

2021 ANNUAL REPORT

APRIL 2022

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Abbreviations

AFD: Agence Francaise du Developpement

AfDB: Africa Development Bank

AHM: Assembly of Health Ministers

AIDS: Acquired Immune Deficiency Syndrome

AMR: Antimicrobial Resistance

ANC: Antenatal Care

ANDI: African Network for Drugs and Diagnostic Innovation

AU: African Union

AU CDC: Africa Union – Centre for Disease Control

CAPA: Corrective and Preventive Actions

CIP: Costed Implementation Plan

CTD: Common Technical Document for the registration of medicines in ECOWAS region

CYP: Couple Years of Protection

DHIS2: District Health Information Software 2

DHS: Demographic and Health Surveys

EOC: Emergency Operations Center

EMT: Emergency Medical Teams

ETU: Environmental Tobacco Use

EVD: Ebola Virus Disease

ECOWAS: Economic Community of West African States

FP: Family Planning

GBD: Global Burden of Disease

GHI: Global Hunger Index

GIZ: Deutsche Gesellschaft für Internationale Zusammenarbeit

GMP: Good Manufacturing Practices

HDI: Human Development Index

HIV: Human Immunodeficiency Virus

IAR: Intra Action Review

IHR: International Health Regulations

IPC: Infection Prevention and control

ITN: Insecticide Treated Net.

MCC: Ministerial Coordination Committee on Health

MCH: Maternal and Child Health

MICS: Multiple Indicator Cluster Survey

NCDs: Non Communicable Diseases

NITAG: National Technical Advisory Group on Immunization

NPHI: National Public Health Institutes

NTDs: Neglected Tropical Diseases

PPE: Personal Protective Equipment

RCSDC: Regional Centre for Surveillance and Disease Control

RSC: Regional Steering Committee

SDG: Sustainable Development Goals

SRH: Sexual and Reproductive Health

SMART: Standardized Monitoring and Assessment of Relief and Transitions

UHC: Universal Health Coverage

UNAIDS: United Nations Programme on HIV and AIDS

US AID: United States Agency for International Development

US CDC: United States Center for Disease Prevention and Control

VTM: Viral Transport Medium

WAHO: West African Health Organisation

WAHC: West African Health Community

WRA: Women of Reproductive Age.

WASH: Water, Sanitation and Hygiene

WHO: World Health Organization

EXECUTIVE SUMMARY

The year 2021 regional health situation featured COVID-19 across all Member States, with 40 incidences of epidemic outbreaks comprising cholera, Dengue Fever, Ebola Fever, Lassa Fever, Marburg Fever, Measles, Meningitis, Monkey pox, Poliomyelitis (cVDPV2), Rift Valley Fever and Yellow Fever as well as other health challenges causing morbidity and mortality.

With a total approved budget of UA43 million (USD 60 million), WAHO carried out in 2021 initiatives aimed at tackling the COVID-19 pandemics and other epidemics as well as improving regional health outcomes in various areas including maternal and child health, prevention and control of communicable and non-communicable diseases, pharmaceuticals, quality standards and Centers of excellence, health information and research and capacity building. A summary of the key achievements in the year 2021:

- Four (4) meetings of the COVID-19 Ministerial Coordinating Committee organized in out of which practical recommendations and actions were agreed. These recommended actions endorsed by the ministers of health from the region include developing the Regional Outbreak Dashboard with focus on COVID-19, the establishing the BIOMARS system to digitise cross-border public health control measures as well as promote vaccine uptake in addition to strengthening coordination of the response through the National Public Health Institutes (NPHIs), the Regional Animal Health Centre (RAHC) and other relevant regional and national stakeholders such as the World Health Organisation (WHO), Africa Union (AU), Africa Risk Capacity (ARC) and collaborating ministers.

- The WAHO strategic plan defined as the WAHO Vision 2030, was developed and adopted by the Assembly of ECOWAS Health Ministers. The strategy presents a ten (10) year road map to guide programs delivery and operations of WAHO in delivering on its mandate as the ECOWAS regional health institution.

- The twenty second Assembly of ECOWAS Health Ministers (AHM was held in 2021 and a series of resolutions were adopted by to advance the regional health agenda. The resolutions adopted by the AHM included the Regional Health Scorecard and the statutory documents for the operationalization of the ECOWAS Regional Medicines Agency (ECOWAS Regional Pharmaceutical Policy, Governance document to manage the ECOWAS Medicines Agency (ECOMA); the Regulation on Procedures for the Approval of Medicinal Products for Human Use and Legislation on the Operating Procedures).

- The WAHO COVID-19 response plan was executed across the pillars of Infection Prevention and Control (IPC), risk communication, case management, laboratory capacity, and epidemiology. Essential medical supplies and equipment – diagnostic kits, ventilators, Personal Protective Equipment (PPE) – were distributed to member states; over 3,000 health professionals were trained across all the domains of the response and harmonized the regional curriculum for cross-border strategies and entry points training of trainers. Member States were supported to develop and submit their National Deployment and Vaccination Plans (NDVPs) to benefit vaccines from the COVAX Facility.

- Increased Family Planning uptake, strengthen member state capacity to manage the supply of and access to FP products particularly geared towards harnessing the demographic dividend of the ECOWAS region. in furtherance of the initiative to promote sexual and reproductive health and rights (SRHR), an SRHR directive was developed. It is expected that the directive, will significantly contribute to the empowerment of girls and women and the realization of their rights once adopted by the AHM, the ECOWAS authorities and implemented by member countries.

- Increased management of neglected tropical diseases (NTD) with over 69,496,532 cases managed the Seasonal Malaria Chemoprevention (SMC) and NTDs interventions – one of which was mainly setting up of surgical camps for the management of reversible complications of NTDs trichiasis, hydroceles trichiasis.

INTRODUCTION

The West African Health Organisation (WAHO), which originates from the merger of the Organisation of Cooperation and Coordination for the Fight against Major Endemic Diseases-OCCGE and the West African Health Community (WAHC) was established by Heads of State of the 15 member countries as the Community Specialized Institution tasked with tackling health problems within the region. Over the years, the institution has achieved this in close collaboration with Member States and financial and technical partners.

Since 2020, WAHO has been in the forefront of the regional COVID-19 response in addition to providing support toward addressing other essential health issues of significant importance to member states and at risk of neglect as a result of refocusing and redirection of resources for COVID-19 pandemic. In 2021, the regional health situation, as expected, reported cases of COVID-19 across all Member States including cases of new and reoccurring epidemic outbreaks of cholera, Dengue Fever, Ebola Fever, Lassa Fever, Marburg Fever, Measles, Meningitis, Monkey-pox, Poliomyelitis (cVDPV2), Rift Valley Fever and Yellow Fever as well as other health challenges leading to increased morbidity and mortality rates.

WAHO's programs have continued to evolve, ensuring that all its interventions responded to prioritized health needs and are in alignment with global, regional and sub-regional health priorities, resolutions, treaties and commitments.

WAHO continued in its strategic role of coordinating the regional COVID-19 pandemic response despite the constraints of not having a fully functional Regional Center for Surveillance and Disease Control (RCSDC) as well as the limited human resource capacities. Furthermore, WAHO still centered on sustaining the gains made on the major pillars highlighted in 2016-2020 Strategic Plan.

The work plan for 2021 reflects innovative and adaptive programme delivery strategies with the main purpose of improving health outcomes amidst emerging and recurring public health emergencies. After reviewing the ECOWAS health situation, the implementation of the recommendations from the 22nd Assembly of Health Ministers (AHM), this report provides initiatives undertaken in response the COVID-19 as well as achievements in the following six thematic areas:

i) Maternal, Child and Adolescent Heath;
ii) Prevention and control of communicable and non-communicable diseases
iii) Pharmaceuticals;
iv) Quality standard and centers of excellence;
v) Health Information;
vi) Capacity building program

I. ECOWAS HEALTH SITUATION

The health situation in the ECOWAS region continues to be of importance particularly as the COVID-19 pandemic continues to impact and affect populations globally. For the year 2021, the situation is as follows:

I.1. Mortality and Morbidity

Life expectancy at birth for ECOWAS countries was estimated to range from 54.7 to 73 years in 2019. Cape Verde and Senegal had the ranked highest, above 65 years. The distribution of life expectancy at birth for countries in the region is presented in Figure 1.

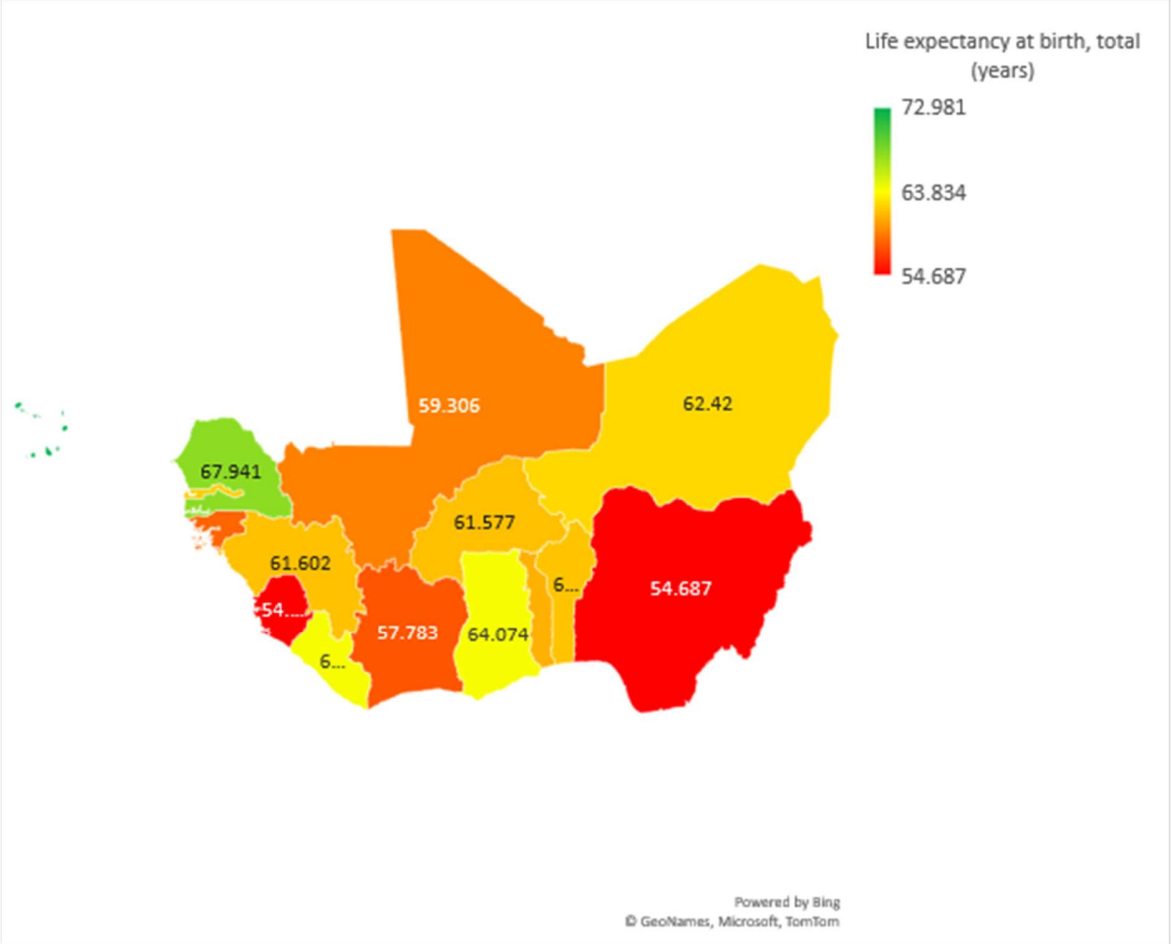

Figure 1. Life expectancy at birth of ECOWAS countries (2009) (Source: The World Bank)

The deaths observed in the region can be organised according to the broad categories of causes. Figure 2 shows the distribution of causes of death for the 15 countries in the region. With the exception of Cape Verde, ECOWAS countries generally show the same pattern in the distribution of causes of death. Communicable diseases cause more than half of all deaths. Notable amongst

these is the very high burden of malaria, HIV and viral hepatitis Non-communicable diseases come after communicable diseases. This burden is due in particular to nutrition-related diseases, cardiovascular diseases and cancers. Finally, the share of deaths from injuries (road traffic accidents, occupational accidents, suicides, crimes, etc.) in the region is about one tenth in each of the countries of the region.

