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Abbreviations

AfD: French Agency for Development

AHM: Assembly of Health Ministers

ANDI: African Network for Drugs and Diagnostics Innovation.

AfDB: African Development Bank

GMP: Good Manufacturing Practices

CYP: Couple year protection

CAPA: Corrective and Preventive/Appropriate Actions

CDC Africa: Centers for Disease Control and Prevention

CDC: Centers for Disease Control and Prevention

ECOWAS: Economic Community of West African States

MCC Ministerial Coordinating Committee on COVID-19

EOC: Emergency Operations Centre

ANC: Antenatal Consultation

RSC: Regional Steering Committee

RCSDC: Regional Centre for Surveillance and Disease Control

UHC Universal Health Coverage:

CTD: The Common Technical Document (CTD) harmonized and adopted for the registration of medicines in the ECOWAS region. ECOWAS REGION

DHIS2: District Health Information Management Software version 2

PPE: Personal Protective Equipment:

EMT: Medical Emergency Teams

CPF: Women of Childbearing Age

GIZ (2) German International Cooperation Agency

NITAG: National Immunization Technical Advisory Group

HDI: Human Development Index

NPHI: National Public Health Institute

MICS: Multiple Indicator Cluster Surveys

ITN: Insecticide-treated Net.

NCDs: Non-communicable Diseases

NTDs: Neglected Tropical Diseases

SDGs: Sustainable Development Goals

WHO: World Health Organization

UNAIDS: National Malaria Control Programme

WAHO: West African Health Organisation

IPC: Infections prevention and control

FP: Family Planning

ARM Anti-Microbial Resistance

AIDS: Acquired Immune Deficiency Syndrome

MCH Mother and Child Health

SRH: Sexual and Reproductive Health (SRH):

AU African Union

USAID: United States Agency for International Development

HIV: Human Immunodeficiency Virus

VTM: Viral Transport Medium

WASH: Water Sanitation and Hygiene

EXECUTIVE SUMMARY

The health situation in the region during 2022 was characterised by a relative lull in COVID-19, paving the way for the resumption of international travel to resume. However, the ECOWAS region experienced 39 new events related to epidemic-prone diseases, including monkeypox, polio (cVDPV2), measles, meningitis, Lassa fever and dengue. One of the most striking trends is the gradual increase in measles, with 15,000 cases recorded in 2022 in 6 countries, compared to 1,500 confirmed cases in 2020 in 5 countries. Maternal and infant mortality remain high, as does the prevalence of malaria and other health problems, including non-communicable diseases.

With a total approved budget of UA 59.744474 million, WAHO continued in 2022 to build regional capacity to fight epidemics and other health problems affecting the people of the ECOWAS region. In addition to the fight against COVID-19 and other epidemics, interventions have taken place in various areas, including health information and health research, maternal and child health, prevention and control of communicable and non-communicable diseases, pharmaceuticals, and capacity building. Some of the results chalked up are:

- The twenty-third session of the ECOWAS Assembly of Health Ministers (AHM) was held in May 2022, where a series of resolutions were adopted to advance the regional health agenda. The resolutions adopted by the AHM were on "Community Legislation on Sexual and Reproductive Health Rights", the Regional Integrated Biosafety and Biosecurity Policy for West Africa and the Regional Roadmap for the Surveillance and Control of Antimicrobial Resistance in West Africa.
- Procurement and distribution of antigen-based rapid diagnostic tests to Member States.
- Support for laboratory accreditation and certification, with 4 laboratories achieving 5-star accreditation and 7 laboratories achieving 2 or 3-star accreditation.
- Setting up and strengthening the capacities of Emergency Medical Teams to fight epidemics.
- Weekly bulletins on the epidemiological situation were produced and widely distributed in the countries.
- Health research results were shared in the form of 17 abstracts submitted to international conferences and 8 papers produced in various fields, including the response to COVID-19, seasonal malaria, neglected tropical diseases, maternal and child health, reproductive health and health systems strengthening.
- Improving the increased use of family planning, strengthening the capacity of member states to manage the supply of and access to FP commodities, particularly with a view to reaping the demographic dividend in the ECOWAS region.
- A regional network of parliamentarians on malaria elimination in the ECOWAS region (REPEL Malaria) has been set up.

- Medical specialists trained.

- The vaccines to be produced for the region by each manufacturer have been identified.

INTRODUCTION

After the adoption of its 2022 Business Plan by the governing bodies of the Community, WAHO has implemented several interventions aimed at improving the health of the people of the ECOWAS region as well as contributing to the regional integration process.

This report takes stock of the actions carried out.

Following a review of the status of health in the ECOWAS region and the implementation of the recommendations of the 23rd Assembly of Health Ministers (AHM), it presents the initiatives undertaken in response to the COVID-19 pandemic and other epidemics, as well as accomplishments in the following five (5) thematic areas:

i) health information
ii) mother, child, and adolescent health
iii) prevention and control of communicable and non-communicable diseases
iv) pharmaceuticals
v) Capacity building programme

It concludes with the financial performance for the year 2022 and the challenges and prospects for the coming years.

I. HEALTH STATUS OF THE ECOWAS REGION

With a total area of more than 5 million km2 and an estimated population of 400 million inhabitants, the economic area known as the Economic Community of West African States (ECOWAS) has some of the poorest countries in the world. In 2020, according to the Human Development Index (HDI) classification, only 2 of the 15 Member States are in the position of "medium development" (126th and 138th). The remaining 13 countries are all at the bottom of the table.
The current and emerging health challenges are many: an extremely young population facing a lack of choice and increasing migration; the unregulated growth of urban populations and the increase in local health inequalities; the double burden of the high prevalence of epidemic communicable diseases on the one hand, and the worrying increase in chronic non-communicable diseases, on the other; climate change and its impact on people's lives, ranging from the emergence of zoonotic diseases to food insecurity; etc.

On the world stage, the war in Ukraine is the big event of 2022, and one year after it began, the situation seems to be getting exponentially worse. And for both parties, the outcome has the appearance of an existential conundrum that makes it impossible to predict its end. From an epidemiological perspective, the declaration of the monkeypox virus disease as a public health emergency of international concern and the Ebola outbreak in Uganda were the most significant events.

Another important aspect of global health that deserves special attention is climate change, which was the subject of negotiations at COP27.COP27. On the eve of the most important climate event in 2022, the World Health Organisation issued a grim reminder of how the climate crisis continues

to cause disease and put lives at risk, and that health must therefore be placed at the heart of important negotiations. According to the Director-General of WHO, «*Climate change is making millions of people around the world sick or more vulnerable to disease and the increasingly destructive nature of extreme weather events disproportionately affects the poor and marginalised...»*[1]. There is no doubt that our health depends on the health of the ecosystems around us, and these ecosystems are now threatened by deforestation, agriculture and other land-use changes, as well as rapid urban development. Increasing encroachment on animal habitats increases the opportunities for viruses harmful to humans to leave their animal host. Between 2030 and 2050, climate change is expected to cause about 250,000 additional deaths a year from malnutrition, malaria, diarrhea and heat stress[2].

Despite COVID-19 mass vaccination campaigns around the world, by the end of 2022, only one in five people in low- and middle-income countries will have received the COVID-19 vaccine; diagnosis and treatment remain inaccessible to a large number of people in ECOWAS countries.

Cholera cases are on the rise and now affect nearly 30 countries, mostly in Africa; severe droughts in parts of Africa have led to an acute famine crisis and a resurgence of disease; wars, violence and other humanitarian crises in all parts of our continent are causing unprecedented numbers of refugees and costing the global economy an estimated $2 trillion a year that, according to the WHO, could be used in some way to address global health crises; and, of course, climate change - the greatest existential threat - remains largely unchanged.

For our sub-region in particular, 2022 was marked by the unprecedented drug crisis, once again highlighting the issue of pharmaceutical regulation, quality, and control. You will recall that more than 70 children died in The Gambia from acute kidney failure. These incomprehensible deaths were eventually linked to children's cough syrups. The drug analysis took several weeks. When this was eventually completed with WHO support, the results showed that the drugs contained extremely dangerous levels of toxins, namely ethylene glycol (EG) and diethylene glycol (DEG), and that they had been sold in bottles labelled as having been approved by WHO. This is reported to be the deadliest total poisoning by toxins that scientists have seen in decades. These products come from India, which supplies almost 50% of the generic medicines used in all ECOWAS countries. Dr Jude Nwokike, Vice President of the United States Pharmacopeia (USP) Drug Quality Promotion Programme, has this to say about the case: *"There are virtually no consequences if a drug does not pass the quality control test in a small African country. This really needs to change"*

In conclusion, WAHO would like to highlight the outstanding intervention of President Macky Sall, in his capacity as current Chairperson of the African Union, during his participation in the United Nations General Assembly: «*We live in an increasingly dangerous and uncertain world; under the combined influence of global warming, threats to social and health security and global food insecurity. »*

It was against this background that 2022 ended. This should signal to every citizen of ECOWAS that 2023 could very well come with its own share of unprecedented challenges.

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[1] https://www.who.int/news-room/events/detail/2022/11/06/default-calendar/cop27-health-pavilion
[2] Health must be front and centre in the COP27 climate change negotiations

Situation of epidemic-prone communicable diseases

The ECOWAS region continues to be plagued by successive epidemic outbreaks. In addition to covid19, there were a total of 39 new epidemic events in 13 of the 15 ECOWAS countries in 2022, the same number of events as in 2021. In total, the situation is summarized as follows (Figure 1).

- With the declaration of monkeypox as a new public health emergency of international concern in 2022, four (4) countries in the sub-region have reported a total of 1,892 suspected cases of the disease, of which 737 have been confirmed (Nigeria - 624, Ghana - 107 cases, and Benin and Liberia with 3 cases each);
- The number of countries with confirmed type 2 vaccine poliovirus cases in 2019 was five (Benin, Ghana, Niger, Nigeria, and Togo) with 40 confirmed cases. The number grew to 10 countries (Benin, Burkina Faso, Gambia, Guinea, Guinea-Bissau, Liberia, Niger, Nigeria, Senegal and Sierra Leone) in 2021 with over 475 confirmed cases and again to 5 in 2022 with 65 confirmed cases.

Measles is another vaccine-preventable disease targeted by control and/or elimination programmes, but it has been steadily increasing in recent years. The number of confirmed cases in the sub-region rose from 1,500 in 2020 in 5 countries (Guinea, Liberia, Mali, Niger and Nigeria) to more than 15,000 confirmed cases in 2022 in 6 countries. And as can be seen, not only is the number of cases increasing, but also the number of countries confirming cases of the disease, thus jeopardizing elimination targets.

- Meningitis and Lassa fever are among the most common epidemic-prone diseases that continue to plague our community.
- Since it emerged as an epidemic in several countries in the sub-region in 2016, dengue continues to be one of the main epidemic-prone diseases regularly reported.

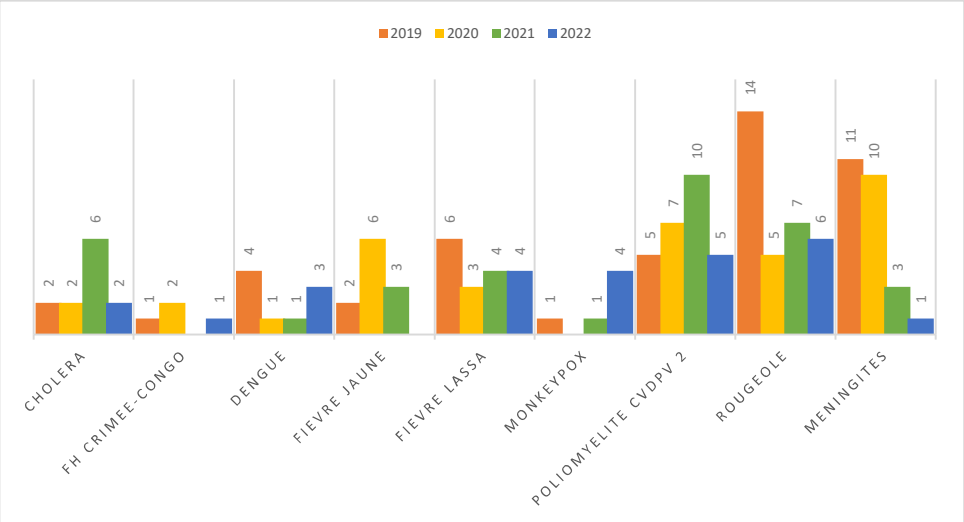

Figure 1: Number of ECOWAS countries affected by bigger epidemic outbreaks, 2019 and 2022.

