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Abbreviations

AFD: French Development Agency

AHM: Assembly of Health Ministers

ANDI: African Network for Drugs and Diagnostics Innovation

AfDB: African Development Bank

GMP: Good Manufacturing Practice

CYP: Couple Year Protection

CAPA: Corrective Appropriate and/or Preventive Actions

CDC Africa: African Centre for Disease Control and Prevention

CDC USA: US Centers for Disease Control and Prevention

ECOWAS: Economic Community of West African States.

MCC: ECOWAS COVID-19 Ministerial Coordinating Committee for Health

EOC: Emergency Operations Centre

ANC: Antenatal Care

RSC: Regional Steering Committee

RCSDC: Regional Centre for Surveillance and Disease Control

UHC: Universal Health Coverage

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

DHIS2: District Health Information Management Software version 2

PPE: Personal Protective Equipment

EMT: Emergency Medical Teams

FAP: Women of Childbearing Age.

GIZ: German International Cooperation Agency

NITAG: National Immunization Technical Advisory Group

HDI: Human Development Index

NPHI: National Public Health Institutes

MICS: Multiple Indicator Cluster Surveys

ITN: Insecticide-Treated Mosquito Net.

NCDs: Non-Communicable Diseases

NTDs: Neglected Tropical Diseases

SDGs: Sustainable Development Goals

WHO: World Health Organization

UNAIDS: United Nations Programme on HIV/AIDS

WAHO: West African Health Organisation

IPC: Infections Prevention and Control

FP: Family Planning

AMR: antimicrobial resistance

AIDS: Acquired Immune Deficiency Syndrome

MCH: Mother and child health

SRH: Sexual and Reproductive Health

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 global health situation is characterised by the fact that, according to the WHO, more than half the world's population is not covered by essential health services, and a quarter of this population faces financial difficulties due to non-reimbursable health expenses. In the ECOWAS region, it is estimated that more than 20 million people are in need of humanitarian aid, of whom more than 3 million are internally displaced persons, due to terrorist threats associated with political instability. Other key elements of the health context in 2023 are the ongoing negotiations for the review of the International Health Regulations and the WHO certification of malaria elimination by Cabo Verde.

In epidemiological terms, in 2023 the ECOWAS region recorded a total of fifty (50) new epidemic events due to sixteen (16) epidemic-prone diseases that affected twelve (12) of the fifteen (15) ECOWAS Member States. The countries that have not reported any epidemic events are Guinea Bissau, Liberia and Sierra Leone. This epidemiological situation is deteriorating compared to 2022, which recorded thirty-nine (39) new epidemic events. The largest number of cases recorded involved dengue (166,084 suspected cases), Chikungunya fever (659 confirmed cases), meningitis (9,770 confirmed cases), Lassa fever (1,380 confirmed cases), measles (29,340 confirmed cases), poliomyelitis (121 confirmed cases) and diphtheria (13,516 confirmed cases).

Maternal mortality and stillbirths are falling, from 273 to 120 deaths per 100,000 live births (LB) and from 21 to 17 deaths per 1,000 LB respectively between 2018 and 2022. However, maternal deaths are still a cause for concern in some countries, with more than 1,300 deaths in Sierra Leone and more than 400 deaths in Niger, Mali and Guinea-Bissau per 100,000 LB. Stillbirth rates are higher than the regional average in The Gambia (34/1000), Côte d'Ivoire (29/1000), Mali (24/1000), Senegal (23/1000) and Niger (22/1000). In view of this situation, the report on the status of maternal and child health over the last five (5) years, drawn up in 2023 by WAHO, ends with the following message:

"It is not only a matter of fairness, but perhaps of criminal injustice, that society expects and/or requires a woman to procreate, which can be understood as a mission to ensure the continuity of a family, a community and a nation, and that when she dies, the funeral is attended in silence, with arms folded, as if there were nothing else to do. When a serviceman dies at the front, he deserves every possible tribute from the country for having fallen in defence of the nation. And yet, in our countries, women continue to die because of this obligation to procreate, in far greater numbers

than all the deaths caused by all the epidemics put together. But how long will we continue to remain silent as if nothing had happened"?

With a total approved budget of UA 44.492691 million and the overall objective of providing the ECOWAS region with the best health indicators by 2030, WAHO carried out several interventions in 2023 aimed at strengthening:

- improved people's access to essential health care and services.
- health security in the region, in particular by improving the capacity of countries and the region to monitor, prepare for and respond to epidemics.
- regional production of medicines and vaccines, including the creation of a regional market for medicines by harmonising registration at regional level.