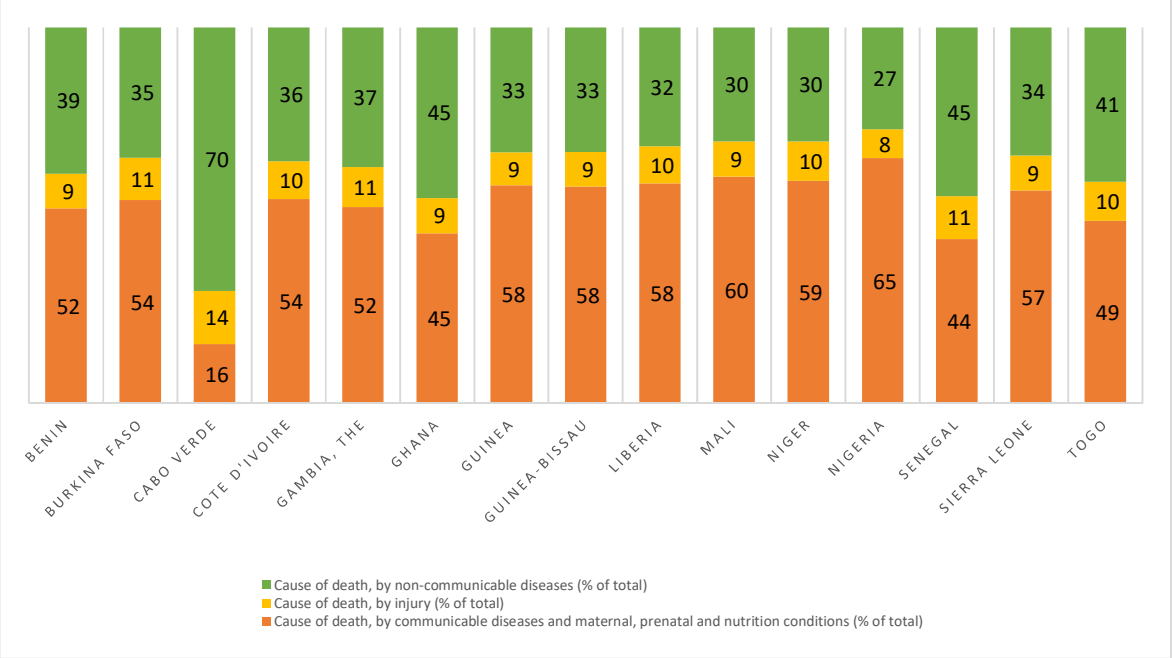

Figure 2: Distribution of deaths by cause in 2019 by country (source: The World Bank)

The incidence of the major communicable diseases is still high in the region with, new HIV infections at 93 per 100 000 inhabitants in The Gambia and 88 per 100 000 in Guinea Bissau reported in 2020. In contrast, Niger and Senegal had 50 and 80 per 100 000, respectively. Guinea Bissau and Liberia had the highest incidence of TB in 2020. The reported values were 361 and 341 new cases per 100,000 inhabitants respectively. Finally, for malaria, several countries had more than 300 new infections per 1,000 inhabitants. These were Burkina Faso (399), Mali (387), Benin (386), Liberia (362), Niger (357), Côte d'Ivoire (331) and Sierra Leone (320). It should be noted that Cape Verde has no new cases of malaria. The incidences of the diseases are presented in Figure 3.

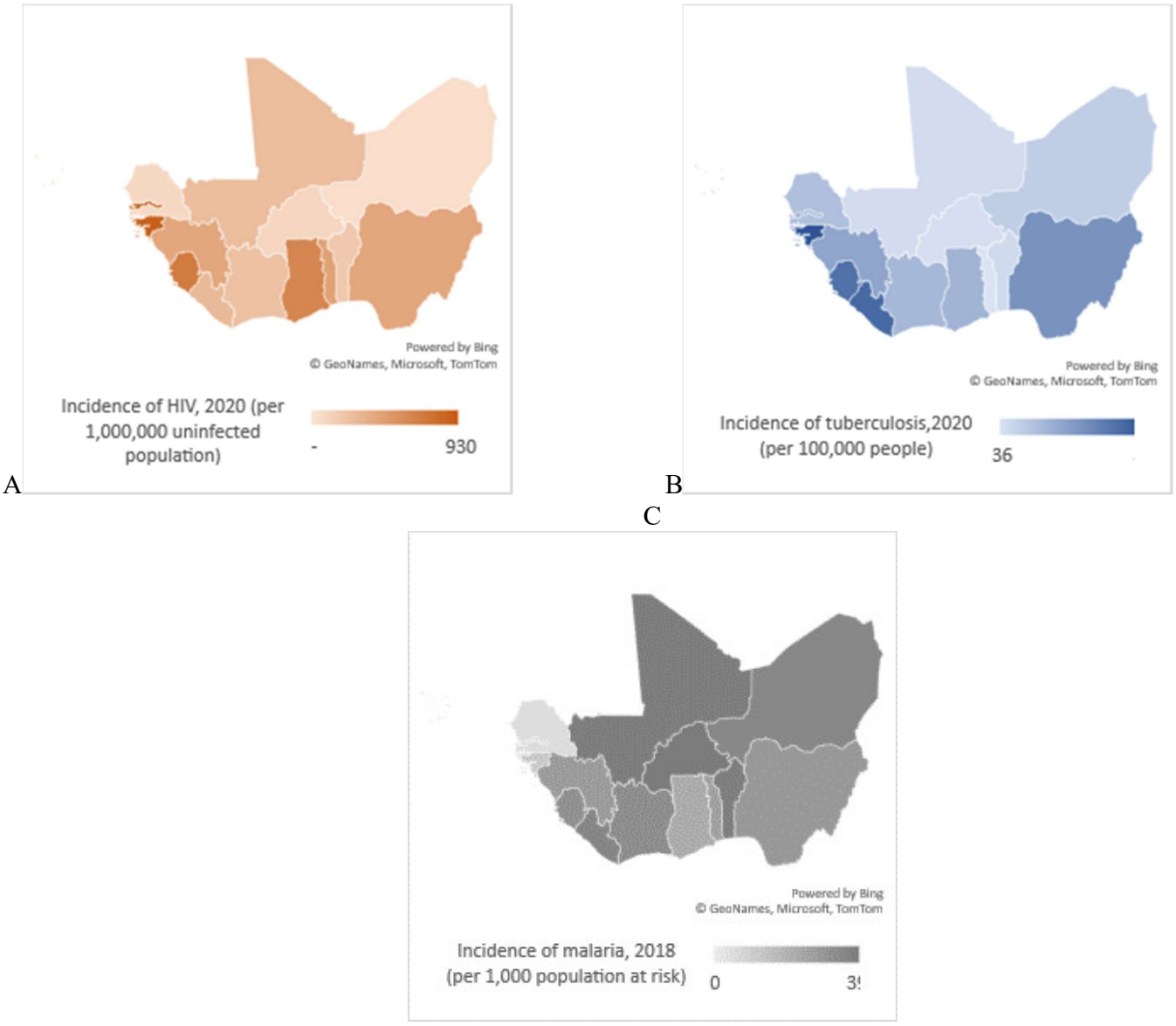

Figure 3: Incidence of three key communicable diseases in the ECOWAS region (source: The World Bank)

I.2. Health service coverage

The information on health service coverage is for the year 2020. Countries validate their national data in year n+1 before they are considered official. It is then that WAHO can collect, compile and transmit the regional information.

The ECOWAS region is still characterised by low of health service coverage. Table 1 presents the coverage of health facilities per 100,000 inhabitants in 2020. This table shows very different values between countries, ranging from 35 per 100 in Cape Verde to less than one in Mali (for primary level health facilities). Three countries (Sierra Leone, Senegal and Liberia) reported more than 7.5 hospitals per million inhabitants. In terms of health facilities providing secondary healthcare, only

districts per million inhabitants. An important comment in respect of secondary and tertiary level hospitals is that they are unevenly distributed, often being concentrated in large cities and not always geographically accessible to some.

Table 1: Coverage of public health facilities per 100,000 inhabitants by level of care

Level of Care	Primary	Secondary	Tertiary
Burkina Faso	11.55	0.21	0.07
Cape Verde	35.14	0.72	0.36
Côte d'Ivoire	8.74	0.45	0.02
The Gambia	3.10	0.42	0.30
Guinea	4.16	0.34	0.02
Liberia	18.22	0.83	0.04
Mali	0.97	0.14	0.02
Niger	15.91	0.09	0.04
Senegal	9.67	0.84	0.23
Sierra Leone	16.68	0.85	0.05
Togo	9.33	0.08	0.04
Average	**9.67**	**0.36**	**0.06**

In terms of health personnel, the levels reached are also very low. Another important issue in the provision of health services is immunisation. BCG vaccination coverage was on average 93% in the region. While the recommendations for achieving the Sustainable Development Goals call for at least nine doctors per 10,000 inhabitants, 12.7 midwives and 22.8 nurses, the countries in the region that reported their data show levels far below this, as shown in Figure 4.

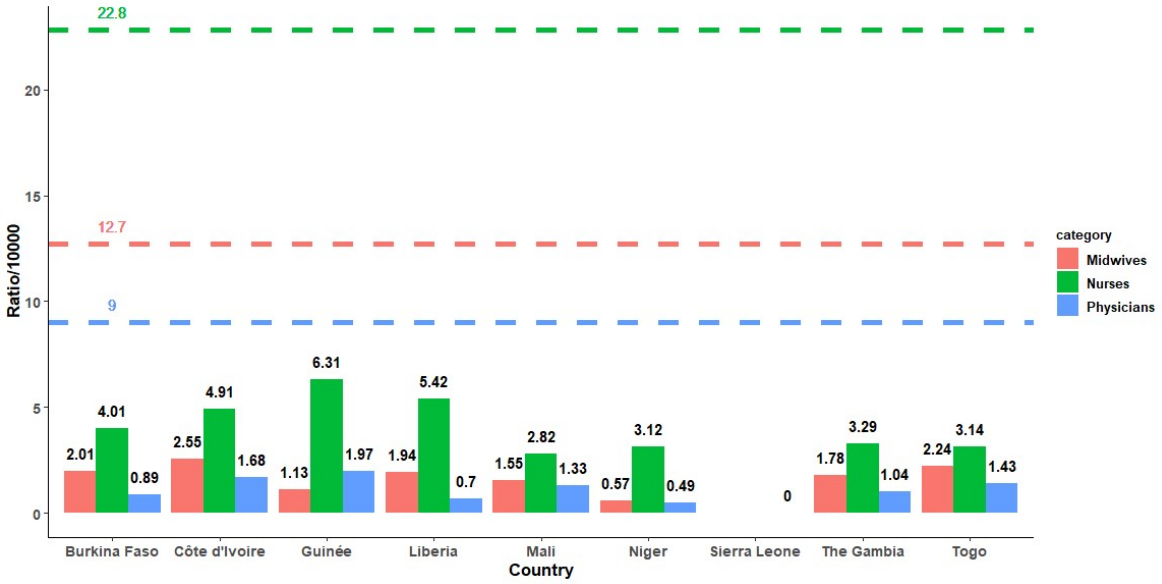

Figure 4: Health workforce coverage by ECOWAS country (Country reports)

Despite limited available resources, the main services offered to the population have achieved significant coverage rates. Firstly, with regard to the consultation of pregnant women, Figure 5 shows the distribution of the coverage of the first ANC visit. Liberia has a very low level of coverage with less than one third of pregnancies being followed up. The highest coverage was observed in Côte d'Ivoire (99%), Cape Verde (92%) and Guinea (91%).