I.2. COVID19 and impact on people and health systems

As 2023 dawned, most of the world certainly celebrated the New Year without a travel ban or other COVID19-related restrictions. At the turn of 2021-22, some 50,000 people were still dying each week of the virus, but the number of deaths per month is now well below 10,000. A good reason to be optimistic.

There is no doubt that the world has experienced (or is still experiencing) the greatest social crisis since the World War II. With the covid19 pandemic, individual, social and systemic vulnerabilities have become very evident, particularly for health systems. The world was not prepared for such a crisis, which has brought health systems to their knees, wreaked havoc on entire economies, and completely changed relationships between people, communities and countries. But also, as the current Chairman of ECOWAS and President of Guinea-Bissau said in his intervention at the 77th session of the UN General Assembly, "the COVID19 pandemic reminded us that we live in a globalised world (one planet), that the lives of all human beings have the same value and that humanity is one and has a common destiny. But also, as the current Chairman of ECOWAS and President of Guinea-Bissau said in his intervention at the 77th session of the UN General Assembly, "the COVID19 pandemic reminded us that we live in a globalised world (one planet), that the lives of all human beings have the same value and that humanity is one and has a common destiny.[3] . And there is no better expression to characterise this situation than "*we have entered a new period of 'social pain*'" by Eric Kleinbeg, sociologist at New York University.

Three years after the onset of the pandemic, the epidemiological situation in ECOWAS countries is as follows. A total of 886,277 people were confirmed to have been infected with covid19 , of whom 11,514 died. The 15 ECOWAS countries represent 7.2% of the total number of cases and 4.5% of deaths in Africa (tab 1). Nigeria comes first in terms of the number of confirmed cases (30.1%), followed by Ghana (19.3%) and Senegal with 10%. Countries with the lowest number of confirmed cases are Sierra Leone and Liberia with less than 1% of the reported cases in the sub-region (Fig.2).

It should be noted that our sub-region has experienced 4 major epidemic waves (Fig. 3). The first wave occurred in mid-2020 and the second in late 2020 and early 2021. The third wave occurred again in mid-2021 and the fourth in the transition between 2021 and 2022.

[3] cadernos_cris-fiocruz_-_informe_02-23_sobre_saude_global_e_diplomacia_da_saude_v.final_pdf_completa.pdf

Covid-19 in ECOWAS Region, 2 April 2023

April 3, 2023

WORLD: Cases : 684,092,056
Deaths: 6,881,955
CFR : 1 %

AFRICA: Cases : 12,282,135 **(1.8 % of global)**
Deaths : 257,554 **(3.7 % of global)**
CFR : 2,1 %

ECOWAS in Africa: **7.2 %** of cases; **4.5 %** of deaths; **7.4 %** of recovered; **2 %** of active

ECOWAS Countries	Confirmed cases	Deaths (CFR %)		Recovered (%)		Active (%)	
Nigeria	266,660	3,155	1.2	259,947	97.5	3,558	1.3
Ghana	171,527	1,462	0.9	170,012	99.1	53	0.03
Senegal	88,976	1,968	2.2	87,007	97.8	1	0
Côte d'Ivoire	88,303	834	0.9	87,464	99	5	0.01
Cabo Verde	63,260	413	0.7	62,786	99.3	6	0.01
Togo	39,450	290	0.7	39,127	99.2	33	0.08
Guinea	38,430	806	2.1	37,395	97.3	229	0.6
Mali	33,117	743	2.2	32,288	97.5	10	0.03
Benin	27,999	163	0.6	27,830	99.4	6	0.02
Burkina Faso	22,056	396	1.8	21,596	97.9	64	0.3
The Gambia	12,598	372	3	12,189	96.8	37	0.3
Niger	9,511	315	3.3	8,968	94.3	228	2.4
Guine-Bissau	8,538	176	2.1	8,326	97.5	36	0.4
Liberia	8,090	295	3.6	7,783	96.2	12	0.1
Sierra Leone	7,762	126	1.6	4,819	62.1	0	0
TOTAL ECOWAS	886,277	11,514	1.3 %	867,537	97.9 %	4278	0,5 %

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Table 1: Distribution of Covid-19 cases in ECOWAS as of 31 March 2023

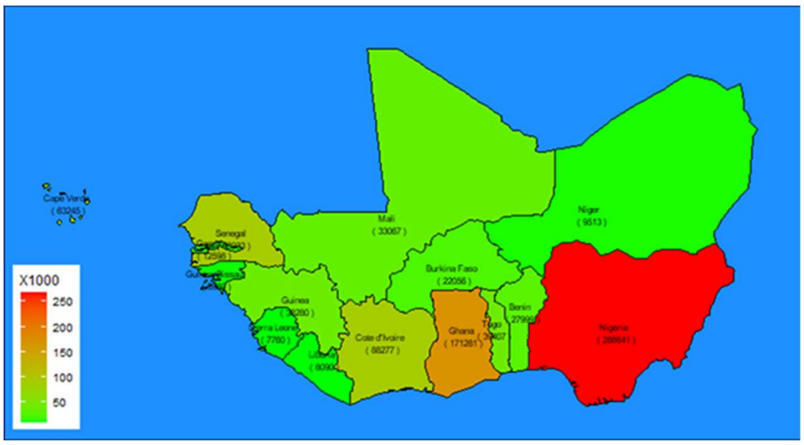


Fig. 2 : Cumulated number of cases (in thousands) of COVID-19 (3 yrs after first case) in ECOWAS.

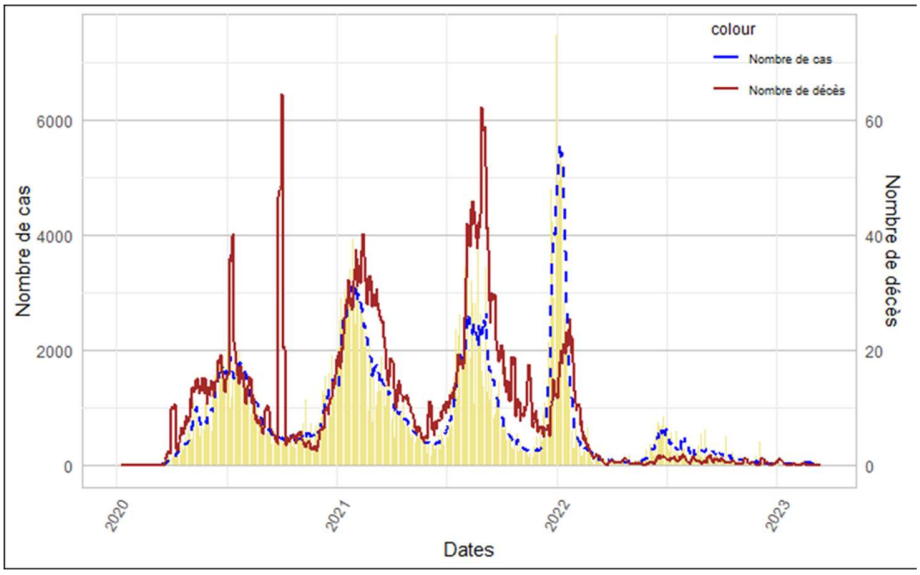


Fig. 3: Trends in the number of new cases and deaths of COVID-19 in ECOWAS over 3 years of the pandemic.

Beyond the numbers and the epidemiology, we have very serious issues to discuss and seek solutions for our African societies in general and for West Africa in particular. During the pandemic we all suffered some form of stress, we were all shocked by the loss of our community infrastructure, our identity as individuals and our certainty about the immediate and distant future. Many of the fears that arose among individuals and communities during and since COVID-19 were rooted in the uncertainty generated by social isolation measures and their impact on the ability to cope with prolonged loneliness with the breakdown of social relationships on the one hand, and the challenge of survival on the other.

WAHO urges the scientific community in the sub-region and internationally to engage in discussion with a view to formulating recommendations that can be translated into concrete policies and actions to pull our community out of the covid-19. The actions will not only be economic, but also social and even people-centered. Predictions of mass COVID-19 deaths in Africa did not come true. But the pandemic has caused enormous personal, family, socio-cultural and economic upheavals, the consequences of which can last many years. We must recognise that our systems (political, economic and health) are far from being prepared for such situations.

Status of maternal, newborn and child health

Target 3.1 of the Sustainable Development Goals (SDGs) calls on countries to reduce the global maternal mortality ratio to less than 70 per 100,000 live births by 2030. In order to end preventable maternal mortality (EPMM), each country is expected to reduce its maternal mortality ratio (MMR) by at least two-thirds from the 2010 level by 2030. Accordingly, the additional national target for ending preventable maternal mortality states that by 2030, no country should have an MMR greater than 140 deaths per 100,000 live births (double the global target). But despite the significant progress made by almost all ECOWAS countries, women continue to die every day from preventable causes in our region. Reminder:

- The maternal mortality ratio is among the highest in the world, averaging 347 maternal deaths per 100,000 live births in 2021. We are still far from the tolerance threshold, expected in 2030, of 140 maternal deaths per 100,000 live births, especially since the average annual rate of reduction of maternal mortality of 2.6% will have to be multiplied by at least 2.3 if we hope to reach this MDG 3 target.
- At least 27 out of every 1,000 newborns do not survive their first 28 days of life; and the current average annual rate of reduction in neonatal mortality of 1.5% is still far short of the 7% required to reach the target of 12 by 2030.
- Only 43% of women have their family planning needs met; and one in two women in need is in post-partum (PP).

With regard to child health, available information shows that the share of under-five deaths after the neonatal period is above 50% in 43 of the 53 countries that are not on track to achieve MDG 3.2.1. Of these 53 countries, 13 are in the ECOWAS region and only Cape Verde and Senegal are not (Figure 4).

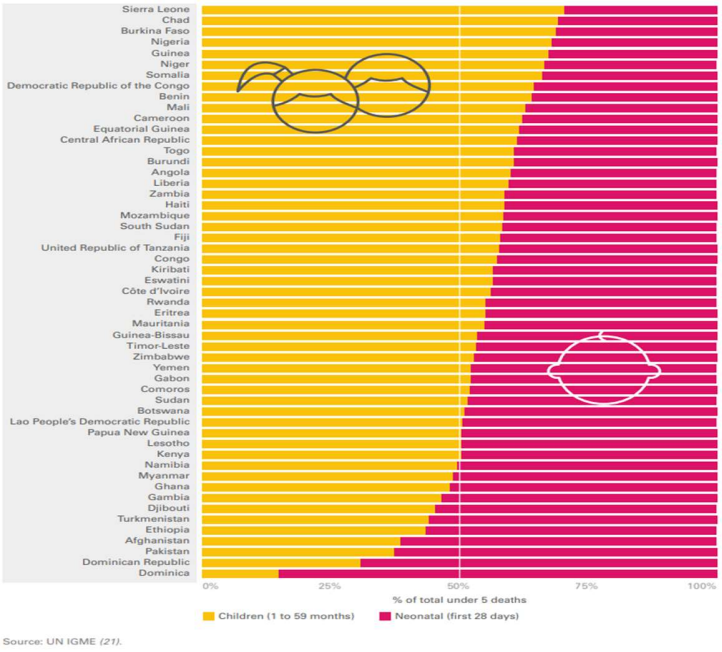


Fig. 4: Percentage of under-5 deaths by age group: United Nations Inter-agency Group for Child Mortality Estimation (UN IGME). Levels and trends in child mortality: report 2021

It is known that one of the high-impact measures to reduce post-neonatal child mortality in our epidemiological context is vaccination. But available information (WUENIC Report, 2022), indicates that during the COVID-19 pandemic, vaccine coverage declined significantly. In fact, this decline followed a decade-long stagnation in immunisation performance in the African region.

Figure 5 below shows the trends in immunisation coverage against diphtheria, tetanus and whooping cough, third dose (DTP3) in the ECOWAS region from 2017 to 2021. From this information, it appears that only six countries (Burkina Faso, Cape Verde, Gambia, Ghana, Senegal

and Sierra Leone) have been able to achieve and maintain the recommended immunisation coverage of at least 90% at national level. However, the situation is particularly critical in Guinea (with 47% DTP3), Nigeria (60% DTP3) and Benin (<80% DTP3) over the 5 years.