With a physical implementation rate of 69% of the 2023 annual work plan, interventions focused on the following areas: i) maternal and child health; ii) health security/epidemic control; iii) control of other diseases; iv) access to medicines and vaccines; v) human resources for health; vi) health information and vii) health research.

The main results are as follows:

- The twenty-fourth session of the ECOWAS Assembly of Health Ministers (AHM) was held in May 2023 on the theme of human resources for health. This was an opportunity for the Ministers of Health and partners to discuss the main health problems in the region and to give the necessary indications for advancing the health agenda in the ECOWAS region.
- Country funding and support mechanism reformed with the setting up of a WAHO support steering committee in each country under the chairmanship of the ECOWAS Resident Representative.
- 13372 women screened for breast cancer, 3201 women screened and treated for cervical cancer, 18190 children given vitamin A, 1890 new users of modern contraceptive methods and 15604 children given albendazole.
- Implementation of national reproductive, maternal, newborn, child and adolescent health programmes and strategies assessed with a view to developing a regional strategy for accelerated reduction of maternal and neonatal mortality.
- Contraceptive products made available to countries covering 10% of their national gap.

- Technical and financial support to countries to combat epidemics.
- Equipment for 25 laboratories in 9 Member States.
- 60 regional grants to train experts in health crisis management at all levels of the health pyramid.
- A regional strategy for the management of internally displaced persons and the health of refugees within the ECOWAS region.
- Setting up and strengthening the capacity of Emergency Medical Teams to combat epidemics.
- Financial support granted to Member States to improve the implementation of programmes to control malaria, neglected tropical diseases, HIV and hepatitis.
- Essential Interventions Package for Noncommunicable Diseases defined for mainstreaming into Primary Health Care in the ECOWAS region.
- A Regional Nutrition Observatory is operational, with the possibility of monitoring the main nutrition indicators in the region.
- Strengthening the process of harmonising the common evaluation of the quality of medicinal products by setting up 10 teams of experts.
- Building the capacity of medicines regulators.
- A project to strengthen the availability of human resources for health in the ECOWAS region, developed.
- Training grants to improve and strengthen the skills of 44 healthcare professionals in critical areas of human resources for health.

- Weekly bulletins on the epidemiological situation have been produced and widely distributed in countries.
- Report on Malaria Situation in ECOWAS Countries is drawn up.
- Report on developments in Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) in the ECOWAS region over the last 5 years produced.
- Validation and funding of three research protocols on malaria, antimicrobial resistance and analysis of the fight against COVID-19 in ECOWAS countries.
- Publication of articles on the epidemiology of COVID-19 in ECOWAS countries.
- Support for Senegal to analyse healthcare quality in hospitals in five medical regions.

- Resources mobilised with the signing of financing agreements for WAHO-in lead capacity project financed by USAID and the World Bank-funded SWEDD+ and Health Security and Resilience projects.

INTRODUCTION

Interventions in the area of health aim to strengthen:

- improved people's access to essential health care and services.
- health security in the region, in particular by improving the capacity of countries and the region to monitor, prepare for and respond to epidemics.
- regional production of medicines and vaccines, including the creation of a regional market for medicines by harmonising registration at regional level.

As in previous years, following the adoption of its 2023 Work 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 these actions.

After reviewing the status of health in the ECOWAS region and the implementation of the recommendations of the 24th Assembly of Health Ministers (AHM), it presents the achievements in the following areas:

1) Maternal and child health
2) Health security/epidemic control
3) Combating other diseases
4) Access to medicines and vaccines
5) Human resources for health
6) Health information
7) Health research
8) Health and Sport

It concludes with a review of financial performance in 2023, and the challenges and prospects for the years ahead.

I. HEALTH STATUS OF THE ECOWAS REGION

The political and economic context of the globalised world we live in today is becoming increasingly troubling for global health. The determinants of health are globalised, making health events almost unpredictable even to the most attentive public health managers.

The year 2023 came to an end with the wars in Ukraine and Gaza dominating the headlines around the world. But many other crises, sometimes forgotten by these media and neglected by the most powerful aid donors - often simply because of their complexity or relative lack of geopolitical importance - are also underway, with extremely significant impacts on the lives of millions or even billions of people.