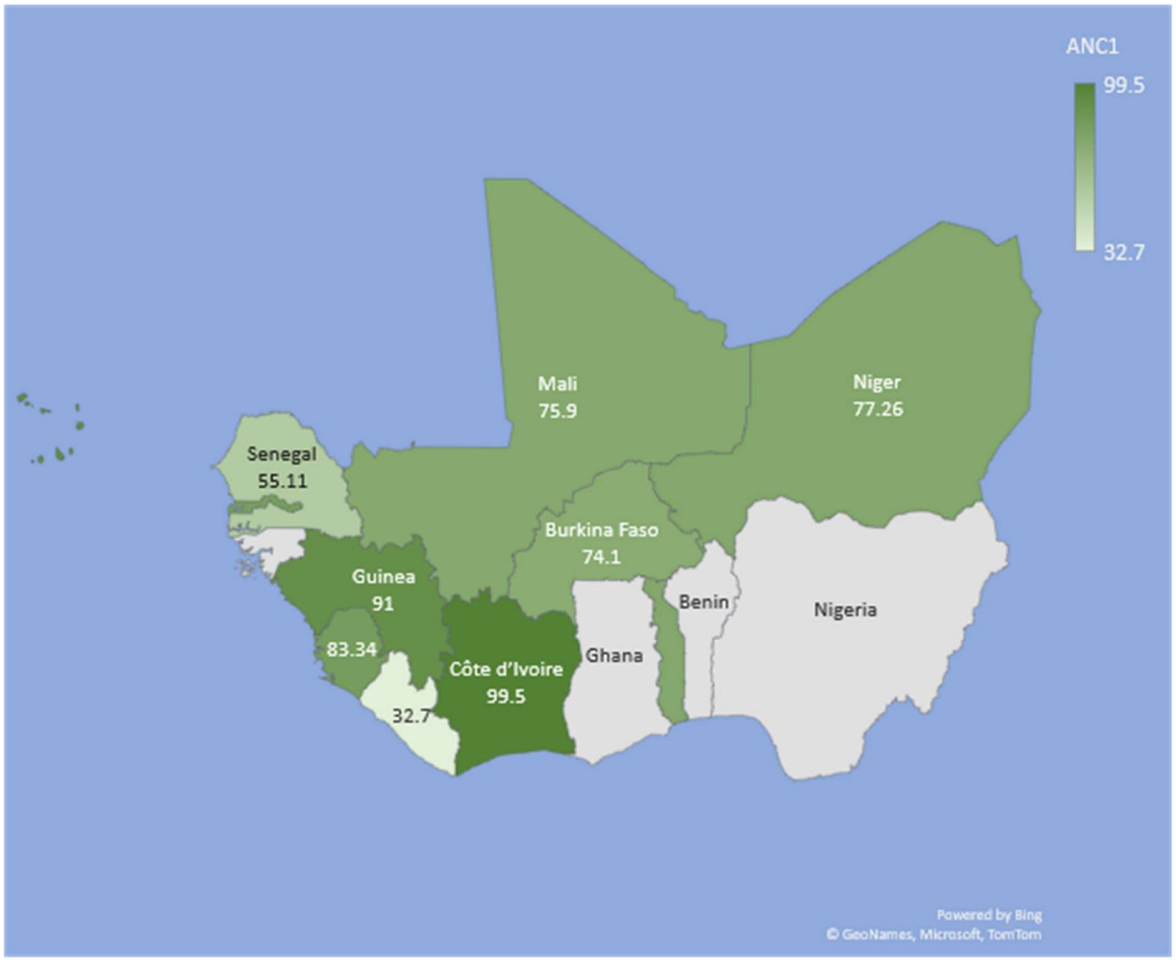

Figure 5: Coverage of the first antenatal visit in ECOWAS countries

Overall, ANC coverage has increased across the region, from 64% to 76% for the first antenatal visit and from 30% to 47% for the fourth (Table 2). However, there have been significant declines, including a loss of more than 44 percentage points in ANC1 coverage and 3 points in ANC2 coverage in Liberia. This reflects the need to sustain efforts.

Table 2: Coverage of first and fourth antenatal visits between 2018 and 2020 in ECOWAS countries

Country	At least one ANC%		At least 4 ANC%	
	2018	2020	2018	2020
Benin	109.20		26.50	
Burkina Faso	79.04	74.10	39.26	38.00
Cape Verde	91.00	92.70	84.60	86.00
Côte d'Ivoire	86.76	99.50	30.34	42.31
The Gambia	80.63	82.00	45.81	47.90
Ghana	79.50		74.70	
Guinea	90.80	91.00	54.50	68.00
Guiné-Bissau	73.00		28.00	
Liberia	76.00	32.70	17.00	14.82
Mali	77.70	75.90	23.88	24.00
Niger	84.79	77.26	35.36	34.41
Nigeria	52.00		21.00	
Senegal	53.00	55.11	48.00	58.26
Sierra Leone	82.40	83.34	53.51	61.04
Togo	77.70	77.20	34.70	39.00
Average	**64.48**	**76.44**	**30.33**	**46.70**

Another important health issue in the provision of health services is vaccination. BCG vaccination coverage was on average 93% in the region. For the third dose of the pentavalent vaccine, it was 93%. Finally, coverage for the measles vaccine was estimated at 90%. In all, 67% of the region's children between 12 and 23 months of age had received all the vaccines recommended by the expanded programme on immunisation. The breakdown of this statistic by country, however, shows substantial differences between countries. In Figure 5, countries such as Cape Verde (97%), Senegal (95%) and Burkina Faso (95%) have high levels. However, countries such as Niger and Côte d'Ivoire only reported a rate of 32%, which shows a very high wastage.

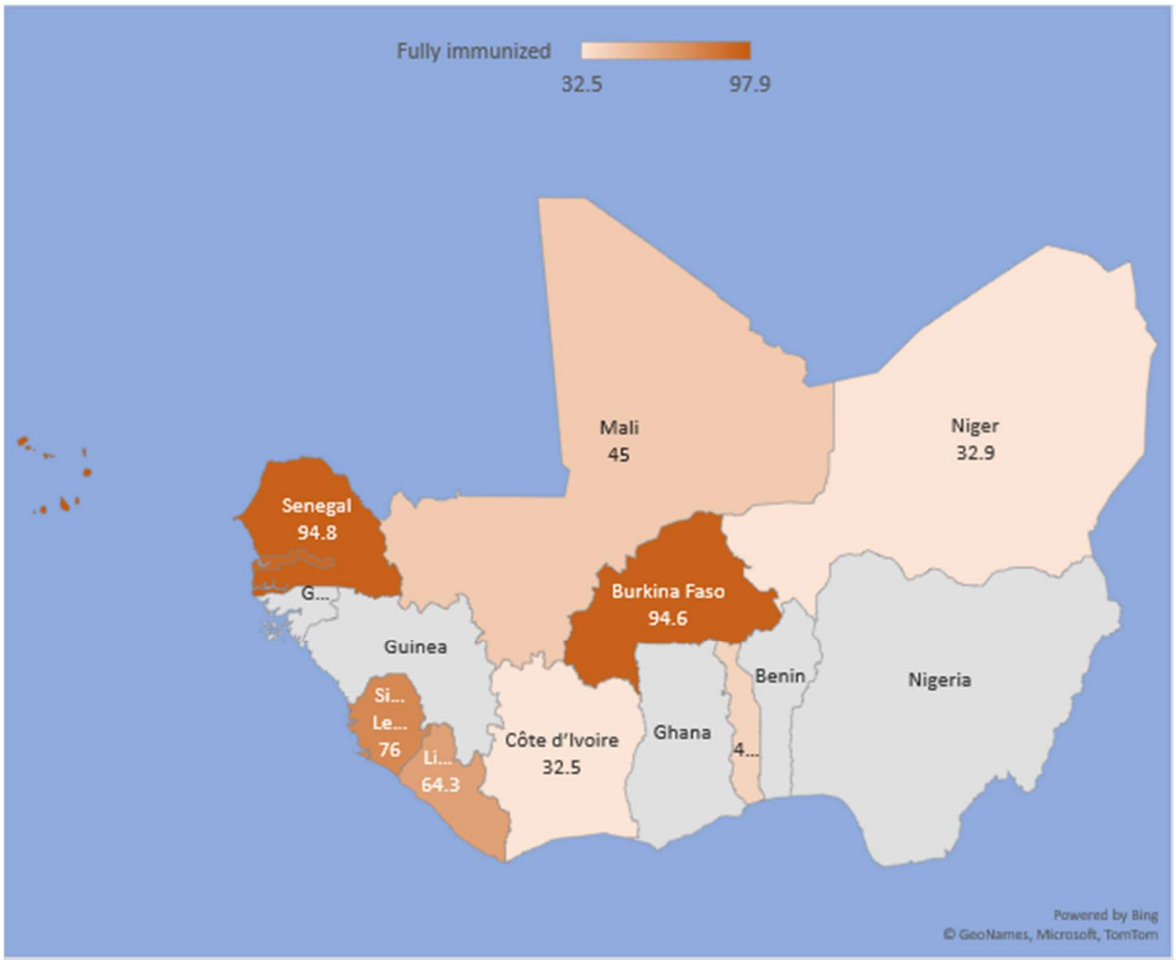

Figure 1: Proportion of children aged 12-23 months fully immunised in ECOWAS countries

Malnutrition is still a major cause of morbidity in the region. The data collected from 12 countries show that there are nearly 3,000,000 malnourished children, of whom nearly half (45%) are reported to be severely acutely malnourished (Table 3). Mali and Senegal, reporting the highest proportion of severe acute malnutrition at about 51.6%.

Table 3: Coverage of first and fourth antenatal visits between 2018 and 2020 in ECOWAS countries

Country	No. Cases of malnutrition	% MAM	SAM
Burkina Faso	208 956	52.78	47.22
Cabo Verde	1 132	0.53	0.12
Côte d'Ivoire	40 313	80.42	19.58
The Gambia	1 045	65.36	34.64
Guinea	36 266	58.11	30.03
Liberia:	50 321	59.77	40.23
Mali	283 542	48.37	*51.63*
Niger	1 600 118	48.40	*51.60*
Senegal	99 171	70.81	29.19
Sierra Leone	316 329	76.60	23.40
Togo	169 467	81.63	22.42
Total	**2 806 660**	**55.47**	**44.58**

Trends in COVID-19 in the region

On 2 January 2022, there were 746,129 confirmed cases of COVID-19 and 10,578 deaths in the region. This represented 7.6% of all African cases and 4.6% of deaths. The observed case fatality was 1.42%. Figure 7 shows three main phases of infection.

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The observed case fatality was 1.42%. Figure 7 shows three main phases of infection. The first phase followed the onset of the disease in the region, which peaked after 20 weeks and subsided around September 2020. The second phase started with the cold and harmattan season. It was also during this period that the first variants of interest was recorded. It lasted until May 2021. Finally, the wet season of July-August 2021 would usher in the third peak of the infection.