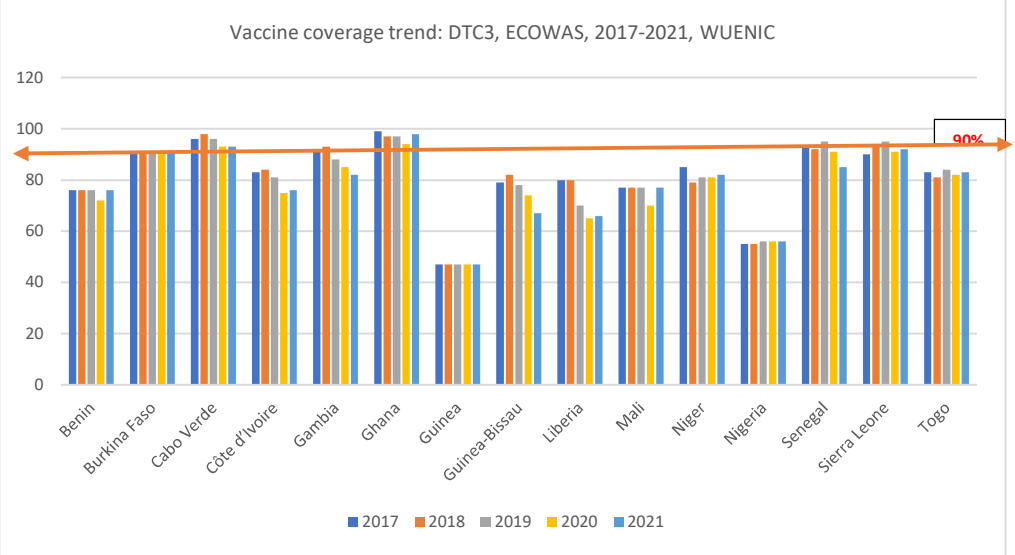


Fig. 5: DTC3 Vaccine coverage trends in ECOWAS, 2017-2021, WUENIC

The situation for measles is equally worrying, with coverage in VAR1 stagnating at around 82% until 2020 and then falling further to 78% in 2021, well below the 95% elimination target. Figure 6 below shows the trend in VAR1 coverage over 5 years (from 2017 to 2021) in ECOWAS, according to the WUENIC report. Only Cape Verde and Ghana have been able to achieve and maintain 95% immunisation coverage.

This situation of low vaccination coverage against measles largely explains the increasingly marked resurgence of the disease in recent years, both in the world and in the ECOWAS region, where at least five countries per year report confirmed cases.

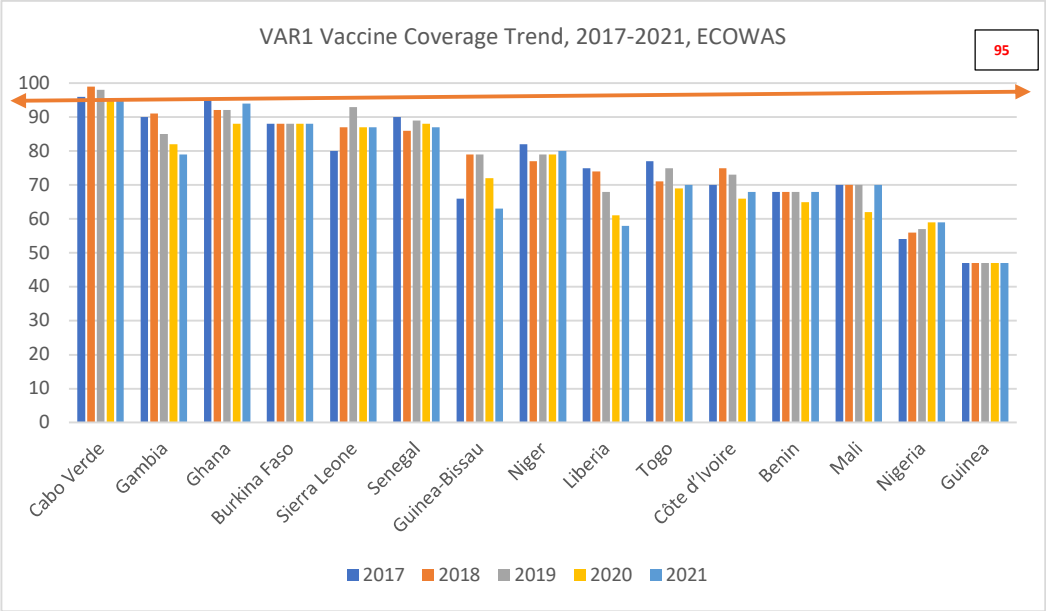


Figure 2: Evolution of VAR1 vaccination coverage from 2017 to 2021 in the ECOWAS region, WUENIC 2021

Regarding the third dose of polio vaccine in our ECOWAS region, between 2017 and 2021, only six countries (Burkina Faso, Cape Verde, Gambia, Ghana, Senegal and Sierra Leone) were able to achieve at least the recommended 90% coverage. Once again, Guinea and Nigeria exhibit the lowest vaccination coverage, 48% and 53% respectively, as shown in Figure 7 below.

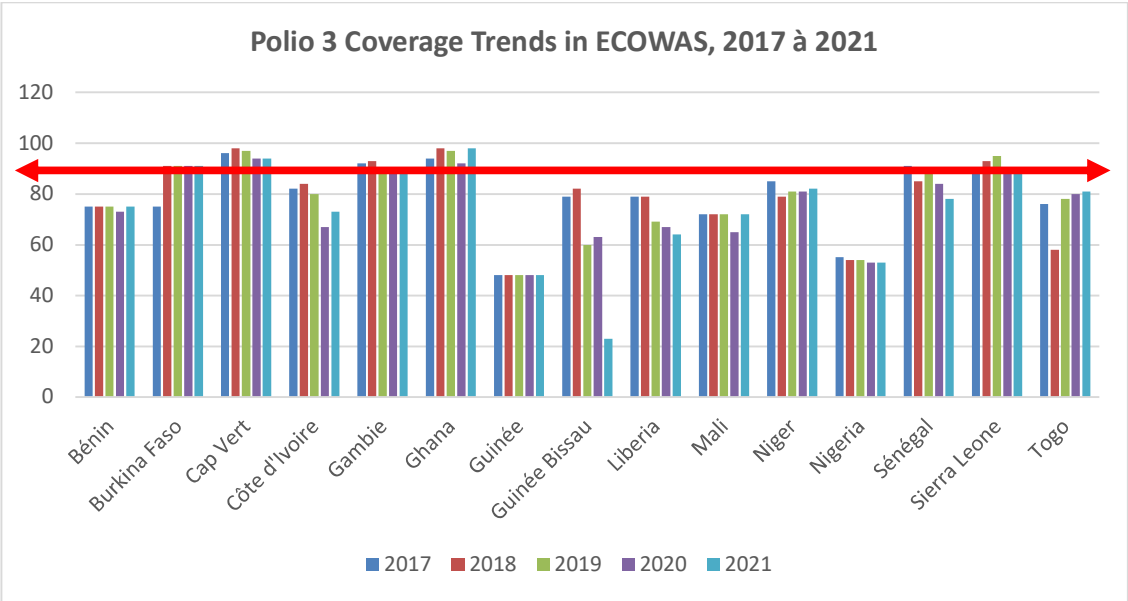


Figure 3: Trends in ECOWAS Polio 3 coverage, 2017 to 2021

It is also important to note that the last confirmed case of wild poliovirus in West Africa was in 2016. But with confirmed cases of wild poliovirus type 1 in Malawi and Mozambique following importation from Pakistan, countries are encouraged to bolster their surveillance systems to rapidly detect any suspected cases for immediate appropriate response. A total of ten ECOWAS countries (Nigeria, Liberia, Benin, Niger, Sierra Leone, Gambia, Guinea-Bissau, Senegal, Ghana and Côte d'Ivoire) have so far used the new oral polio vaccine type 2 (nOPV2) in response to the re-emergence of circulating vaccine-derived poliovirus type 2 (cVDPV2) related outbreaks.

Finally, the issue of reviving immunisation as a cornerstone for achieving universal health coverage and socio-economic development on the African continent brought together the Heads of State and Government of Africa on 19 February 2023 in Addis Ababa, where they recommitted themselves to universal access to immunisation, under the leadership of the President of Sierra Leone.

Update on Malaria in the ECOWAS Region

In November 2022, WAHO, in collaboration with the Roll Back Malaria (RBM) Partnership for Malaria Elimination and the African Leaders Malaria Alliance (ALMA), brought together national leaders of health information systems and malaria control programmes. The objective was to examine the evolution of the biggest endemic disease in the sub-region over the last 10-15 years. Therefore, WAHO decided to focus this chapter of the report on the status of malaria in the hope of creating a space for discussion among national and international experts on the targets that have been set in each country, the strategies that have been adopted, and the results achieved in our march towards malaria control/elimination targets in our countries.

Of course, the problem of malaria is not at all the same in the region, with Cape Verde having very few cases going as far as elimination, and countries such as Benin and Burkina Faso still citing malaria as the leading cause of morbidity and mortality, with the highest burden in all segments of the population.

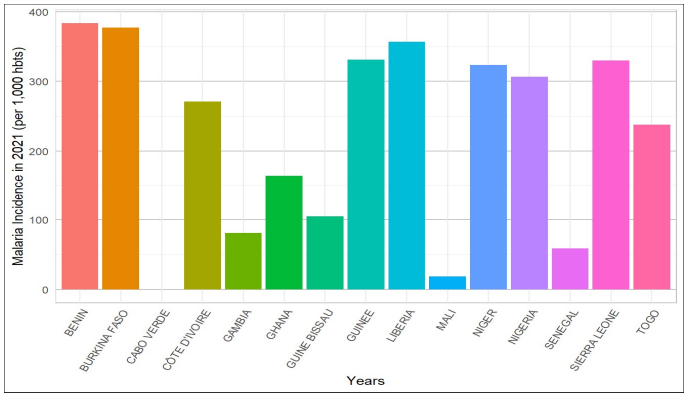


Figure 4: Number of malaria cases (per 1,000 inhabitants) in ECOWAS countries in 2021

The incidence of malaria is very unevenly distributed across ECOWAS countries (Figure 8). While countries such as Benin and Burkina Faso report more than 375 cases per 1000 inhabitants, we have 59 estimated cases in Senegal, 18 in Mali and almost none in Cabo Verde. Even when the trends were compared, no significant changes in incidence were observed over time (Fig. 9).

Countries with low incidence (Cabo Verde, Senegal, Mali and Guinea Bissau in dark colours) have remained unchanged, meanwhile, of those with high incidence (Burkina Faso, Benin, Niger and Sierra Leone in light colours) only Benin and Burkina Faso have not changed significantly. However, Burkina Faso, which had the highest incidence in 2015 (419 cases per 1000 inhabitants), has been slowly decreasing (377 cases per 1000 inhabitants in 2021) while Benin has been increasing over the same period. In general, the incidence rate of malaria has been slowly decreasing in the region, but it remains a major public health concern.

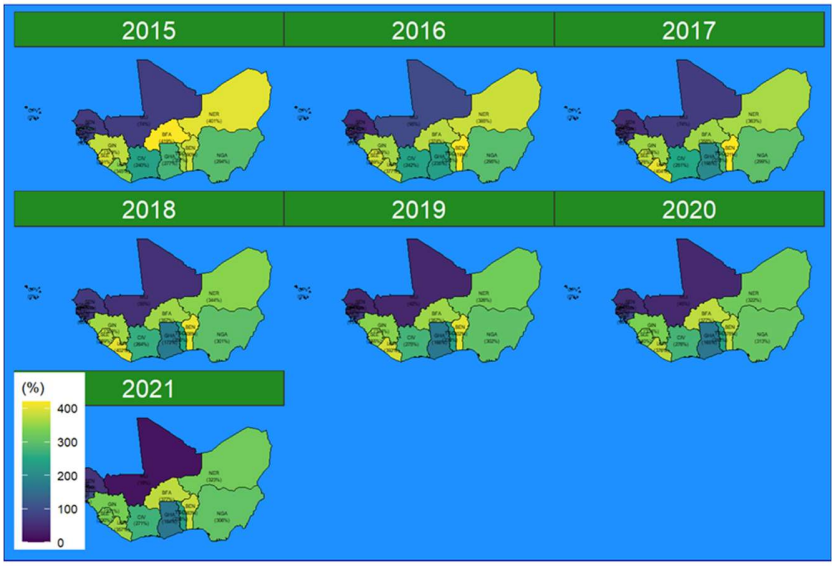


Figure 5: Trends in the patterns of malaria incidence in the region

Malaria mortality

Outside Cabo Verde, malaria remains one of the leading causes of death in all ECOWAS countries. The highest malaria-induced mortality rate in 2021 was recorded in Nigeria and Sierra Leone, with 98.9 and 98.7 deaths per 100 000 inhabitants, respectively. Over the same period, Cabo Verde reported zero, malaria deaths.

