WHO Regional Committee for Africa through Resolution AFR/RC60/R5 in 2010, in line with the principles set out in the Framework document that was presented to the meeting. Member States then adopted the framework document, which outlines the proposed financial contributions by countries, including criteria and modalities, as well as the governance of the APHEF, at the sixtieth session of the Regional Committee in 2011.

8. Member States also approved at the sixty first session of the Regional Committee, the minimum yearly voluntary contribution of Member States as US\$.50 million – resolution AFR/RC61/R3. The ministers of health also endorsed the designation of the African Development Bank (AfDB) as the trustee for the management of contributions to the APHEF. However, the Ministers of Health requested that the Resolution be endorsed by the Heads of State of Member States in the African Region for implementation.

World Health  
Organization

AFR/RC61/4  
28 June 2011



**REGIONAL OFFICE FOR Africa**

**REGIONAL COMMITTEE FOR AFRICA**

**ORIGINAL: ENGLISH**

Sixty-first session

Yamoussoukro, Côte d'Ivoire, 29 August – 2 September 2011

Provisional agenda item 9

**FRAMEWORK DOCUMENT FOR THE AFRICAN PUBLIC  
HEALTH EMERGENCY FUND**

**Report of the Secretariat**

**Executive Summary**

1. In recognition of the inadequate resources available to Member States to combat epidemics and other public health emergencies in the African Region, the Fifty-ninth session of the WHO Regional Committee for Africa adopted Resolution AFR/RC59/R5 entitled “Strengthening outbreak preparedness and response in the African Region in the context of the current influenza pandemic”. The Resolution requested the Regional Director to facilitate the creation of an “African Public Health Emergency Fund” that will support the investigation of and response to epidemics and other public health emergencies.

2. The setting up of the African Public Health Emergency Fund (APHEF) was approved at the sixtieth session of the WHO Regional Committee for Africa through Resolution AFR/RC60/R5, based on the principles set out in the Framework document presented at that session. The Resolution also requested the Regional Director:

- (a) To convene a technical consultation among ministers of health and ministries of finance of Member States of the African Region, the African Union, the African Development Bank, and regional economic communities for the purpose of elaborating on the principles underlying financial contributions by countries, including the set of criteria and modalities and the governance of the APHEF;
- (b) To undertake advocacy among Heads of State and Government, the African Union, and regional economic communities to ensure sustained contribution to the APHEF;

- (c) To report to the Sixty-first session of the Regional Committee for Africa, and on a regular basis thereafter, on the operation of the APHEF.

**3.** A technical working group comprising representatives of ministries of health and ministries of finance from 17 Member States, the African Development Bank, *the coordinating organization for the fight against endemic diseases in Central Africa* (OCEAC) and the WHO Secretariat met in Johannesburg, South Africa, from 10 to 11 February 2011 to deliberate on the above-mentioned request of the ministers of health.

**4.** This document has incorporated the recommendations of the technical working group in updating the framework for the setting up of the Fund.

**5.** The Regional Committee is invited to review and adopt this Framework and the related Resolution, including taking decisions on options contained in the framework.

2012

Support for the establishment of the  
World Health Organization (WHO)  
African Public Health Emergency  
Fund (APHEF) (Item proposed by The  
Republic of The Gambia)

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