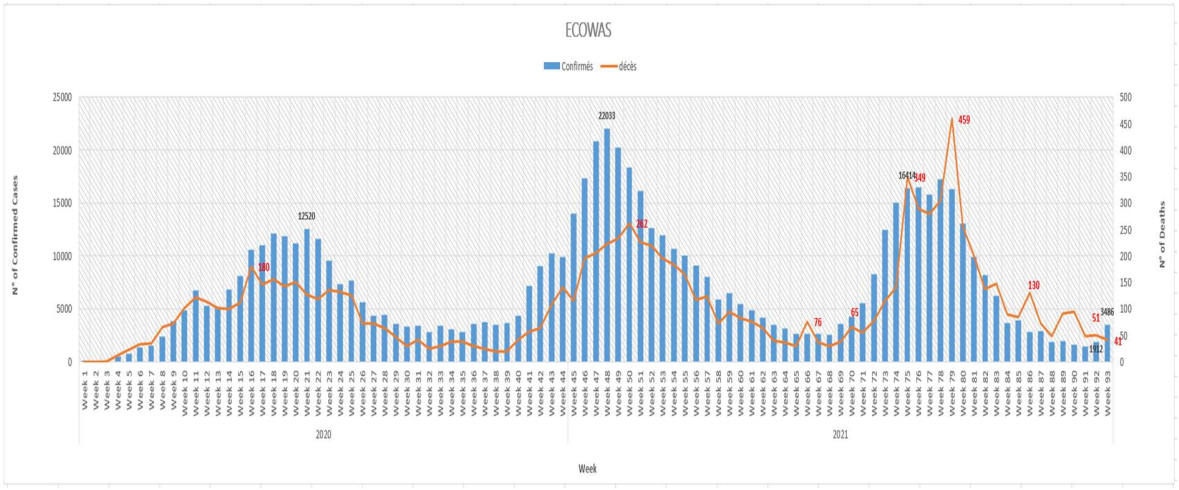

Figure 6: Evolution of COVID-19 cases and deaths in ECOWAS in 2020 and 2021

However, the configurations are slightly different per country as shown in Figure 8, where the phases can be slightly shifted.

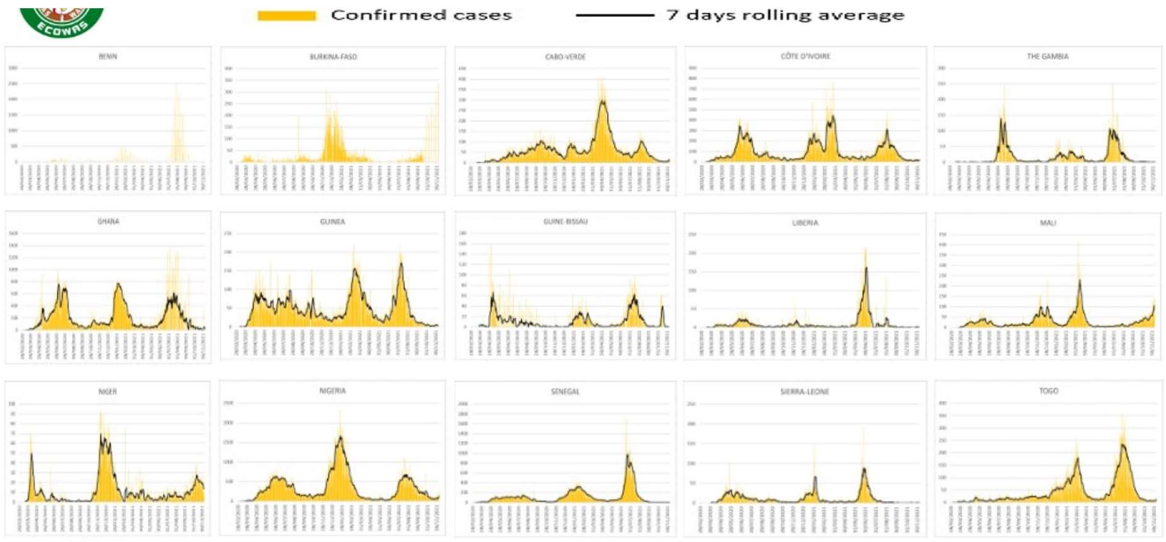

Figure 2: Trends in COVID-19 cases in 2020 and 2021 in ECOWAS countries

The COVID-19 pandemic was characterised by multiple waves during the years 2020 and 2021. Several countries in the region experienced two epidemic waves. As shown in Figure 9, most countries experienced their first wave as soon as the disease appeared in April 2020. The first wave was the longest, lasting about 23 days. Some countries such as Cabo Verde, Côte d'Ivoire, Niger, Nigeria and Senegal experienced three waves and were even entering a fourth wave by the end of 2021.

Table 4: Time distribution of different epidemic waves in the ECOWAS region

COUNTRY	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Senegal																						
Burkina Faso																						
Nigeria																						
DRC																						
Mali																						
Guinea																						
Niger																						
côte d'Ivoire																						
Guine-Bissau																						
Benin																						
Togo																						
Ghana																						
The Gambia																						
Cabo Verde																						
Sierra Leone																						
Liberia																						

I.3. Other outbreaks in the region

Apart from COVID 19, epidemic-prone diseases were reported in 140,540 suspected cases, 14,009 confirmed cases and 4,132 deaths. Cholera is the epidemic disease the worst impacted the region. It affected six (6) countries of the region with 1 755 confirmed cases out of 114 612 reported cases and 3 785 deaths. The other most deadly outbreaks were Lassa fever (114 deaths recorded) and meningitis (111 deaths).

Nigeria, particularly affected by Cholera, reported the most deaths at 3,769, and was also affected by other diseases including Lassa fever (81 deaths), measles (55 deaths) and smallpox (31 deaths). Niger recorded the second highest number of deaths from epidemic diseases with 241 deaths. This was caused by only two diseases: cholera (166 deaths) and meningitis (75 deaths).

Finally, the region has experienced a resurgence of unusual haemorrhagic fevers. The first is the confirmation of 16 cases of Ebola virus disease in Guinea, including 12 deaths. The same country reported a case of Marburg fever that also died. Finally, Rift valley fever was reported in Senegal, with three cases, two confirmed and no death.

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Table 5: cases of epidemic outbreaks in the region between January and December, 2021, beside COVID 19.

No	Disease	Benin	Burkina Faso	Cabo Verde	Côte d'Ivoire	The Gambia	Ghana	Guinea	Guinea-	Liberia	Mali	Niger	Nigeria	Senegal	Sierra-Leone	Togo		{0> {0> Nb of new
1	Cholera																	8
2	Dengue Fever																	1
3	Ebola Fever																	1
4	Lassa Fever																	4
5	Marburg Fever																	1
6	Measles																	7
7	Meningitis																	3
8	Monkepox																	1
9	Poliomyelitis (cVDPV2)																	10
10	Rift Valley Fever																	1
11	Yellow Fever																	3
Nb of new Events		5	2		1	2	2	5	1	3	3	3	6	3	3	1		40
Color Legend			1 event					> 1 event					Closed event					

II. REVIEW OF ACHIEVEMENTS

Building on the 2020 efforts, actions are still ongoing both at regional and country levels to control the pandemic. Particularly it is worth to mentioning that vaccines had come and the challenges have to do with getting enough doses and the population vaccinated. This lack of vaccines means that the proportion of the population vaccinated among those identified as needing to be vaccinated remains low in many countries in our community. In the same vein diagnostic capacities expanded with more than 500 laboratories delivering COVID-19 testing across the region from only two (2) at the inception of the outbreak. As outlined below, WAHO, in the wake of the roll out of vaccines and slowly increasing testing in the region continues to implement non-COVID programmes.

II.1. Implementation of the main recommendations of the 22nd session of the ECOWAS Assembly of Health Ministers

The twenty second Assembly of Health Ministers organized on November 12, 2021 tasked WAHO to implement a series of twenty three (23) recommendations whose level of completion is provided in the table below.

Table 6: Status of implementation of recommendations from the 22nd AHM

Recommendations	Level of completion	Activities undertaken
1. Compile all supports to countries and send to LOs for follow up	Ongoing	
2. Always send to the LOs the swift of funds transferred to the countries	Ongoing	
3. Increase the honoraria of the LOs		.
4. Include a budget line for linguistic improvement for LOs	To be considered on 2023 budget	
5. Ensure that a draft of the Operational Manual is completed before the next staff retreat.	Implemented	Handbook adopted at the 2021 Staff retreat on 23rd March 2022
6. Send to the LOs, the WAHO presentation template	Ongoing	
7. Ensure that the procedure of fund transfer is accelerated once the Financial Agreements are signed	Ongoing	
8. Include in the DG's schedule, a visit to each country in order to further strengthen the visibility of WAHO	Ongoing	
9. Ensure the reactivation of the designated accounts for funds transferred to WAHO in those countries where the accounts are dormant	Ongoing	
10. Share working documents to Member States far in advance of the meeting to allow health experts to consult with other experts before the meeting	Implemented	

11. Monitor country implementation of all resolutions adopted by the Assembly of Health Ministers in collaboration with the WAHO Liaison Officers.	Ongoing	
12. Extend support to all ECOWAS Member States to establish centres of excellence for postgraduate nursing training		
13. Continue to support countries in their COVID-19 response including coordinating the formal and safe re-opening of land, river and sea borders, facilitating vaccine exchange to prevent wastage and advocating compliance with regional agreements	Ongoing	
14. Mobilise resources to support local production of vaccines through measures such as advocating for the implementation of Abuja declaration, public-private partnerships, pooled procurement, collaborating with African Union and WHO to take advantage of existing vaccine mobilisation facilities	Ongoing	
15. Prioritise the operationalisation of the RCSDC with appropriate budget, staffing, communication systems	Ongoing	Staff recruitment undergoing to fill vacant positions on the organogram and interns provided by ECOWAS Commission
16. Support research and collaboration across the region on COVID-19 and other regional health security threats	Ongoing	
17. Support countries to strengthen their health information management system in order to ensure timely sharing of quality data with WAHO	Ongoing	2 Automatic data transfer capacity building workshops organised
18. Inform the AHM to ensure that the Authority and Government of Heads of State change the current status of funding where the partners contributions far outweighs that from the community levy		
19. Continue to lead the reflection on the mobilization of domestic funding for the sustainability of interventions	Ongoing	
20. Create / Update the table which has all partners of WAHO and their areas of interventions, also show the amount going to the Member States		
21. For subsequent presentations, specify the partner funding amounts that come to WAHO to support their specific activities versus the total amounts that WAHO transfers and/or provides oversight to member states;	To be considered by partners in their presentations at the partners forum	
22. Strengthen the communication department for more visibility of WAHO	Ongoing	

23. Address the human resource need, ensure timely implementation of activities to be able to draw more donors funding	Ongoing	Staff recruitment undergoing to fill vacant positions on the organogram and interns provided by ECOWAS Commission

II.2. Policy and advocacy initiatives and engagements

In 2021, the Director General of WAHO conducted activities aimed at strengthening the position of the institution regionally and internationally. The primary initiatives in this regard was targeted at advocacy on key health issues as well as leverage on strategic partnerships and resource mobilization. It is against this background that the General Directorate participated in the statutory meetings of the Community including sessions of the Authority of Heads of State and Government, the Council of Ministers, the Assembly of Health Ministers, the meeting of the Mediation and Security Council of ECOWAS, the sessions of the Administration and Finance Committee and of the ECOWAS Parliament. In addition the Director General visited the Political Authorities of the Member States and the Technical and Financial Partners. Some significant outputs from WAHO's policy and advocacy engagement for 2021 include having the President of the Africa Development Bank (AfDB) as the keynote speaker at the 22nd Assembly of ECOWAS Health Ministers on the topic of "health as an economic investment", Finance Ministers of Member States attending the very first high level Summit on Universal Health Coverage in the ECOWAS region.

A high-level advocacy mission on sexual and reproductive health rights conducted by the DG in team with the UNFPA Regional Director West and Central Africa in Mauritania, Cameroon and Chad.