Although malaria remains the leading cause of deaths, especially amongst under-fives, the cause for optimism as levels of malaria deaths have been trending downward between 2015 and 2022 in almost all countries. Niger, Sierra Leone, Burkina Faso, and Benin recorded the highest malaria deaths in 2022. Figure 10:

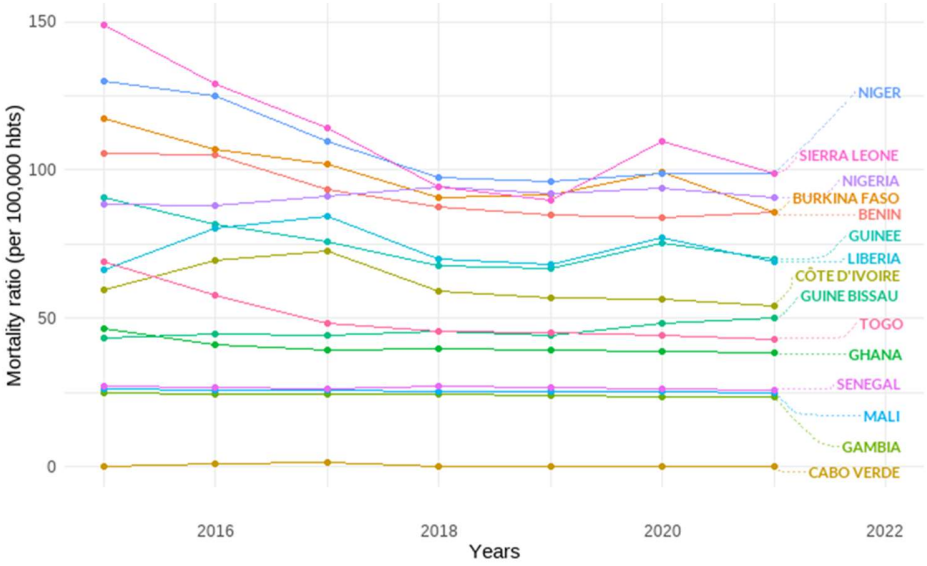


Figure 6: Evolution of the malaria mortality ratio from 2015 to 2021 in ECOWAS countries

Malaria Intervention Coverage

In their malaria control efforts, ECOWAS countries adopted several high-impact strategies. Intermittent Preventive Treatment is one of the strategies used in all ECOWAS countries, besides Cabo Verde, to prevent malaria in pregnant women. According to analysis based on the information shared by countries, the highest coverage is reported in Guinea with 86% of the target for the second dose (IPT2) and 79% for the third (IPT3). The regional average IPT coverage is 65.8% for IPT2 and 51.5% for IPT3 (Figure 11). This is since some countries have very low IPT coverage (Nigeria with only 20% and Niger with 25%).

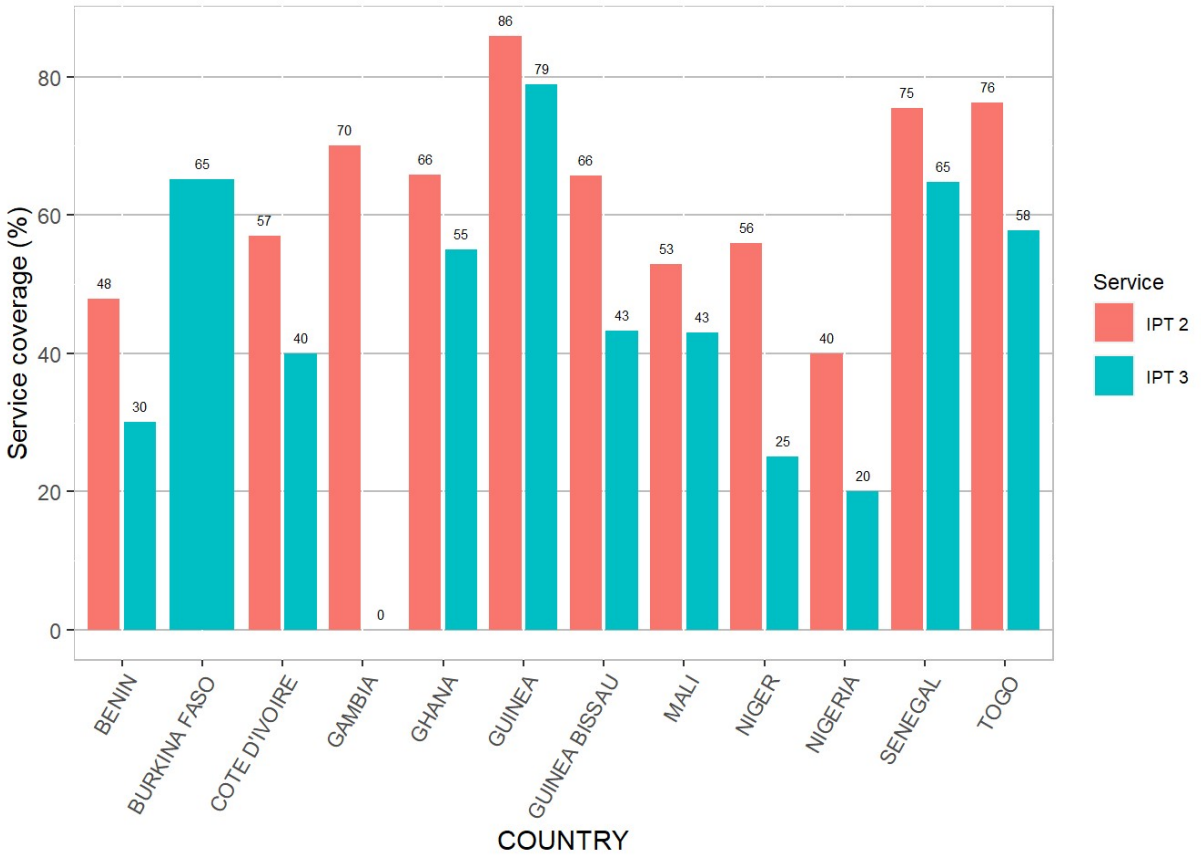


Figure 7: Coverage of Intermittent Preventive Treatment of Malaria in ECOWAS countries (%)

Another strategy adopted by some countries in the community in response to malaria is seasonal chemoprevention, which consists of the distribution of drugs to different target groups during periods of the year considered high risk.
This strategy has been adopted by 12 out of 15 ECOWAS countries (except Cabo Verde, Liberia and Sierra Leone). According to data from the countries, distributions reached almost 100% of the defined targets, which shows that the implementation of the strategy is well monitored (figure 12).

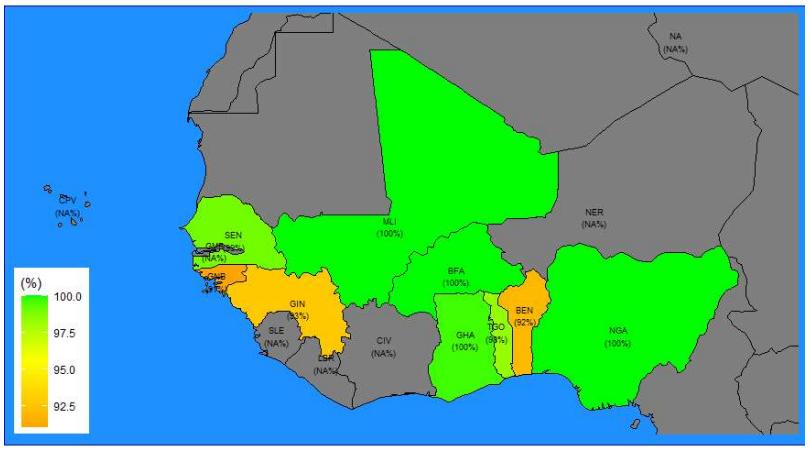


Figure 8: Coverage of Intermittent Preventive Treatment of Malaria in ECOWAS countries (%)

In general, information on the use of ITNs is based on surveys. According to available information, ITNs are widely used in most countries, although in some cases the most vulnerable population groups are not prioritised. For example, in Liberia, Mali and Niger, the rate of ITN use is higher among the general population than among pregnant women. In Guinea, however, this rate is 88% among pregnant women and 89% among children under 5 years of age, and therefore higher than 84% among the general population (Figure 13).

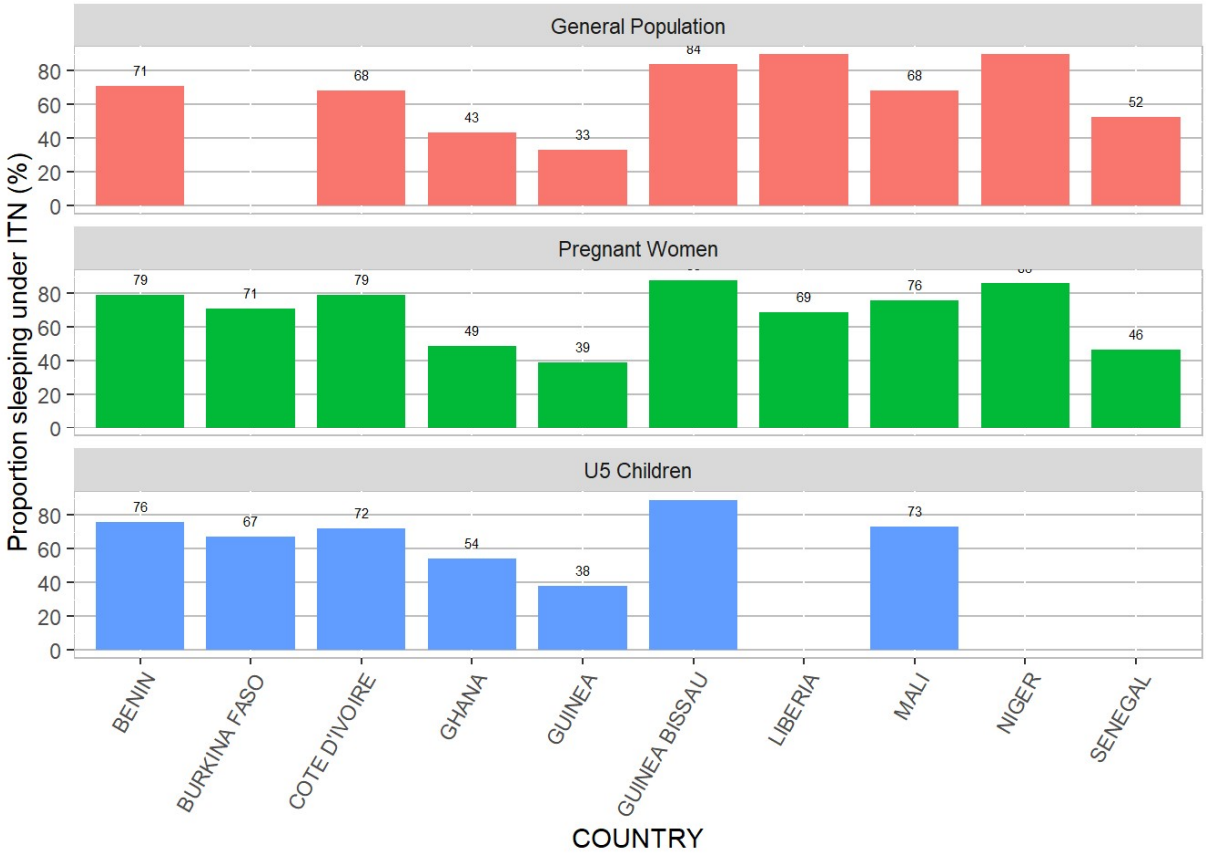


Figure 9: Use of insecticide-treated nets (ITNs) in ECOWAS countries (%)

In summary, malaria remains a major public health problem in the ECOWAS region. In terms of governance, solutions are discussed but not always well implemented. The specific agency dedicated to malaria elimination is not systematically created and budget allocation is still low. Health promotion activities, including hygiene and sanitation, are inadequate and poorly organised. Moreover, collaboration between countries is non-existent. No ECOWAS country could provide evidence of ongoing cross-border activity for malaria surveillance. These were either specific projects led by external partners or projects contained in the strategic plans but not implemented.