According to the latest United Nations figures, almost 300 million people in 72 countries are in need of humanitarian aid and protection[1] . The year 2023 saw the highest number of deaths on migration routes in the world[2] . The International Organisation for Migration (IOM) stated in its report that more than 8,500 people died in 2023, an increase of 20% compared to 2022. It therefore stressed the need for a renewed global commitment to actions aimed at guaranteeing safe migration for all, "so that in the next ten (10) years, people will not have to risk their lives in search of a better life".

Over the past two decades, due to a combination of conflict and the impact of the COVID-19 pandemic, the availability of health care has deteriorated. The WHO estimates that more than half of the world's population is not covered by essential health services, and a quarter faces financial difficulties due to non-reimbursable health expenses.

The world seems to be more interested in war than in actions leading to the SDGs[3] . Overall, in 2023, less than 40% of the needs for plans to respond to the various crises were funded. In 2023, global military spending was 52 times higher than official development assistance. Investments in

[1] https://www.thenewhumanitarian.org/analysis/2024/01/08/why-these-10-humanitarian-crises-demand-your-attention-now
[2] https://news.un.org/pt/story/2024/03/1828737?utm_source=ONU+News+-+Newsletter&utm_campaign=953290422e-EMAIL_CAMPAIGN_2024_03_07_01_06&utm_medium=email&utm_term=0_98793f891c-953290422e-%5BLIST_EMAIL_ID%5D
[3] https://data.unhcr.org/fr/situations/sahelcrisis

arms totalled $10.9 billion, while all net disbursements of credits and grants for development projects amounted to just $2.10 billion.

Despite the global commitment to reducing health inequalities[4] , current geopolitical tensions are compounding the difficulties and delaying progress towards universal health coverage (UHC), which is broadly supported but undermined by lack of funding[5] . To achieve UHC, countries need to invest more in primary healthcare, in its effective and equitable use, and in strengthening the health workforce. This requires significant investment. But public spending on national debt is much higher than spending on health in developing countries, which is particularly a matter of concern[6] .

Specifically in the ECOWAS region, it is estimated that more than 20 million people need aid, of whom more than 3 million are internally displaced. The entire region faces terrorist threats which, combined with political instability, further exacerbate these humanitarian crises[4]. The causes of insecurity and humanitarian crises are poverty, which limits access to markets, leads to weak social protection systems, including health services, and results in poor sanitation, among other things.

Despite this bleak health scenario, the WAHO wishes to use this report to highlight two major events that marked the year 2023, and which should give cause for optimism about overall public health.

The first event concerns the ongoing negotiations for a pandemic agreement, which may inevitably involve reform of the International Health Regulations (IHR). It should be remembered that it was the events of 11 September 2001 and the subsequent biological terrorist threat that precipitated the publication of the 3rd Edition of the IHR adopted in 2005. With the IHR 2005, the WHO was given the capacity to declare a health emergency of international concern even without the consent of the epicentre country; a declaration made at least seven (7) times since its adoption.

The COVID19 pandemic showed humanity how vulnerable the world was. It was therefore a reminder of the need for better preparation and democratisation (not to mention decolonisation[7]) of healthcare. It is no secret that the unequal distribution of vaccines between countries at the height

[4] https://www.bmj.com/content/376/bmj.o470
[5] WHO Executive Board 154
[6] https://data.unhcr.org/fr/situations/sahelcrisis
[7] https://tdr.who.int/docs/librariesprovider10/podcast/s1-episode10-pt.pdf?sfvrsn=efc8b8a7_3

of the pandemic manifested itself “as a global system favouring former colonial powers at the expense of formerly colonised states and the descendants of enslaved groups”[8] .

In December 2021, at its second extraordinary session, the World Health Assembly established a working committee called the Intergovernmental Negotiating Body (INB) to draft and negotiate a convention, agreement, or other international instrument under the Constitution of the World Health Organization to strengthen pandemic prevention, preparedness and response. The aim is to ensure that all people, in all countries, rich and poor alike, are protected from the impact of any future pandemic. These issues are still the main stumbling blocks in the current negotiations. The final text will be presented for ratification at the next session of the World Health Assembly.

The objectives of a treaty on pandemics are easy to formulate, but most of them are difficult to accept and implement. The Intergovernmental Negotiating Body may be doing its best, but ultimately it is the political decision-makers who must understand that in the event of a pandemic, it is not possible to protect only one's own citizens - the health of one depends on the health of all - and set aside industrial interests. For these reasons, the health ministers of our fifteen (15) ECOWAS countries, who will themselves be signatories to the Agreement, must understand what is at stake and defend a text that guarantees the best for humanity.