Resource mobilization activities resulted in obtaining funding for three (3) new projects funded by the Africa Development Bank (AfDB) and the German government through KFW. The projects are focused on;

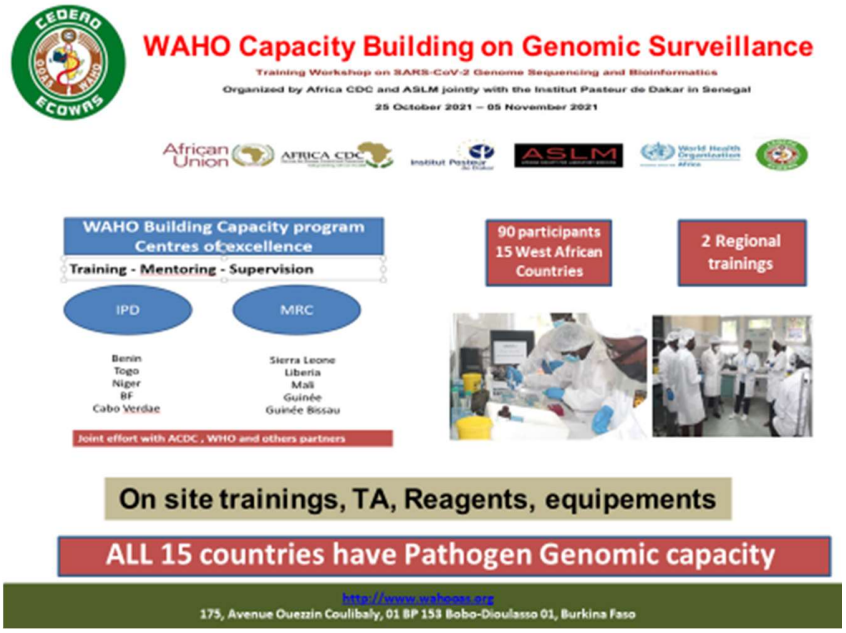
i) the development of the Pharmaceutical Industry in the ECOWAS Region;
ii) ECOWAS regional multisectoral project for the elimination of Neglected Tropical Diseases (NTD) and
iii) the Pandemic Prevention and One Health in the ECOWAS-Region with the following components (PROALAB, NTD, The Gambia health systems strengthening and Capacity building)

II.3. Interventions conducted towards addressing COVID-19 pandemic and other new and emerging epidemics

- A ministerial coordinating meeting organised in Conakry on 2 March 2021 involving Health Ministers from the neighbouring countries namely: Cote d'Ivoire, Guinea Bissau, Liberia, Senegal and Sierra Leone. Mali didn't attend. The meeting highlighted the measures to implement for avoiding the regional spreading of the outbreak of Ebola.
- Conducted four (4) meetings of the COVID-19 Ministerial Coordinating Committee organized in February, April, May and August 2021 out of which practical recommendations and actions were agreed.
- Regional curriculum harmonized for cross-border strategies and entry points training and trainers trained;
- The second round of essential medical supplies and equipment was distributed to member countries in March 2021.
- Deployed staff to Guinea to support coordination of the COVID and Ebola response
- WAHO BIOMARS platform deployed to enable safe Border Re-opening. This platform is meant to enable sharing COVID-19 test results for travelers among member States in a digital manner.
- Distributed laboratory equipment to four countries.
- Regional simulation exercise (SIMEX) conducted in 3 countries (Sierra Leone, Liberia and Nigeria) in collaboration with the Regional Pandemic, Preparedness Project (R3P).
- Provided technical and financial support to Guinea and the neighboring countries to assess the level of preparedness and response to the EVD epidemic amidst the COVID-19 pandemic response.
- Co-convened a High Level Meeting on EVD in the West Africa region.
- Conducted a comprehensive Intra-Action Review (IAR) to evaluate the regional COVID-19 response and identify areas of improvement across the various pillars/interventions towards tackling the pandemic.
- Facilitated the harmonization of COVID-19 testing fees across member states.
- 36 weekly epidemiological bulletins produced and disseminated on COVID-19 evolution via WAHO website and other social media platforms: Facebook, WhatsApp and Twitter.
- Weekly online meetings were conducted with National Public Health Institutes (NPHIs) of the 15 ECOWAS Member States.
- Support was also provided to NITAGs as they issue evidence-based recommendations regarding COVID-19 vaccines introduction in the countries



- 3226 actors trained online in the following topics: Infection Prevention and Control, Border Health Strategies to contain the spread of COVID-19, Risk Communication, Fundamentals of COVID-19 cases management, COVID-19 Laboratory diagnosis steps, Contact tracing, Epidemiology and Prevention of COVID19, Psychosocial impact of COVID-19 on healthcare providers and Cases



- Regional guidelines developed for sample collection and shipment and Coronavirus diagnostic strategies
- COVID 19 diagnostic quality control program set up
- Laboratory capacity strengthened with all 15 ECOWAS countries having diagnostic capacity using a harmonized algorithm
- Capacity built on genomic Surveillance in West Africa
- Support on SARS-CoV 2 RDTs availability provided to Member States



- The ECOWAS Regional Vaccines Revolving Fund established in collaboration with the Commission and EBID to purchase additional vaccines to cover 40% of population and initiate local production of vaccines.
- Additional logistical, technical and financial supported provided to member States
- Disseminated press release on Cholera outbreak in the region.

II.4. Maternal, Child and Adolescent Health (MCAH)

- Family Planning products were procured and supplied to countries (Benin, Burkina Faso, Ghana, Guinea-Bissau, Niger, Liberia and Sierra Leone) in support of initiatives geared towards harnessing the demographic dividend.
- Funds under the regional financing facility (RFP) was disbursed to countries as a contribution toward increasing access to girl child education and improving sexual and reproductive health and rights of young girls;



- Early Warning Systems (EWS) established to prevent overstocking/expiration and stock out of Family Planning products. This allows WAHO to monitor more closely the stock levels of FP Commodities in ECOWAS region. In this regard 50 000 Units of DEPO transferred from Niger to Togo – as shown with the DG handing over to the Secretary General – Ministry of Health and Access to healthcare Togo
- Capacity building activities for member States as part of efforts toward strengthening the health workforce to implement the resolution adopted at the AHM 2020, advocating that member states maintain and as much as possible, improve access to essential health services amidst the pandemic.
- Investment made in Youth Engagement and Family Planning for Adolescent Sexual and Reproductive Health in the ECOWAS Region by supporting young people to participate in various SRHR related regional events and youth-led Civil Society Organizations (CSOs) to undertake projects on demand creation and advocacy for sustainable use of family planning, quality of family planning service delivery and supportive policy environment and promotion.
- With funding contributions from SHRAY, WAHO supported an ECOWAS led project aimed at improving menstrual health of girls in schools.
- A directive on sexual and reproductive health rights in the ECOWAS region was developed which once adopted by the AHM and the ECOWAS authorities and transposed by member countries, will significantly contribute to the empowerment of girls and women and the realization of their rights.

II. 5. Prevention & Control of Communicable and Non-Communicable Diseases

Achievements in this area include:

Malaria:

- A research report on the factors that influence the adherence of the 2nd and 3rd doses of SMC (seasonal malaria chemoprevention) in Burkina Faso, Mali and Niger developed.

- A Ministerial Forum of the Sahel Malaria Elimination (SaME) initiative involving eight Sahel countries (Burkina Faso, Cabo Verde, Mali, Niger, The Gambia, Senegal, Mauritania and Chad) met virtually in December 2020. The meeting was organized by WAHO in collaboration with RBM and WHO. The Forum adopted the Strategic Plan 2021-2025 for the elimination of malaria from the Sahel Region, which was developed with the support of RBM.

- The World Bank-funded SM/NTD Project managed by WAHO was rolled out in three beneficiary countries (Burkina Faso, Mali and Niger) from 2016 to 2020. The project was independently evaluated with several positive results including:
- Synchronization of SMC and Mass Drugs Administration (MDA) campaigns for NTDs in the three countries.

- An estimate of 80% coverage of children under 5 years of age who had a fever received a malaria RDT in the preceding two weeks of a survey, in excess of the project target of 70%.

- More than 69,496,532 cases were reached by the project's SMC and MDA/NTDs interventions.

- Six persons, two from each country, benefited from a training scholarship in entomology and medical parasitology.

- WAHO undertook support visits to three countries during their SMC campaigns.

- Support to countries to conduct multi-sector policy landscape analysis on malaria was also conducted in 2021.

In summary, except for three countries, ECOWAS countries are off-track in meeting the GTS milestones for malaria elimination. Service delivery coverage is high for SMC but low for ITN use, IPT-3 and diagnostic confirmation of malaria. COVID-19 had a negative impact but ECOWAS countries adopted appropriate measures to mitigate this. Key challenges include inadequate funding, erratic supply of inputs, and inadequate engagement of the private sector and data management issues.

HIV:

- A regional workshop of ECOWAS National AIDS Commissions was organized.

- The regional strategic plan for key populations in HIV was developed.

- WAHO was provided with financial supported from PEPFAR to provide funds to nine countries to undertake various HIV interventions such as to develop policy, prevention and care guidelines and plans in HIV/TB, conduct training, evaluation of interventions and to sensitize mass media and community on reduction of HIV stigma and discrimination.

Neglected Tropical Diseases

- A resolution on “Accelerating Progress towards the Elimination of Neglected Tropical Diseases in the ECOWAS Region” was adopted by the Assembly of ECOWAS Health Ministers. This resolution calls on Member States to take the necessary measures to scale up surveillance, partnerships, multisectoral response, integrated approaches, community engagement to improve service quality and coverage in NTD control, elimination and eradication; increase priority to NTDs in the national development and

public health agenda with increased domestic funding and reduce NTD-related inequalities. At regional level WAHO is tasked with advocating for improved political support and investment in NTD elimination, supporting Member States to improve integration, multisector action, community action and access to prevention and care, ensuring no one is left behind, monitoring accountability and progress towards the elimination of NTDs, supporting research and capacity building in NTDs surveillance, diagnosis, prevention and care and providing a platform for the sharing of best practices and successes.

- Surgical camps for the management of reversible complications of NTDs (trichiasis, hydroceles trichiasis,) in 3 countries (Burkina Faso, Niger and Mali) was organized
- WAHO collaborated with George Washington University to organize a two-day meeting in Ouagadougou with key national and regional stakeholders sought to define implementation research questions related to establishing an evidence-base for Integrated NTD control in the region; and to establish collaborations for developing research proposals based on the identified implementation science questions.

- The SMC/NTD project of 2016-2020 was evaluated with several positive results, some of which have been presented above. WAHO established a committee to mobilize funds from the African Development Bank to sustain the gains from the project.

- WAHO, in collaboration with Speak Up Africa, started a process to mobilize funding from GIZ to build NTD research capacity within the ECOWAS region.

- WAHO launched a call for proposals to develop a regional NTD strategic plan.

Disease surveillance and preparedness:

- A Standard Operational Procedure (SOP) to facilitate implementation of the Regional Strategy and an Action Plan (2019-2024) for communication and coordination between institutions (IICC) under the "One Health" approach was developed. The action plan includes three modules:
  - Module 1**:** Before a public health emergency (PHE) potentially affects more than one ECOWAS Member State**,**
  - Module 2**:** During a PHE potentially affecting more than one ECOWAS Member State and
  - Module 3: After a PHE potentially affecting more than one ECOWAS Member States.

- In addition, a digital communication and coordination tool: ECOsuite Preparedness and Response Portal was established**.** This platform allows interconnection between ECOWAS Commission, WAHO, RCSDC, RAHC and National Public Health Institutions (NPHI) of ECOWAS Member States. Staff from Nigeria, Togo, Guinea, Liberia and Sierra Leone was trained on the use of the platform and a simulation

exercise involving WAHO, RCSDC, Nigeria CDC, Directorate of Health Security and Emergencies of Sierra Leone and GIZ was conducted on March 2021.