Interventions for malaria control and elimination are being systematically implemented. Good monitoring and evaluation systems are in place to ensure accountability and learning. However, coverage in some countries is still low. Efficient and effective experience sharing can help the whole region to improve its current situation.

A good sharing of experience can help the whole region to improve its current situation.

Following the success of the pilot programme in Ghana, Kenya and Malawi, the World Health Organization (WHO) is recommending the widespread use of RTS, the malaria vaccine, in children. This should be considered the next level in terms of interventions to eliminate the disease. The governments of the region, together with WAHO and other partners, should seize the opportunity to lead the implementation of this policy in order to accelerate the process they have all rightly decided to follow.

The governments of the region, together with WAHO and other partners, should seize the opportunity to lead the implementation of this policy in order to accelerate the process they have all rightly decided to follow. From 2015 to 2020, it ran a programme to increase access to and use of harmonised community-based services for the prevention and treatment of malaria and some neglected tropical diseases in the beneficiary countries' cross-border areas. This programme, which covers 56 health districts in Burkina Faso, Mali and Niger, has enabled the establishment of a system of collaboration between the three countries.
This programme, which covers 56 health districts in Burkina Faso, Mali and Niger, has enabled the establishment of a system of collaboration between the three countries. This is the first evaluation form that the institution creates for a particular health programme.
It was developed within the framework of the Sahel Malaria Elimination Initiative (SaME).

This tool should enable all stakeholders to access key information on malaria control and elimination, both for their country and for all other countries in the region. However, the use of these tools remains dependent on robust information systems at national level. WAHO has therefore called for robust and resilient data collection, processing and transfer systems in the different countries of the SaME region.

II. Review of Achievements

This chapter aims to report on the implementation of the recommendations of the 23rd Session of the ECOWAS Assembly of Health Ministers, the steering activities carried out by the WAHO General Directorate and to present the main results obtained from the implementation of priority programmes.

Physical implementation status of the 2022 Work Plan 2022

Table: Physical implementation status of the 2022 Work Plan 2022

Priority Areas	Number of activities completed	Number of activities completed	Number of activities completed	Number of activities completed	Number of activities completed
P1 : Health Information.	32	20	63%	12	38%
P2 : Prevention and control of communicable and non-communicable diseases	78	49	63%	29	37%
P3 : Pharmaceuticals	15	10	67%	5	33%
P4: Mother, child, and adolescent health	42	30	71%	12	29%
P5: 1 Quality standards and centres of excellence	3	1	33%	2	67%
P6: Capacity Building, including Youth Development, Network Strengthening, and Sustainability	55	38	69%	17	31%

Total	225	148	66%	77	34%

The physical execution rate is 66%. This is due to the following factors:

- Late implementation of 2022 budget to start implementation of activities.
- Continued implementation of activities from 2021 to the first quarter of 2022 (February to March).
- The lack of availability of funds to carry out certain activities of the projects financed by the partners.
- Lack of human resources; directors and professionals who have retired have not been replaced, and recruitment of new staff planned for 2022 has not taken place.
- However, most of the activities that were not completed in 2022 were carried over to 2023.

Implementation of the main Recommendations of the 23rd Session of the Assembly of Health Ministers of ECOWAS

The Twenty-third Session of the Assembly of Health Ministers held on 13 May 2022 mandated WAHO to implement a series of twenty-three (23) recommendations, the status of which is presented in the table below.

RECOMMENDATIONS OF 23rd AHM (9-13 May 2022 - Accra)

RECOMMENDATIONS TO WAHO:	Status of implementation	Activities undertaken
LIAISON OFFICERS' MEETING		
1. Create a budget line for language capacity building of Liaison Officers; (extended from 2021)	Not implemented	
2. Finalize and formally transmit the Liaison Officers' (LO) Manual to Ministers of Health.	Completed	
3. Include the Liaison Officer's (LO) presentation template into the LO's manual.	Not implemented	
4. Speed up the process of acquiring vehicles for the Liaison Officers.	Completed	The 5 vehicles are bought
5. Improve travel routes for countries with difficult access.	Completed	
6. Take the necessary precautions to align WAHO activities with other international activities to minimise duplication (for example, the World Health Assembly (WHA)	Ongoing	
7. Increase the allowances of the Liaison Officers (extended from 2021).	Not implemented	
EXPERT's MEETING AND AHM		
8. Strengthen cooperation with countries to improve the accuracy and quality of country health data	Completed	Support missions for data quality and training

		for automatic data transfer in countries
9. Include information on the status of implementation of the annual target and the progress of the implementation of planned activities.	Not implemented	
10. Advocate for increased funding from the Community levy for the institutional sustainability of WAHO.	Ongoing	
11. Donor support needs to be streamlined to meet country needs and be in line with the goal of regional harmonisation.	Ongoing	
12. Include in the presentation on the status of implementation of the activities, the year of completion to help for the pace and evolution of results.	Completed	
13. Support countries in developing legislation for collaboration between modern and traditional medicine.	Ongoing	
14. Help countries meet the challenges of regulating drug prices in the region.	Not implemented	
15. Develop a strategic plan for non-communicable diseases, which are a major concern today.	Ongoing	
16. Advocate for increased partner support for human resources for health in West Africa	Ongoing	
17. Map WAHO partners's support to ECOWAS Member States.	Ongoing	A questionnaire sent to partners by the Coordinators of the Partners' Forum
18. Request that the support of the Technical Assistance Corps (TAC) be extended beyond the three years provided.	Not implemented	
19. Establish dedicated funds to support research into new drugs and Lassa fever treatment.	Not implemented	
20. Increase support to countries to strengthen their national epidemic response capacity.	Completed	
HEALTH PARTNERS' FORUM		
21. Fully reflect the progress made, strategic direction and challenges faced by WAHO in its annual reports.	Completed	
22. Ensure WAHO annual reports are shared with all partners.	Completed	
23. Involve partners in strategic planning.	Ongoing	

II.3. Policy and Advocacy Initiatives and Commitments

In 2022, the General Directorate of WAHO carried out activities aimed at strengthening the institution's position at the regional and international level. Key initiatives in this regard have included advocacy on key health issues as well as leveraging strategic partnerships and resource mobilisation. It is in this context that the General Directorate participated in the statutory meetings of the Community, in particular the Conference of Heads of State and Government, the Council of Ministers, the Assembly of Health Ministers, the meeting of the ECOWAS Mediation and Security Council, the sessions of the Administration and Finance Committee. It is also worth mentioning the organisation of the 23rd meeting of the Assembly of Health Ministers in May 2022 in Accra which adopted the following three (3) resolutions:



- ✓ Draft resolution on the Directive on sexual and reproductive health rights in ECOWAS
- ✓ The resolution on integrated regional policy on biosafety and biosecurity in West Africa.
- ✓ Resolution on the Regional Roadmap for the Surveillance and Control of Antimicrobial Resistance in West Africa, Laboratory AMR (Antimicrobial Resistance).

In addition, the Director-General visited the political authorities of Member States and the technical and financial partners.

II.4. Regional Health Response to COVID-19

Consolidating the achievements of previous years, actions are still under way at both regional and national levels in the fight against the pandemic.
Responses to the COVID-19 pandemic include:

- Acquisition and distribution of antigen-based rapid diagnostic tests from Institut Pasteur Foundation in Dakar.
- Building laboratory capacity in terms of COVID-19 genomic sequencing and bioinformatics in the region, with all 15 countries having genomic sequencing capabilities for pathogens. The ongoing laboratory accreditation and certification programme, with 4 laboratories achieving 5-star accreditation and 7 laboratories achieving 2 or 3-star accreditation.



- Field mentoring missions were conducted to 25 reference laboratories in 9 ECOWAS countries and resulted in the identification of non-compliances and other deficiencies in the deployment of the quality management system (QMS).an additional number of quality documents developed or updated in accordance with ISO 15189, laboratory quality management procedures developed and adopted by all national reference laboratory (NRL) staff local and regional capacities to support the improvement of the quality of medical and veterinary laboratories for enhanced accreditation; and collaborative strategies, improved coordination and communication within the regional network of laboratories in West Africa. Finally, strategy documents including the regional roadmap and collection tools for antimicrobial resistance surveillance and monitoring, the technically validated Regional Biological Risk Management Strategic Plan and the implementation of the Regional Protocol for Arbovirus Entomological Surveillance and the Regional Reference Laboratory Accreditation Programme were reviewed at the the 2nd annual meeting of the regional network of reference laboratories of ECOWAS Member States. The strategy papers were adopted by the 23rd ECOWAS Assembly of Health Ministers in Accra in May 2022.
- In terms of capacity building in the field of Antimicrobial Resistance Surveillance (AMR) in the ECOWAS region, 48 laboratory managers and AMR data managers were trained in the management and interpretation of microbiology laboratory data with a particular focus on the identification of microorganisms and antimicrobial susceptibility test results.
- As of 4 July 2022, the region as a whole had received approximately 229 million doses of different types of COVID-19 vaccine.
- The establishment of a vaccine exchange platform in the region
- The linking of eight (8) Member States to the WAHO BIOMARS travel platform for the digital verification of PCR test results. Work is underway to connect the other Member States to the BIOMARS platform.
- The measures adopted at the eighth meeting of the Ministerial Coordinating Committee on Health (MCC) held on 5 April 2022 and to be implemented by all Member States are as follows:



  i. Non-pharmaceutical measures
     - Masks in public places are recommended, but not mandatory.
     - Promote and maintain improved hand and respiratory hygiene practices.
     - All social and religious activities can resume at full capacity provided that participants are fully vaccinated.
  ii. Surveillance/screening
     - Promote the use of rapid diagnostic antigen tests for mass

screening with less emphasis on PCR as a diagnostic test. Ensure that rapid diagnostic test kits are widely available, especially for surge capability.

- Limit the use of the PCR test to reference centres to improve monitoring and tracking of new variants (using representative samples) to facilitate early detection of the presence of variants, determine epidemiological trends and provide guidance for control or containment measures.

iii. Vaccination

- Vaccination remains a key component of the response. Member States must actively promote vaccination in addition to giving priority to vulnerable or at-risk populations in order to achieve 70% vaccination coverage by June 2022 or shortly thereafter, in accordance with the agreed deadline in Africa.

iv. Travel restrictions or use of PCR tests for air travel.

- Any fully vaccinated traveller should be allowed to enter a territory without a negative PCR test result and should not be tested on arrival.
- Any partially vaccinated traveller must provide a negative PCR test result valid for up to 72 hours and will be offered vaccination at destination.

v. Land and seaports

- Any fully vaccinated traveller should be allowed to enter a territory without a negative antigen RDT test result and should not be tested on arrival.
- Any partially vaccinated traveller must provide a negative RDT test result valid for up to 72 hours and will be offered vaccination at destination.

vi. Risk Communication and Community Engagement

- Continue with current messaging that promotes hand and respiratory hygiene, the use of rapid antigen testing and vaccination.

Epidemic Control:

II.5.1. Epidemic preparedness and response

For decades, epidemics have posed a major threat to the health and well-being of the world's population. The Economic Community of West African States (ECOWAS) is not immune to this scourge. Epidemics such as Ebola, Lassa and COVID-19 have affected the region in recent years, causing loss of life and unleashing devastating economic and social consequences. Effective preparedness and response to epidemics has therefore become a priority for ECOWAS Member States. To this end, WAHO in this year consolidated the achievements of previous years and initiated several actions in the region to strengthen the capacity of member countries in the preparation and response to epidemics. Key achievements include:

- Establishment of Emergency Medical Teams (EMTs) in 5 ECOWAS countries: 62 people trained in Niger, 60 people trained in Gambia, 58 in Sierra Leone, 54 in Togo, 62 in Guinea Bissau.
- Co-facilitation of the first induction workshop of the EMT of Togo (52 people).

- The first drafts of the basic documents of the Regional Public Health Emergency Operations Centre (CONOPS and Framework) have been developed.
- 50 public health actors have been trained in Niger on the management of public health emergencies, particularly on PHEOCs (Train the Trainers Workshop using the SURGE project modules).
- Participation in the development of national cholera preparedness and response plans and conduct of a Simulation exercise on Cholera Management (4 countries involved - Nigeria, Ghana, Sierra Leone, Liberia - Accra Workshop bringing together the 4 countries).
- Participation in the drafting of the national plan for the Bovin Tuberculosis preparedness of Nigeria - Lagos Workshop December 2022.
- Participation in the development of the National Meningitis Preparedness and Response plans (5 countries concerned - Nigeria, Burkina, Mali, Niger, Senegal- Atelier Brazzaville November 2022).
- Participation in the review of the "One Health" monitoring tool developed by FAO (Nairobi, May 2022)
- WAHO Participation at EMT International Conference in Yerevan in October 2022.
- WAHO participation in the International Francophone Congress on Epidemiology (August 2022).