- A directive on the management of health-care waste in the Economic Community of West African States (ECOWAS) was adopted by the Assembly of ECOWAS Health Ministers. Applying to the activities of both public and private facilities, the Directive provides for
  - legislative and regulatory provisions governing the sources of production of healthcare waste, the arrangements for collecting, sorting, packaging, storing, transporting, controlling and disposing of healthcare waste, as well as traceability of these activities and
  - conditions for approvals, authorization for acquisition, operation and maintenance of healthcare waste treatment equipment and regulation of penalties applicable to non-compliance. Finally, the Directive must be domesticated by Member States by January 2025.

- 60 Centers for epidemiological Surveillance (CES) established in five (5) countries- Benin (10), Mali (10), Mauritania (10), Niger (10) and Nigeria (20).

II.6. Pharmaceuticals and Traditional Medicine

- A resolution on "the West African Herbal Pharmacopoeia (Volume 2)" was adopted by the Assembly of ECOWAS Health Ministers. This Document provides authoritative and quality standards for 30 monographs of medicinal plants as well as a scientific basis for quality control of the production and marketing of the 30 medicinal plants. Adoption of "the West African Herbal Pharmacopoeia (Volume 2)" aims to facilitate its use by Regulatory Authorities, manufacturers of herbal medicines, Traditional Medicine Practitioners, consumers and other relevant stakeholders to promote rational use of these medicinal plants in the ECOWAS Member region and to advocate among key technical and financial partners to support WAHO's efforts to produce other volumes of the West African Herbal Pharmacopoeia to cover other disease conditions**.**

- Statutory documents for the operationalization of the ECOWAS Regional Medicines Agency including "ECOWAS Regional Pharmaceutical Policy", "Governance Document to manage the ECOWAS Medicines Agency (ECOMA)", "Regulation on Procedures for the Approval of Medicinal Products for Human Use" and "Legislation on the Operating Procedures" were developed and adopted by the Assembly of ECOWAS Health Ministers

- An essential medicines and vaccines platform established with aims among others at helping monitor the stock levels of medical and vaccine products in the member countries, in order to address critical situations relating to out stocking and overstocking in ECOWAS countries; helping communicate vaccine, immunization and epidemic emergency situations, helping map and comment on the capacities of the various health production units.

- A common procedural model for granting medicines market authorization (MA) in line with the Regional Joint Medicine Procedure developed.

- Six (6) National Medicine Quality Control Laboratories (NMQCLs) financially supported towards getting accredited (WHO & ISO 17025 certification).

- Received 22 Medical Products dossiers for regional harmonized registration with five product dossiers approved for regional use.

- Technical support provided to Member States to develop and submit their National Deployment and Vaccination Plans (NDVPs) to benefit vaccines from the COVAX Facility.
- A vaccine taskforce was set up and the first meeting was held in February 2021.

- 54 health staff were trained in vaccinology.

- Joint Medicine Registration Harmonization and Joint Good Manufacturing Practices (GMP) inspections of manufacturing sites was carried out.

- Strengthened collaboration between Traditional Medicine Practitioners and Conventional Medicine Practitioners;

- Established the advisory committee of traditional medicine practitioners.

- Promoted research and development of Traditional Medicine products through the advisory committee set up in 2021.

II.7. Quality standards and Centers of excellence

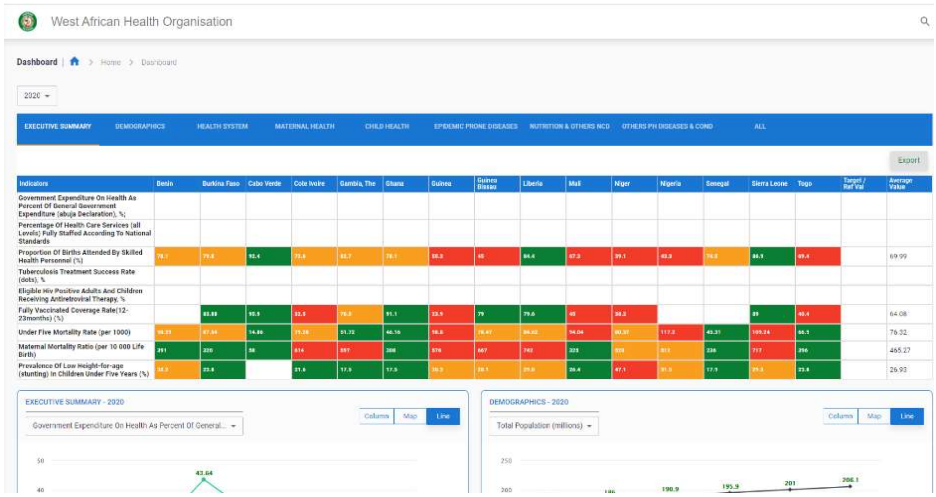
- A resolution on “formal recognition/establishment of Centres of Excellence (CoEs) for Master’s Degree in Nursing and Obstetrics Science in ECOWAS” was adopted by the Assembly of ECOWAS Health Ministers. This resolution aims at addressing the general capacity constraints of educational institutions in the production of a Reproductive, Maternal, Neonatal, and Child Health and Nutrition (RMNCHN) workforce. The resolution directs WAHO to work closely with the ECOWAS Commission to complete the procedures that will confer on the three Training Centres already identified (INFAS/Abidjan, Cote d’Ivoire for Health Science Pedagogy; INFSS/Bamako, Mali for Health Service Management; and ENSP/Niamey, Niger for Reproductive Health) or to be determined, the status of "Centre of Excellence" in accordance with ECOWAS Regulation No. C/REGF.7/06/12 on "the adoption of criteria for the establishment of Centres of Excellence in ECOWAS ". In addition it invites all technical and financial partners of WAHO/ECOWAS to support the region's efforts to increase the number of Centres of Excellence by formal recognition of existing CoEs and creation of additional ones thereby increasing quantity and, above all, the quality of highly trained health workers in the field of RMNCAHN, sexual and reproductive health and rights.
- Deployed sixty (60) specialist and trainers to member countries in collaboration with Technical Aid Corps (TAC) funded by the Nigerian government to support capacity

development to fill the gaps in Human Resources for Health in different health disciplines.

II.8. Health Information

- Coordinated with Member States to share real-time information concerning the outbreak (ECOWAS regional update and Epidemiological bulletins via WAHO websites and other social media platforms: Facebook, WhatsApp and Twitter) and enhance communication between countries to ensure that countries' surveillance capacities are strengthened especially for early detection of suspected cases.
- Regional digital platform created for online submission of research protocols to national ethics committees to facilitate health research at regional and country levels

- A Regional Health Scorecard was adopted by the Assembly of ECOWAS Health Ministers. Set up to provide health tracer indicators in seven (7) areas including demographics, health systems, child health, maternal health, nutrition and other non-communicable diseases, other diseases and conditions, epidemic prone diseases, once populated the Regional Health Scorecard is web-based tool to monitor health progress at the regional and the country levels. Progress is to be monitored against the set targets in the various areas.



- Regional Outbreak Dashboard with focus on COVID-19 regularly published on WAHO web site
- Capacity building for the National health Information Systems carried out to improve on the health information sharing
- The regional nutrition tracer indicators were defined as part of the process of developing the Nutrition Observatory.
- BIOMARS system established to digitise cross-border public health control measures. Countries are to adopt the platform, at no cost, to digitise their health declaration forms, COVID-19 results as well as yellow fever vaccination cards.
- Integrated national test repositories achieved in six (6) Member States (Nigeria, Ghana, Burkina Faso, Guinea-Bissau, The Gambia and Sierra Leone) and the work is ongoing to connect the remaining countries. In addition, 98 tablets provided to Member States to facilitate the scanning of QR or barcodes on the COVID-19 test results.

- Research outcomes and lessons learnt in areas of maternal, sexual and reproductive health, malaria and tropical diseases control disseminated for use to improve the various initiatives in those domains
- Financial support provided to Niger and Nigeria to develop their National Health Research Strategic Plans
- Scientific articles were published in peer review journals.
- Regional Guidelines on use of evidence developed and disseminated.
- Financial support provided to five professional health specialized colleges for scientific research in emerging and re-emerging trends in infectious diseases prevention and control.

II.9. Capacity Building

- 47 training curricula were finalized in different specialities with CAMES and Training Institutions
- Draft harmonized modules for the training and practice of community-based health workers as well as a draft harmonized trainer's manual for the training of trainers of the disciplines of Allied Health professions in the ECOWAS region developed;
- Financial support provided to eight countries for the implementation of regional harmonized curricula for ten Medical and Health specialties
- A total of thirty four (34) health workers nominated from member countries have been supported for capacity development in universities to enhance service delivery and universal health coverage.
- Two regional meetings were organized by WAHO regarding:
    - the regulation of health professional education in ECOWAS and
    - the ECOWAS Regional Council for the for health professionals education. The Deans of the main Universities of Medical Sciences, the heads of the Councils of Medical Professions, nurses and midwives of the 15 countries of ECOWAS, CAMES and WHO participated in these two meetings which are to strengthening the regulatory structure of the health professions.
- Financial support was provided to the following West African Colleges, and professional societies to organize symposia, conferences and scientific days. These include the following:
    - West African College of Surgeons (WACS);
    - West African College of Physicians (WACP);
    - West African Postgraduate College of Pharmacist (WAPCP);
    - West African College of Nursing (WACN)
    - West African Postgraduate College of Environmental Health (WAPCEH)
    - West African Postgraduate College of Medical Laboratory Science (WAPCMLS)
    - West African Society of Obstetrics and Gynaecology (AWASOG).
    - The "African and Beninese Society of Parasitology and Mycology and the African Society of Internal Medicine (SAMI);
    - The Mother-Child Network of the Upper Basins of Burkina Faso.

- Society of Anaesthetics and Emergency Medicine (SARMU) Bamako, Mali;
- Society of Burkinabe Orthopaedic and Trauma, (SOBUCOT) Bobo-Dioulasso, Burkina Faso
- The African Association of Thoracic and Cardiovascular Surgeons (AATCS) Cote d'Ivoire

- 12 health professionals from **8** countries (Ghana, Sierra-Leone, Gambia, Nigeria, Guinee, Mali, Senegal and Togo) were supported to undergo different training, Master's degree (**6**), two (**2**) for clinical specialization, four (**4**) for PhD (West Africa and in Bangkok, Thailand).

- 106 communication officers from 3 Member States: Côte d'Ivoire (45); Senegal (37) and Burkina Faso (24) trained in risk communication.

- The regional harmonized training curricula for nurses and midwives in Francophone and Lusophone countries revised by including modules and courses on Infection Prevention and Control, emerging infectious diseases, rural pipeline logic and trainings.

- 40 trainers and supervisors of internships in Benin and Cameroun trained on the complementary module on gender and Clinical Management Tool.

- Forum on "Innovations or Best Practices in Universal Health Coverage and Health Systems" organised with 57 best practices were shared with 31 Oral Presentations and 26 Poster Presentations.

- A high level Summit on UHC organised with the outcome of " Accra Declaration on Universal Health Coverage".