- Training of National Rapid Response Teams in 8 ECOWAS countries in response to COVID-19: Nigeria, Togo, Liberia, Sierra Leone, Togo, and Guinea.
- Donation to EOC - Burkina Faso of computer and office equipment to strengthen collaboration, coordination and communication during COVID-19.
- EOC-Guinea computer equipment: 8 laptops, videoconferencing equipment, 60 office chairs, 6 executive chairs, one meeting table; EOC Backup Energy.
- Drafting and printing of 250 copies of the operating guide for the prefectural PHEOC
- Training of 2 national trainers and 25 resource persons on inter-institutional communication and coordination.
- Drafting training modules for Guinea's National Rapid Response Team.
- - Donation of materials and equipment in preparation and response / NPHIL.
- 26 members of Liberia's National Rapid Response Team have been trained on IDSR.
- Support for the development and validation of a multi-risk contingency plan in Liberia.
- Support for the deployment of the ISDR strategy: 1031 copies of the IDSR Technical Guide printed; 4,262 standardised case definition forms drafted, and 1,810 case notification forms delivered.
- Training of 30 people in frontline FELTP in Cape Verde and one cohort in 10 FELTP Intermediate.

Risk Communication

Communication on the risks of epidemics is an essential component of the fight against these scourges in West Africa. Effective health risk communication has therefore become a key element in the response to these epidemics, raising awareness, providing information on prevention and treatment measures, and reducing the risk of disease spread. Building on their experience in managing the COVID-19 pandemic, WAHO initiated several activities on risk communication, with the following performance in 2022 were:



- 11 meetings via video conference between WAHO, CFHSRC and INC/NPHI to discuss the epidemiological situation in ECOWAS (January to end of July 2022).
- 33 WAHC /WAHO internal briefings on the epidemiological situation of Covid-19 and other events in the region (January to end of July 2022).
- 42 epidemiological information bulletins produced and disseminated out of 52 expected.
- Training of RCCE officials from the 15 Member States on RCCE operations in collaboration with USAID and US CDC.
- Regional evaluation of ECOWAS Member States' RCCE systems and development of the regional roadmap for strengthening same at all levels.
- Establishment of a ECOWAS RCCE network executive board.
- Organisation of 3 coordination meetings (1 per quarter) of the ECOWAS RCCE network to share of strategies, documents, experiences, and good practices on Covid-19, Monkeypox and Marburg.
- 106 people trained in risk communication and community engagement.

Cross-border activities

Epidemics pose a major threat to the health and well-being of people in West Africa. These scourges know no borders and can easily spread from one country to another. Cross-border activities such as trade, transport, migration, and social and cultural exchanges can contribute to the spread of epidemics in the Economic Community of West African States (ECOWAS). Therefore, cross-border collaboration and coordination between member countries is essential for the prevention and effective management of epidemics. Cross-border collaboration and coordination between member countries is, therefore, essential for the prevention and effective management of epidemics. Outputs include:

- 40 Staff trained at the entry points of Niger with the harmonised ECOWAS training curriculum.

- Regional technical working group on surveillance at ports of entry and cross-border collaboration established.
- ECOWAS Cross-Border Regional Strategy drafted.
- Organization of a cross-border meeting between Guinea Bissau and Senegal.

- Support to Côte d'Ivoire to develop standard operating procedures at ports of entry.
- Standard Procedure Adaptation for points of entry staff in Cote d'Ivoire.
- Recruitment of a surveillance expert at ports of entry and cross-border collaboration.

One Health

With a view to strengthening the capacities of member countries in OneHealth, a number of actions were undertaken during 2022 which made it possible to:

- - Support Sierra Leone in drafting its One Health roadmap.
- Develop a One Health regional strategic plan with a governance manual.
- Organise a regional training workshop on joint risk assessments using the One Health approach.
- Recruit a One Health Expert to support WAHO activities.
- Organisation of a workshop to validate the Regional Strategy and governance manual of the ECOWAS One Health Coordination Mechanism.

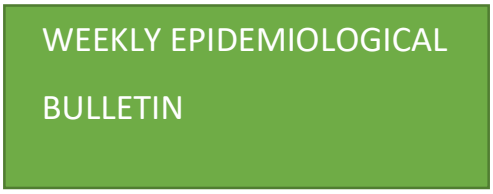
Other health interventions

The health challenges in the Economic Community of West African States (ECOWAS) region are many and variate, including epidemics, communicable and non-communicable diseases, maternal and child health problems, as well as diseases related to the environment. During 2022, in addition to the actions carried out in the region to combat epidemics, including COVID-19, WAHO delivered effective and much-needed health interventions in several other areas to address health challenges and improve the health of populations in West Africa. Several achievements were chalked up in 2022 as follows:

Health information and health research.

- Strengthening Integrated Disease Surveillance and Response (IDSR) through weekly data transmission to the regional health information warehouse. This was achieved following the training of IDSR data managers and the One Health platform on the automatic transfer of data from national health information platforms to the regional platform. A total of twelve (12) countries including Sierra Leone, Guinea, Nigeria, Liberia, Guinea-Bissau, Gambia, Cabo Verde, Côte d'Ivoire, Ghana, Mali, Senegal, and Togo have been trained.
- Fifty (50) new CES (Centres for Epidemiological Surveillance) have been set up thanks to the technical assistance of "Santé Monde and Fondation Mérieux" in 60 health districts in five (5) countries: Benin (10), Mali (10), Niger (10) and Nigeria (20).

- Weekly bulletins on the epidemiological situation were produced and widely distributed in the countries.
- The quality of health information shared by countries has improved thanks to the technical assistance provided to some countries in assessing the accuracy and completeness of the



data that are transmitted to the national HiMS platform from the lower level. The following countries: Burkina Faso, Guinea, Guinea-Bissau, Nigeria, Sierra Leone & Togo benefited from these technical assistance missions to improve the quality and use of health information.

- Financial support estimated at USD 48,978.92 was provided to four countries (Gambia, Ghana, Liberia, Sierra Leone) to promote the use of new information and communication technologies in the health sector known as « E-Heath ».
- Significant storage space has been acquired and is available for the warehousing of national and regional data produced by the health information systems of the 15 ECOWAS countries;
- New tracer indicators for eye health programmes and nutrition were identified and validated at a regional health information meeting in March 2022. These health indicators will be integrated into the regional Health Information Management Platform and will complement other routine indicators of surveillance of diseases with epidemic potential.

- Health research results were shared in the form of 17 abstracts submitted to international conferences and 8 papers produced in various fields, including the response to COVID-19, seasonal malaria, neglected tropical diseases, maternal and child health, reproductive health and health systems strengthening.
- Two strategy documents on health research have been drafted.
- Lessons learned and best practices from the implementation of the project "Catalyzing leadership to improve the health of women, adolescents and children in West Africa" were shared at a regional dissemination workshop.

Mother, Child, Adolescent, Youth and Elderly Health.

To promote the health of mothers, children and adolescents, several actions were carried out in 2022 thanks to community funding and that of partners including KfW, AfD, the World Bank and

the Bill and Melinda Gates Foundation (BMGF). The results chalked up following Interventions were:

- ✓ An overall amount, estimated at 3,421,490,735 FCFA, was provided to countries for the purchase of four (4) types of modern contraceptive products, including: implants (Jadelle or Implanon); injectables (Depo-IM); oral contraceptives; and male condoms (standards or brands). These products will cover 1766,644 couples year protection.
- ✓ A package estimated at CFAF 1,841,149,007 was allocated in 2022 to seven beneficiary countries of the Regional Reproductive Health and HIV Prevention Programme (Benin, Burkina Faso, Niger, Guinea Bissau, Ghana, Sierra Leone and Togo) to implement 86 capacity building activities in reproductive health. This financial support made it possible to strengthen the capacities of 4,652,344 people in the 7 countries, including.



  - 4,620,868 specific target groups (school and out-of-school youth/adolescents in peri-urban and rural areas, youth organization leaders, gold miners, truckers and media), sensitised on topics related to reproductive sexual health and family planning.
  - 27,776 public and private sector service providers trained to improve access and quality of FP services.
  - 299 logisticians from the central departments of the ministries of health, purchasing centres and social marketing structures trained in the management and visibility of the product supply chain.
  - 1,848 service providers supported to improve their skills and abilities through post-training supervision facilitation.

- ✓ 206,954,304 CFA were provided to 5 civil society organisations (CSOs) in 4 countries to implement community-based reproductive health awareness and promotion activities. The beneficiary NGOs are as follows: BURCASO in Burkina Faso ; Club des Amis du Monde in Guinea; OSV/JORDAN in Benin ; SRMRS-DIMOL and LAFIA MATASSA in Niger.
- ✓ US$30,000 to the Nigerian Ministry of Health to train doctors and nurses in obstetric fistula management.
- ✓ 29 youth from 15 countries have been trained in evidence-based advocacy for sexual and reproductive health rights (SRHR).
- ✓ A Regional Directive on Sexual and Reproductive Health Rights in ECOWAS was developed and adopted by the AHM. The regional directive, once approved by the ECOWAS Conference of Heads of State and Government followed by its adoption by member countries, will contribute significantly to the empowerment of women and girls and to their real enjoyment of their rights.
- ✓ Several trainers and supervisors of internships in Benin have been trained on the gender add-on and clinical management tool.
- ✓ Cabo Verde received financial and technical support from WAHO for the implementation of its national strategic plan for active ageing and the health of the elderly and for the promotion of healthy ageing, including the training of caregivers.
- ✓ The Technical Advisory Groups on Vaccination (NITAGS) of Burkina Faso and Sierra Leone have been established. In addition, with EU funding, the Niger and Sierra Leone NITAGs participated in the regional training organised for some French and English speaking NITAGs in the WHO AFRO region.
- ✓ Evaluation of the implementation of national SRMNIA programmes and strategies for policy advocacy for accelerated reduction of maternal and neonatal mortality in ECOWAS.
- ✓ 18 executives from French-speaking countries trained in vaccinology at the Institut Supérieur des Sciences de la Santé (INSSA) of the University of Bobo-Dioulasso (UNB)
- ✓ As part of the management of the COVID-19 pandemic, technical support was provided to Togo and financial support to Niger and Burkina Faso to boost their vaccination campaigns.
- ✓ A regional meeting to share experiences between the NITAGS, and to contribute to the fight against the COVID-19 pandemic, was organised.
- ✓ Financial and technical support to Burkina Faso to pilot the integration of health indicators for older people into the national health information system.
- ✓ Funded support to the Centre Muraz/ Burkina Faso for the constitution of a

cohort of elderly people as part of a study to provide a reliable database for more relevant interventions.

- ✓ Technical and financial support given to Benin two evaluate its existing national policy and strategic plan and to draw up a new one on older persons' health.
- ✓ In addition, WAHO participated in, and made presentations at key events: International Summit of African and Diasporan Seniors (SIAAD2022) organised in Dakar in May 2022; international conference organised by Cape Verde (October, 2022); 3rd International African Congress of Gerontology and Geriatrics (Tunisia November, 2022); 5th Scientific Days of the IRSP-Ouidah, Benin (November, 2022).

Prevention and control of communicable and non-communicable diseases

In addition to the actions carried out for the fight against COVID-19 and the other epidemics, there were also interventions in 2022 for the fight against other diseases with the following results:

- - A regional network of parliamentarians on malaria elimination in the ECOWAS region (REPEL Malaria) has been established and the expected functions of the regional network are as follows: to be regularly informed of progress towards malaria elimination in the ECOWAS region, as well as challenges and key actions, to reflect on the role of parliamentarians in keeping the issue of malaria control high on the national political and development agenda, advocate, promote and support multi-sectoral action for the elimination of malaria in the ECOWAS region; take part in national and regional activities that ensure that malaria is high on the national development agenda, and follow up on measures taken by national governments to eliminate malaria and make the necessary recommendations.



- Progress review of the goal of malaria elimination in the Sahel region performed during the Ministerial Forum of the Sahel Malaria Elimination Initiative (SaME)
- 8 financial support packages were granted for the prevention and control of HIV/AIDS; hepatitis; malaria and malaria.