- WAHO Vision 2030 developed and adopted by the Assembly of ECOWAS Health Ministers



III. WAHO 2021 FINANCIAL PERFORMANCE

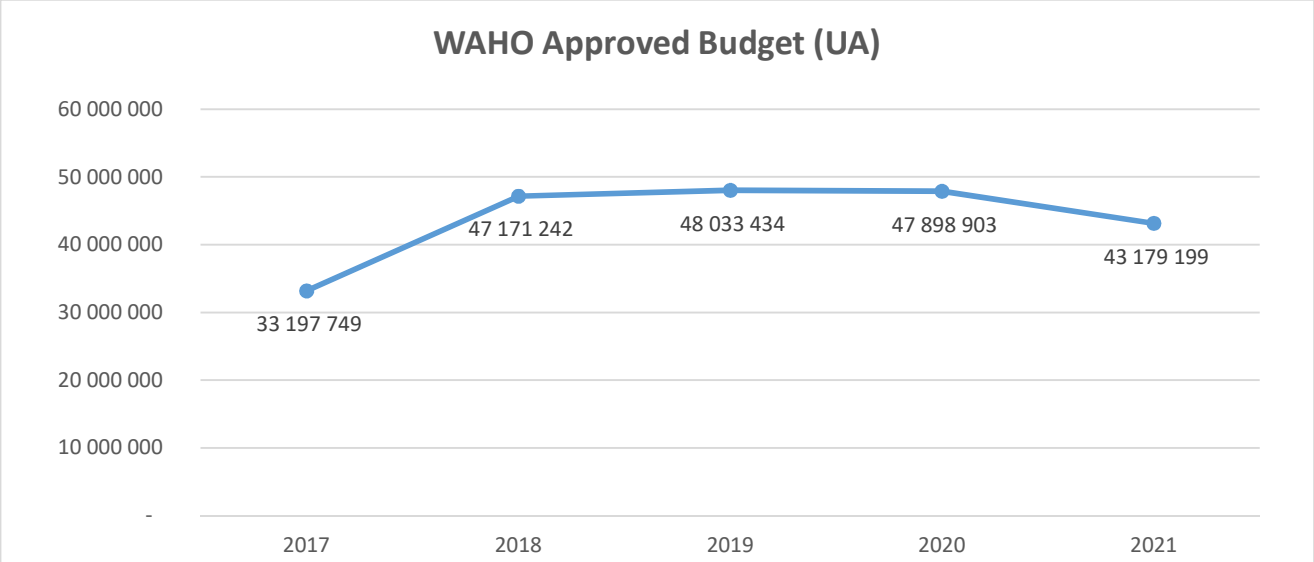
III.1. WAHO approved annual budget

The total budget for WAHO as approved by the Council of Ministers and ratified by the Authority of the Heads of States for 2021 was UA43 million (USD 60 million). Community Levy Funds accounted for 43% and funds from international and bilateral partners 57%. An amount of UA37 million (USD 52 million) of the budget was allocated to programs activities and the high proportion of external funding enhanced the funds available for programs implementation to provide improved health service delivery and better coordination for the member states in line with the thematic areas of interventions.

III.2. WAHO 2021 Programme budget implementation by thematic areas

		MATERNAL, CHILD & ADOLESCENT HEALTH 41%	QUALITY STANDARDS & CENTRES OF EXCELLENCE 0%	PHARMACEUTICALS (MEDICINES & VACCINES) 3%	PREVENTION & CONTROL OF COMMUNICABLE AND NON-COMMUNICABLE DISEASES 37%	HEALTH INFORMATION 2%
CAPACITY BUILDING, including youth development **STRENGTHENED NETWORKS** **SUSTAINABILITY**	**16%**					

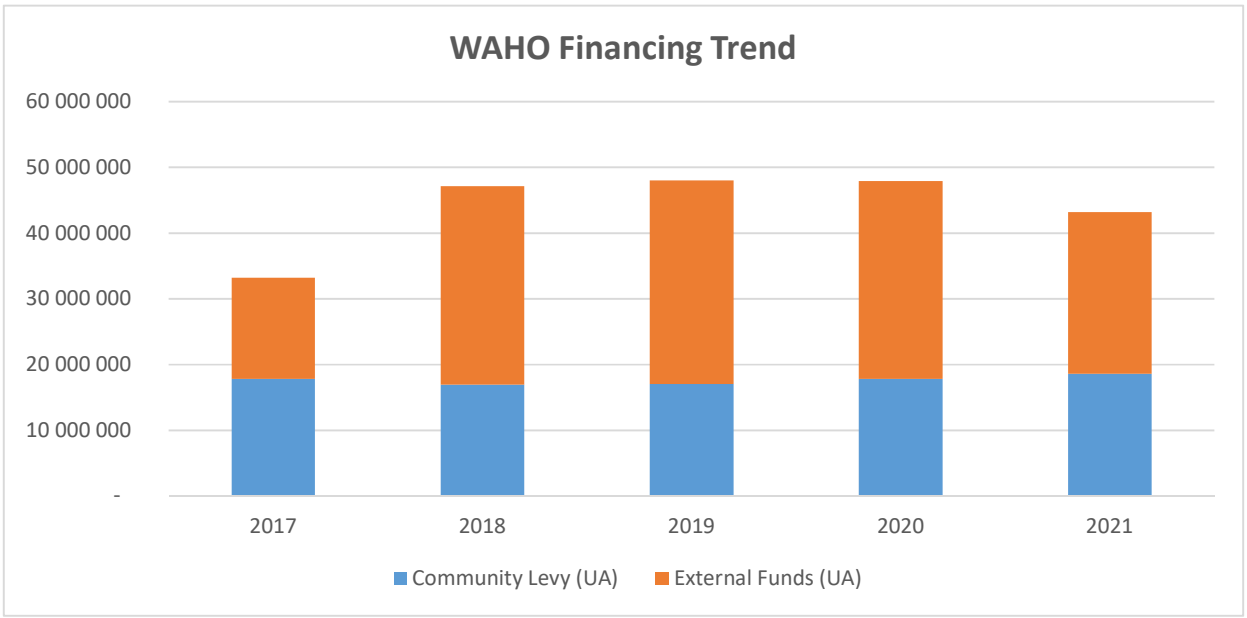
WAHO's Budget have been increasing but relatively stable over the last three years as depicted below



	2017	2018	2019	2020	2021
WAHO Approved Budget (UA)	33,197,749	47,171,242	48,033,434	47,898,903	43,179,200

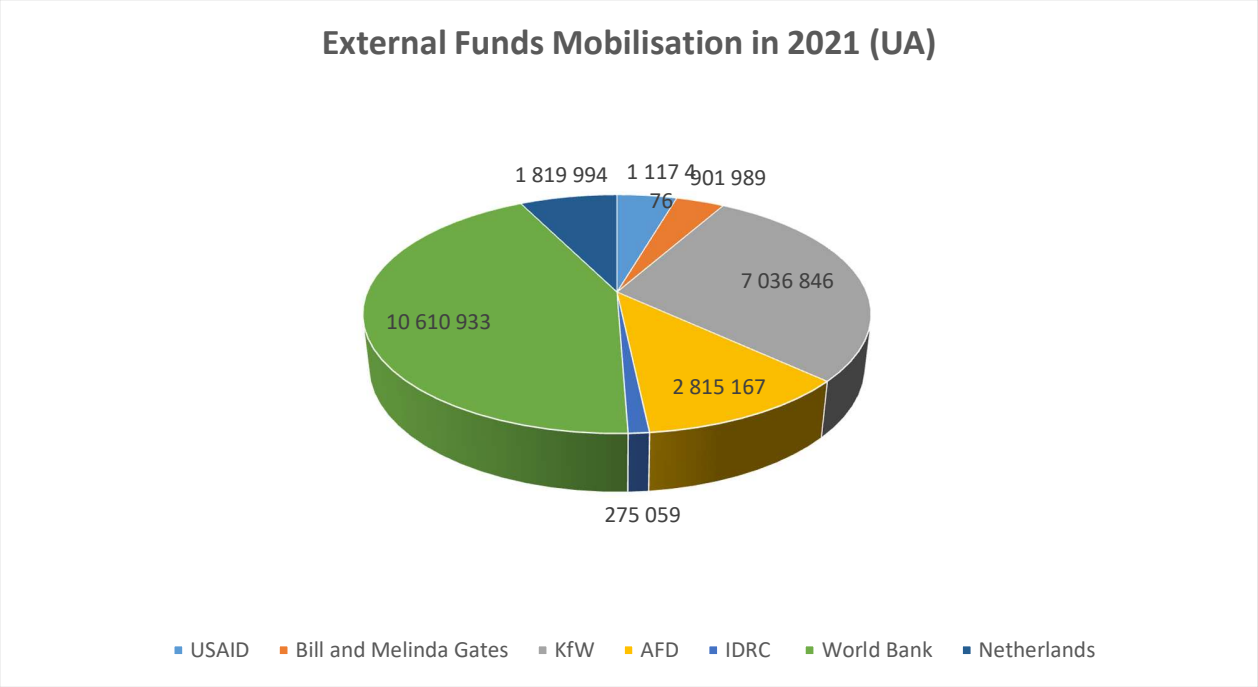
III.3. Resource Mobilization

WAHO has continued its drive for attracting funds from multilateral and bilateral partners for effective delivery of health programmes across the Member States. This has been able to complement the relatively stable trend of Community Levy allocations over the years.

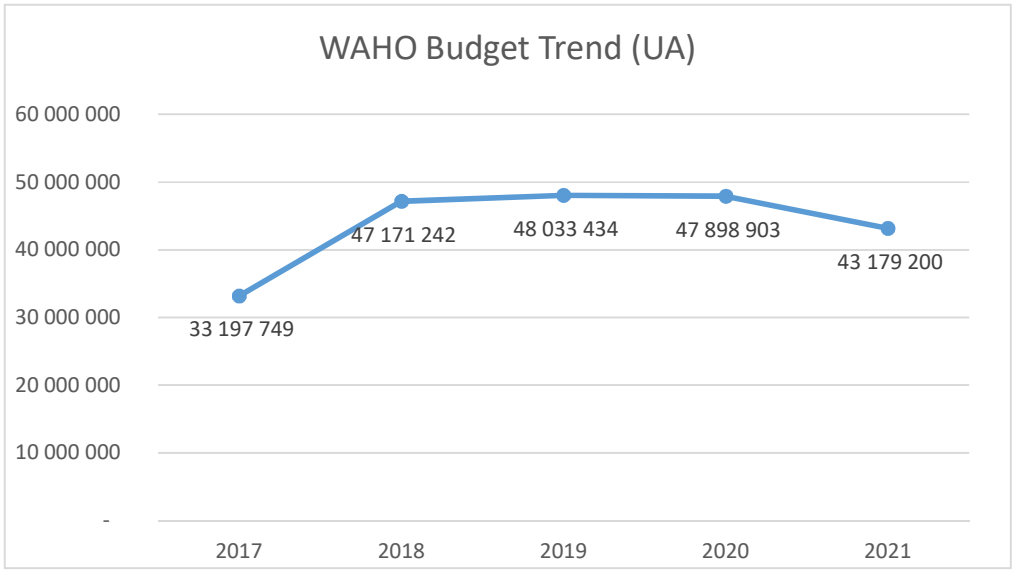


	2017	2018	2019	2020	2021
Community Levy (UA)	17,805,812	16,948,025	17,042,282	17,824,338	18,601,736
External Funds (UA)	15,391,937	30,223,217	30,991,152	30,074,565	24,577,464

In 2021 the expected funding from Multilateral and bilateral partners amounted to UA 24,577,434 (USD 34,408,408) and is depicted below:

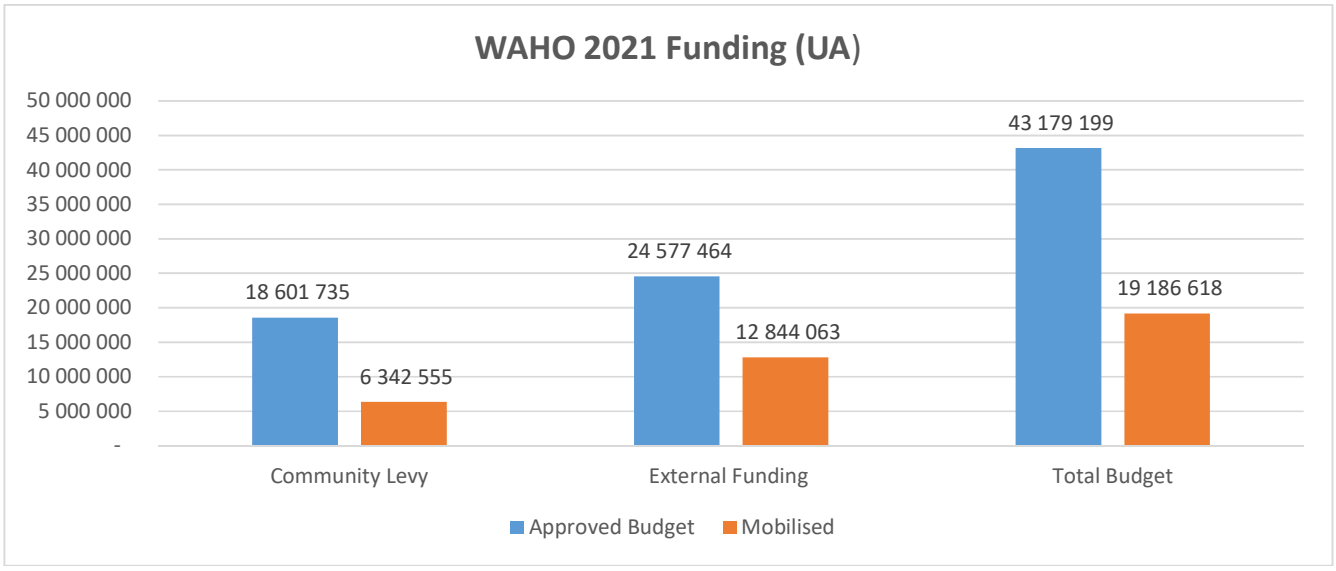


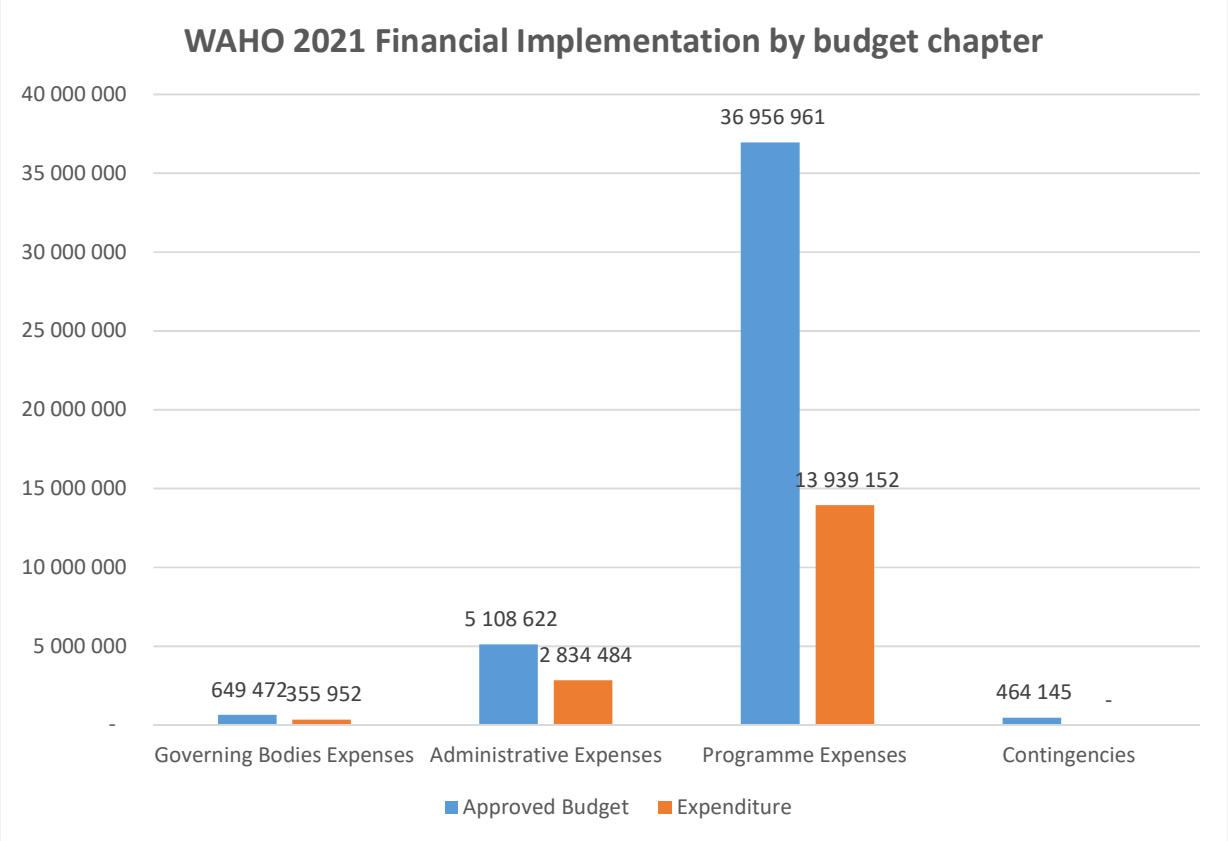
WAHO was authorized 43 million UA or USD $60 million equivalent for its 2021 Budget by the Council of Ministers and ratified by the Authority of the Heads of States. The 2021 approved budget included a significantly high 57% external funding resources, thereby increasing available funds for health program delivery at targeted citizens in the region. The trend below shows regional allocation for health has more than double within 5 years.

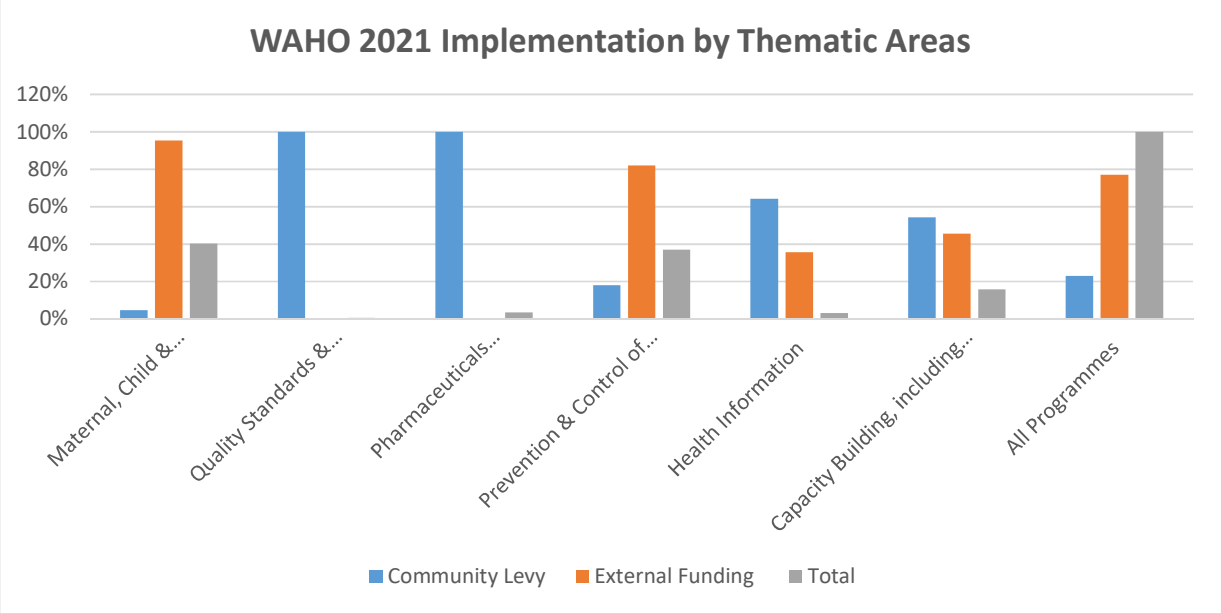


	2017	2018	2019	2020	2021
WAHO Approved Budget (UA)	33,197,749	47,171,242	48,033,434	47,898,903	43,179,200

The 2021 Budget implementation was affected as most of the interventions were concentrated on post covid-19 and interventions in other health areas were put on hold.




WAHO 2021 Financial Implementation by budget chapter
40 000 000
35 000 000
30 000 000
25 000 000
20 000 000
15 000 000
10 000 000
5 000 000
-
649 472
355 952
5 108 622
2 834 484
36 956 961
13 939 152
464 145
-
Governing Bodies Expenses
Administrative Expenses
Programme Expenses
Contingencies
Approved Budget
Expenditure


WAHO 2021 Implementation by Thematic Areas
120%
100%
80%
60%
40%
20%
0%
Maternal, Child &...
Quality Standards &...
Pharmaceuticals...
Prevention & Control of...
Health Information
Capacity Building, including...
All Programmes
Community Levy
External Funding
Total

IV. MONITORING AND EVALUATION

Monitoring and evaluation supervision mission of WAHO programs and support to countries was conducted to evaluate the implementation status of the financial and material support and to monitor the efficient use of resources provided to countries for the priority areas and specifically as part of the contributions for COVID-19 response. The specific objective of the supervision mission are,

- Assess the level of implementation of WAHO support (financial, material, drug and technical assistance) with priority given to that provided for the management of the pandemic at COVID-19 and document the results obtained.

- Collect and verify all supporting documents related to the support, giving priority to those provided for the management of the pandemic at COVID-19.

- Meet with stakeholders from the National Public Health Institutes (INSP) and the National Committees set up to manage the COVID-19 pandemic in order to identify the difficulties encountered in managing WAHO support and the lessons learned from this support in emergency situations.

- Discuss with the suppliers of medical-technical materials and equipment, drugs and WAHO services in the different countries to confirm the payment of their invoices, identify the difficulties encountered in the delivery or distribution of goods and services provided as part of the fight against the pandemic at COVID-19 and collect all supporting documents.

Below is the summary of the findings

The funding used by countries contributed to:
- Training and awareness on COVID-19;
- Human resource strengthening, technical assistance and motivation;
- Strengthening of health facilities and infrastructure;
- Supervision, evaluation and research on COVID-l9;
- And strengthening communication.

The commodities provided to countries contributed:
- To capacity building for COVID-19 testing;
- Infection prevention and control of COVID-19 among health workers;
- COVID-19 case management.

Some best practices on ground include:
- Implementation of lesson learnt from management of the Ebola epidemic in 2014;
- Establishment of mechanisms and development of tools facilitating COVID-19 pandemic management :
- Creation of multi-sectoral national committees for the management of donations.
- The use of appropriate software for the management of donations.

- Development of a national guidelines that describe procedures for customs formalities for donations.

Challenges are as follows:

- Delay in using WAHO financial support during COVID-19 pandemic;
- Lack of internal and external communication for sharing information;
- Lack of familiarity with key information required for administrative and customs clearance upon receipt of the goods at the airport
- Misunderstanding of the mechanisms and procedures required in each country for the administrative and customs formalities.
- Non-compliance with the terms of the agreements signed with waho and some beneficiaries;
- Poor storage conditions of commodities by some countries

Other achievements in monitoring and evaluation include:

- Technical and Steering Committees of the REDISSE project carried out
- Mid-Term Review of the REDISSE II- project implemented
- Supervision of advanced FELTP trainings organized
- Technical and Steering Committees of the Regional Reproductive Health and HIV Prevention Programme in the ECOWAS region carried out
- Supervision of activities of the Regional Reproductive Health and HIV Prevention Programme in the ECOWAS region conducted
- Regional Steering Committee (RSC) meetings of the SWEDD organised
- Supervision of activities of DEMSAN Project undertaken

CONCLUSION

In 2021, in addition to other health challenges –causing morbidity and mortality, the ECOWAS region confronted COVID-19 pandemics as well as outbreaks of cholera, Dengue fever, Ebola fever, Lassa fever, Marburg fever, Measles, Meningitis, Monkepox, Poliomyelitis (cVDPV2), Rift Valley fever and Yellow fever.

Building on efforts from the previous years, WAHO through the implementation of its 2021 Work plan carried out various initiatives that contribute to improve the regional health outcomes.