Capacity Building

- - The harmonised curricula for the initial training and postgraduate training for allied health professions were revised, updated and validated at a regional workshop.
    - ✓ Financial support has been provided to ECOWAS countries for human resource in health development and capacity building as follows:

- 86 090 575 FCFA disbursed to 12 ECOWAS citizens working in the Ministries of Health of 8 countries (Ghana (2), Guinea (2), Nigeria (1), Togo (2), Liberia (1), Sierra Leone (1), Senegal (2), The Gambia (01).
- 27,700,000 FCFA provided, under the SWEED project, to INFAS in Côte d'Ivoire, one of the 3 "Centres of Excellence" identified for the master-level training of nurses and midwives.
  - ✓ Training of medical specialists: US$12,000 (CFAF 6,900,000) to the Liberian Ministry of Health for the training of qualified nephrology personnel for the new Dialysis Center in Liberia.
  - ✓ Support for study visits: 20 310 USD granted to the Enugu State Agency for Universal Healthcare Coverage (ESAUHC) in Nigeria to help the management team undertake a study visit to Ghana, to understand Ghana's success story in implementing its health Insurance Scheme.
  - ✓ Support to the following Colleges, Associations and Societies: 70 000 USD to organise their scientific symposia and conferences. These are:
- AATCS (African Association of Thoracic and Cardiovascular Surgeons): 30000 USD
- WACS (West African College of Surgeon): USD 20 000
- USD 20 0000

Access to medicines and vaccines

- The high-level meeting of vaccine manufacturers and aspirant manufacturers in ECOWAS was organised, with the following results:
  - Bottlenecks besetting effective regional production of vaccines have been identified.
  - The vaccines to be produced for the region by each manufacturer have been identified.
  - Short and long-term strategies for boosting regional vaccine production were drafted.
  - Biotechnological developers and partners that should interact with local manufacturers have been identified.
- The ECOWAS COVID-19 Vaccine Revolving Fund has been set up. However, no financing has been received by the Fund for pooled procurement of vaccines. A reminder was issued for regional commitment and advocacy to the Heads of State and Government to invest in the Fund.

15 financial packages were granted for implementation of activities contained in the Protocol on Risk-Based Post-Marketing Surveillance (RBPMS)[4]. The object of this protocol is to strengthen National Medicines Quality Control Laboratories' (NMQCL) and National Medicines Regulatory Agencies' capacity in surveillance of essential medicines throughout the supply and distribution chain, upon granting of Marketing Authorisation.

- Financial support provided to the National Medicines Regulatory Agencies (NMRA) and National Medicines Quality Control Laboratories of 13 ECOWAS Member States (Benin, Burkina Faso, Cape Verde, Côte d'Ivoire, Ghana, Guinea, Guinea Bissau, Liberia, Niger, Nigeria, Sierra Leone, and Togo).
- 10 ECOWAS Member States (Benin, Togo, Niger, Mali, The Gambia, Liberia, Senegal, Sierra Leone, Guinea and Guinea Bissau)
- Two regional joint evaluations were performed to examine dossiers on 7 medical products (6 medicines and one RDT) submitted for registration at country level by pharmaceutical companies from the region and abroad.
- A joint inspection was conducted by expert inspectors in the region to assess good manufacturing practices (GMP) and the facilities of a pharmaceutical company "EMZOR Pharm" in Lagos.
- A Regional Round Table was held to raise awareness among procurement actors of central purchasing medicines and NPRAs in the 15 ECOWAS countries on the process of joint regional review of medical product dossiers.

II.6. 6. Supervision, Monitoring and Evaluation of 2022 performance

- ✓ Quarterly monitoring and evaluation missions undertaken to 2 countries to monitor and evaluate the support provided to countries. They made it possible to assess the state of implementation, document the results and identify the difficulties associated with managing the support provided.
- ✓ Joint supervision missions (WAHO & partners) conducted in the beneficiary countries as part of the implementation of the RPRH, REDISSE, DEMSAN and SWEDD projects. This made it possible to discuss the difficulties identified and the appropriate solutions to improve project implementation with stakeholders:
    - Joint supervision missions (WAHO & World Bank) in 3 countries (Liberia, Togo, and Mauritania) to monitor the implementation of the REDISSE project financed by the World Bank.

[4] **(RBPMS)[4] : Risk based post marketing surveillance.**

- Joint supervision missions (WAHO & KFW) in 8 beneficiary countries (Benin, Burkina Faso, Côte d'Ivoire, Mali, Niger, Senegal, Togo, Ghana, Guinea Bissau, and Sierra Leone) to monitor the implementation of the RPRH and DEMSAN projects.

✓ A technical assistance mission carried out in Libreville, Gabon by the monitoring and evaluation team of the World Bank Project Management Unit as part of the implementation of the REDISSE 4 project, which concerns 5 Central African countries (DRC, Central African Republic, Chad, Republic of Congo, and Gabon).

✓ **The mid-term review of the REDISSE 3 project** was carried out virtually with the country stakeholders (Benin, Mali, Niger and Mauritania) beneficiaries of the project.

✓ **Organisation of Technical Committee and Steering Committee meetings:**

- Technical and steering committee meetings of the SWEDD project.
- ECOWAS-MRH Technical and Steering Committee meetings
- Technical committee and steering meetings of the PROALAB project in June 2022

✓ **Programme and project audits.**

- External audits of WAHO programmes and projects (RPRH, REDISSE, SWEDD, DEMSAN and PROALAB) carried out.

Summary of support provided by WAHO in 2022

A total of 104 transfers were made in 2022, with an overall estimate of 2,639,662,398 CFA. All 15 ECOWAS countries received financial support from WAHO through ECOWAS funding and/or partner-funded projects (KfW, WB, AfD, BMGF and USAID).

The beneficiaries of financial support in the countries are : Technical structures of the Ministries of Health, including certain health programmes; social marketing structures for the promotion of contraceptive products; reference laboratories for the diagnosis of epidemic diseases; drug quality control laboratories and national pharmaceutical regulatory authorities (NMRA); civil society organisations, associations, learned societies and colleges in the health sector, regional organisations (ALCO based in Benin and Mano River Union in Sierra Leone) which intervene along the corridors and cross-border areas of the countries they cover; training institutions for nurses and midwives and public health for diploma courses and health executives who have obtained training grants.

Ten main interventions or areas are covered by this support:

1. Reproductive Health/Family Planning and HIV prevention.
2. Prevention, preparedness and response to COVID-19 epidemics and other disasters.
3. Strengthening the management systems of reference laboratories for their accreditation (quality control of medicines and national pharmaceutical regulatory authorities and diagnosis of epidemics for sample preservation (REGIONAL BIOBANK).

4. Capacity building of human resources for health and strengthening of nursing and midwifery training institutions.
5. Vector Control for Malaria & NTD Elimination.
6. The development and evaluation of strategic health documents.
7. The organisation of scientific conferences and other activities of health associations and learned societies.
8. Health research (maternal health, reproductive health and COVID-19).
9. HIV and hepatitis prevention targeting at-risk populations in the Corridor, and cross-border communities.
10. The others: telehealth, celebration of Traditional Medicine Day, Universal health coverage; Health of the elderly and Eye health.

III. WAHO FINANCIAL PERFORMANCE IN 2022

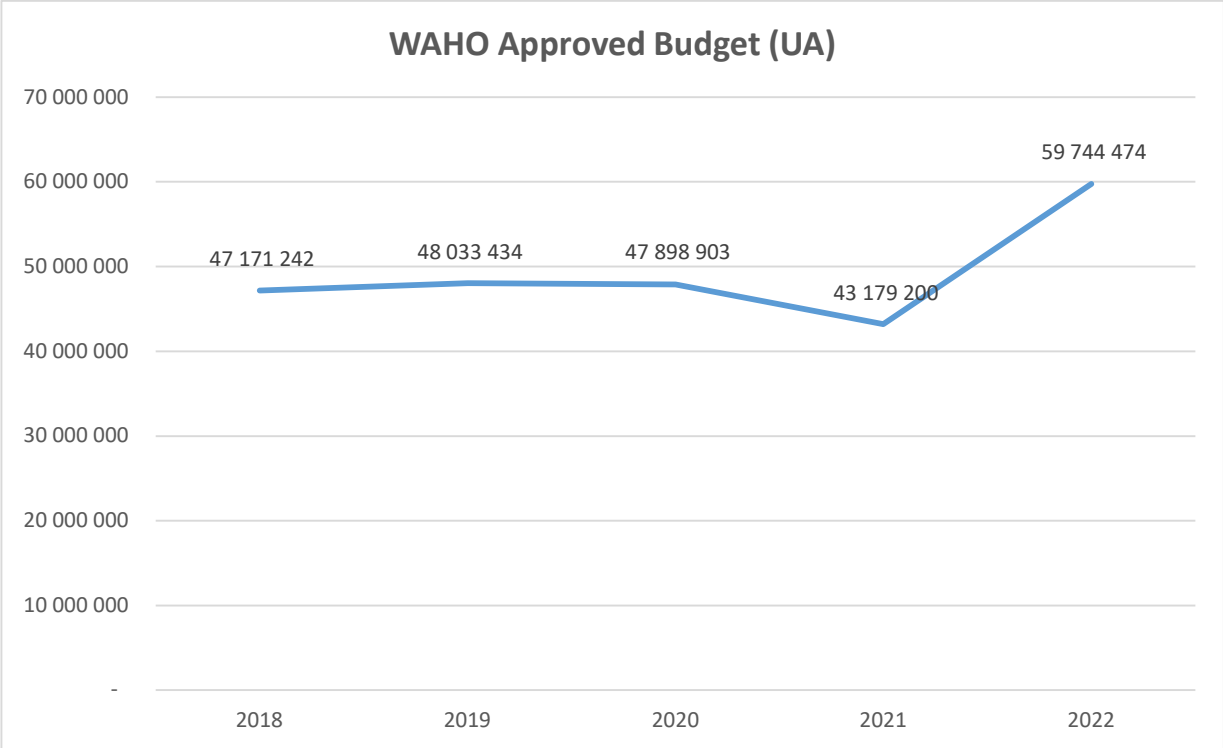
III.1. Programme Areas for Implementation of the WAHO 2022 Approved Budget

The following are the programme areas under which the WAHO 2022 budget was prepared and approved.

1	PREVENTION & CONTROL OF COMMUNICABLE AND NON-COMMUNICABLE DISEASES
2	MATERNAL, CHILD & ADOLESCENT HEALTH
3	CAPACITY BUILDING, INCLUDING YOUTH DEVELOPMENT, STRENGTHENED NETWORKS, SUSTAINABILITY
4	HEALTH INFORMATION
5	PHARMACEUTICALS
6	QUALITY STANDARDS &CENTRES OF EXCELLENCE

III.2. WAHO 2022 approved annual budget.

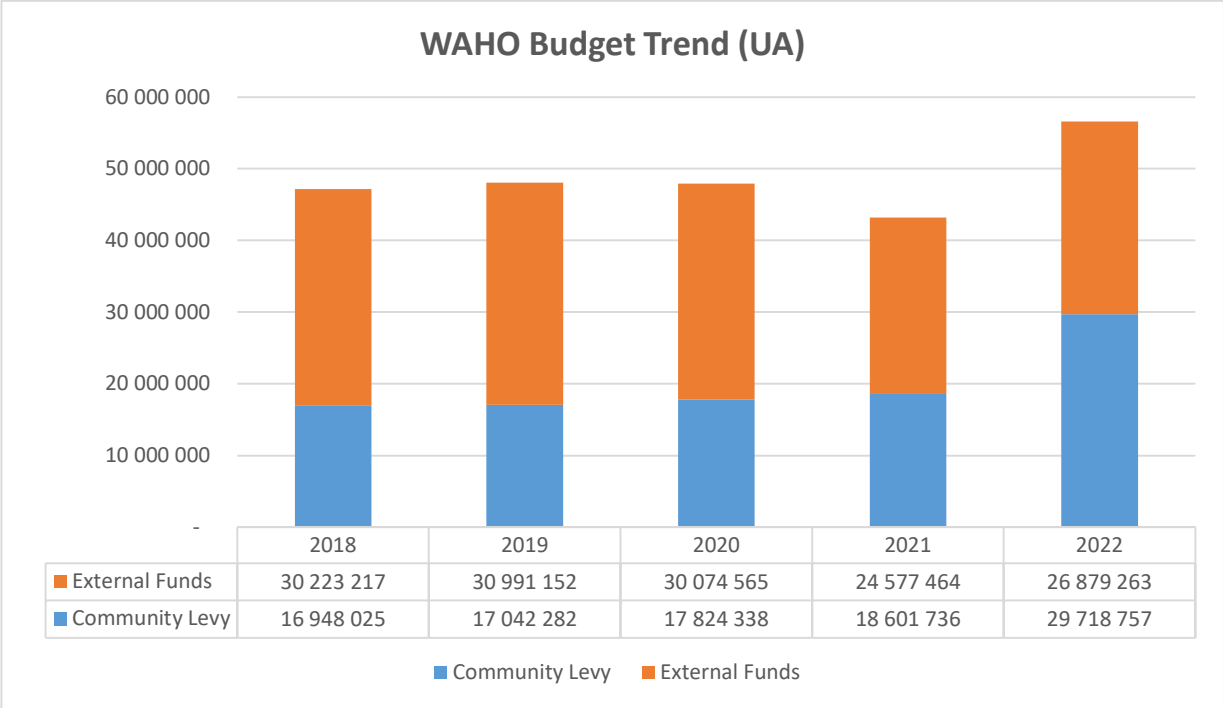
The total budget for WAHO as approved by the Council of Ministers and ratified by the Authority of the Heads of States for 2022 was UA59.7 million (approx. USD85.8 million). Community Levy Funds accounted for 34% and funds from international and bilateral partners 66%. An amount of UA49 million (approx. USD68 million) of the budget was allocated to programme activities.
On average, WAHO's annual budgets have been increasing - but relatively stable - over the last five years as depicted below:



It should be noted that, with effect from 2022, all ECOWAS Institutions, Agencies and Offices are required to prepare a Mid-Term Expenditure Framework for the year 2022, 2023 and 2024.

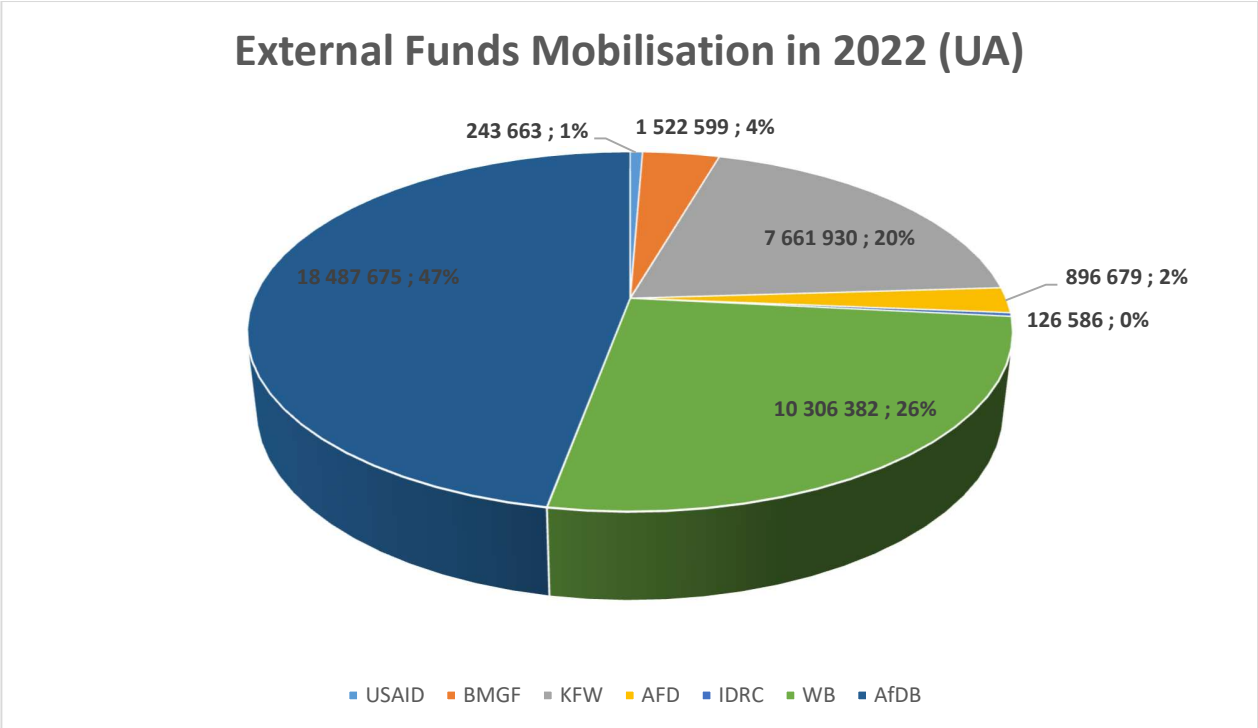
III.3. Resource Mobilization

WAHO mobilizes funding from both Community Levy Contributions from the ECOWAS member states through the ECOWAS Commission and contributions from multilateral and bilateral partners and donors. The mobilized resources are employed for effective service delivery of health programmes across the Member States; with particular emphasis on strengthening health systems in the ECOWAS region.



Budgeted Income from External Funding

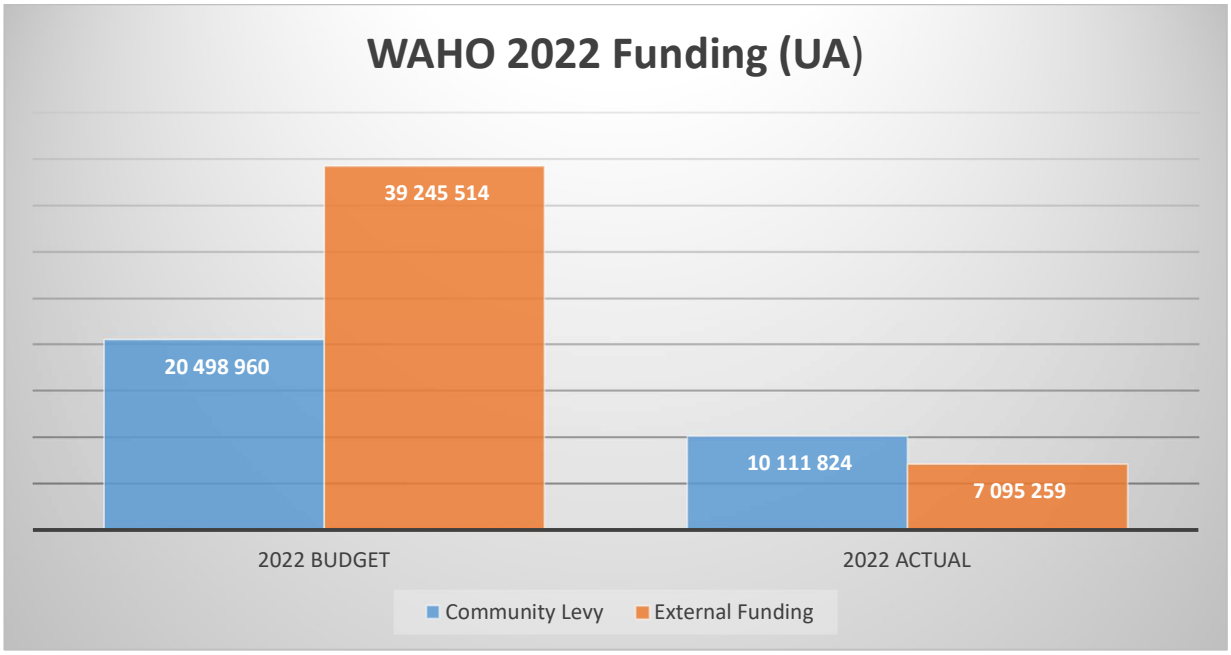
In 2022 the expected funding from Multilateral and bilateral partners amounted to UA 39,245,514 (approx. USD56 million). The contribution of each partner is shown in the pie chart below:



Total Budgeted Income and Receipts for 2022
In 2022 an amount of UA20 million was budgeted as income from Community Levy Contributions. However, the total amount received for the year amounted to UA10 million, which represents about 50% of the budgeted amount.

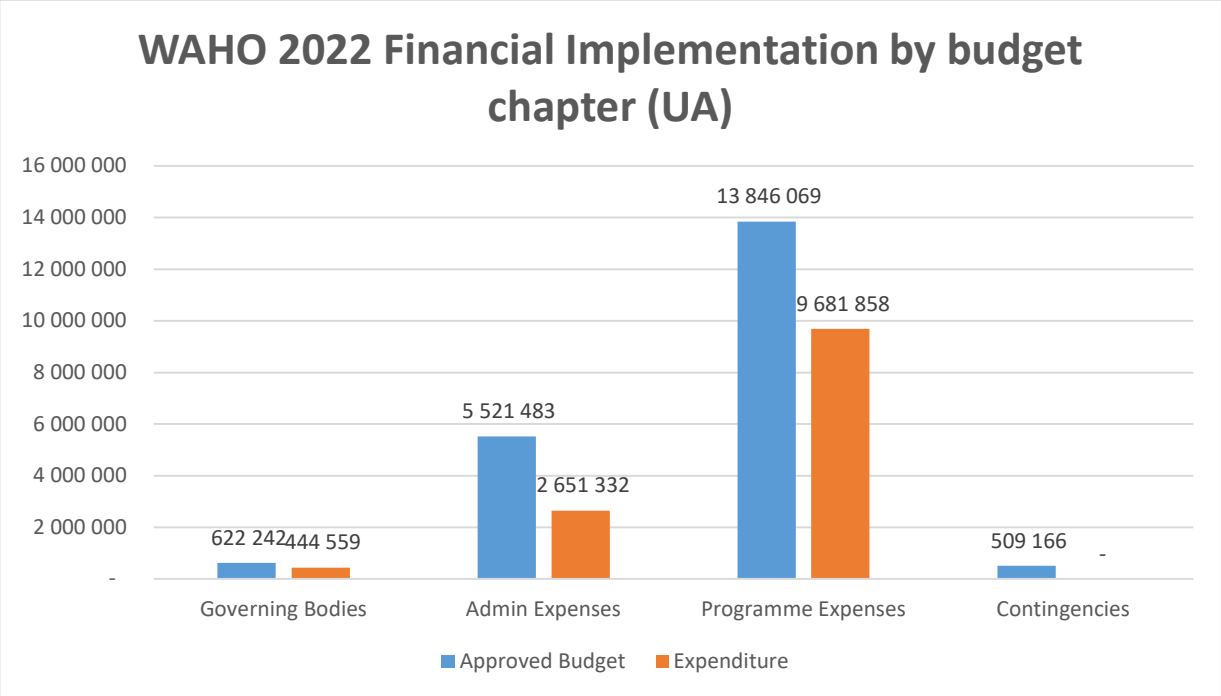
Similarly, the external funding amount budgeted for 2022 was UA39 million, whereas actual receipts for the same year was UA7 million.

The chart below illustrates the budgeted amounts for community levy and external funding and the respective amounts received.



Community Levy Budgeted and Actual Expenditure for 2022

The total amount budgeted for Community Levy expenditure for 2022 was UA20,498,960; whereas the total expenditure for the year UA12,777,749. The chart below illustrates the breakdown of the budgeted and actual amounts.



IV. Challenges

Despite the efforts made, the health situation in the ECOWAS region is typified by an extremely young population faced with a lack of choice and galloping increase in migration; uncontrolled growth of urban populations and growing local health inequalities; the double burden of high prevalence of epidemic communicable diseases on the one hand and the worrying increase in chronic non-communicable diseases on the other; climate change and its impact on people's lives, ranging from the emergence of zoonotic diseases to food insecurity; inadequate regional pharmaceutical production and financial barriers to accessing health services. The regional health system, in coping with this situation, is faced with a particular lack of health human resources.

In addition to the challenges relating to the health situation, WAHO is faced with a lack of human and even financial resources.

V. Looking ahead

From 2023, WAHO's interventions will consist in implementing the strategic orientations contained in the 2030 Vision, namely:

- Accelerate access to and availability of quality, inclusive and affordable health services.

- Ensure effective preparedness and response to public health emergencies in ECOWAS.
- Strengthen WAHO institutional processes and promote organizational excellence.

CONCLUSION

2022 saw a waning of COVID-19, but the persistence and even an increasing trend of some epidemic-prone diseases, including measles. The health situation was also characterised by continued high maternal and infant mortality and the prevalence of other communicable and non-communicable diseases. The implementation of WAHO's 2022 Annual Work Plan, funded jointly by community resources and partner contributions, has achieved results in several areas including epidemic control, maternal and child health, health information and research, medicines and vaccines, control of other communicable and non-communicable diseases and capacity building. The performance of WAHO has been hampered by insufficient human and financial resources.

From 2023, WAHO’s interventions will take place within the framework of the implementation of its new Strategic Plan.