A second event in 2023 that must be highlighted because of its importance for public health in the ECOWAS region in particular, and for Africa as a whole in general, is undoubtedly the certification of Cabo Verde by the WHO as a malaria-free country, marking a significant step forward in global health.



Fig.1: WHO certifies Cabo Verde malaria-free

Certification of malaria elimination is the WHO's official recognition of a country's malaria-free status[9] . It is

[8] https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00410-0/fulltext?dgcid=raven_jbs_etoc_email
[9] https://www.who.int/news/item/12-01-2024-who-certifies-cabo-verde-as-malaria-free--marking-a-historic-milestone-in-the-fight-against-malaria

awarded when a country has demonstrated, through rigorous and credible evidence, that the chain of indigenous malaria transmission has been interrupted nationally for at least the last three consecutive years. The country must also demonstrate that it can prevent the re-establishment of transmission. With this certification, Cabo Verde becomes the third African country[10] to be certified and joins the ranks of the 43 countries worldwide to which the WHO has granted this certification.

The burden of malaria is heaviest on the African continent, which will account for around 95% of malaria cases worldwide and 96% of malaria-related deaths in 2021. Malaria is a major cause of suffering for people in our sub-region, particularly women and children. The certification of Cabo Verde as having eliminated malaria in January 2024 is a major demonstration that it is possible to control and even eliminate malaria. The Gambia, Mauritania and Senegal have made significant progress in reducing the burden of malaria.

It is important to note that certification of the elimination of malaria is not just a question of health or political gain. But it will lead to positive development on many fronts and a very significant economic impact for Cabo Verde. The systems and structures put in place to eliminate malaria have greatly strengthened the country's health system and will be used to combat other mosquito-borne diseases, such as dengue fever. Travellers from non-endemic regions can now visit the Cabo Verde islands without fear of local malaria infections and the potential inconvenience of preventive treatment measures. This measure could attract more visitors and boost socio-economic activities in a country where tourism accounts for around 25% of GDP.

However, Cabo Verde's journey towards eliminating malaria has been a long one, made possible by the political commitment and determination of the health authorities, with the inclusion of this objective in its national health policy since 2007. The strategic plan on malaria control for 2009-2013 represented the starting point for this long road to success, with its emphasis on widespread diagnosis, early and effective treatment, and the surveillance and investigation of all cases. To stem the tide of cases imported from mainland Africa, diagnosis and treatment were provided free of charge to international travellers and migrants. "*Cabo Verde's success is a source of hope for the African region and beyond; it demonstrates that with strong political will, effective policies, community commitment and multi-sectoral collaboration, malaria elimination is an achievable*

[10] After Mauritius and Algeria

goal; Cabo Verde's achievement of this milestone is an example for other countries to follow[11] ." "These are the words of Dr. Matshidiso Moeti, WHO Regional Director for Africa.

At the beginning of 2024, the health ministers of the African countries most affected by malaria met in Cameroon[12] and committed themselves to a sustainable and equitable fight against the threat of malaria in the African region, which includes eleven (11) countries that bear around 70% of the global burden of malaria. Of these 11 countries, 5 are in the ECOWAS region: Burkina Faso, Ghana, Mali, Niger and Nigeria. These 5 countries represent more than 75% of the entire ECOWAS population. This is why such a ministerial meeting, particularly after the certification of Cabo Verde, had to represent hope. The ministers signed a declaration committing themselves to strengthening leadership and increasing national funding for malaria control programmes, securing new investments in data technology, applying the latest technical guidelines for malaria control and elimination, and strengthening malaria control efforts at national and sub-national levels. Let us dare to believe that the commitments made will be implemented to generate concrete results towards the control of the disease in our region and throughout Africa.

Once again, it must be remembered that the region faces political instability, endemic terrorist activity, climate change, economic deprivation and weak health systems, all of which undoubtedly jeopardise the elimination of malaria. To get there, it is therefore important to continue building resilient health systems supported by political will and people-centred services. It is in this regard that the ECOWAS Health Ministers in 2019 called for accelerated efforts towards malaria elimination through increased national funding, multi-sectoral collaboration, the integration of malaria into national development plans and the establishment of accountability mechanisms to monitor progress.

[11] https://www.who.int/news/item/12-01-2024-who-certifies-cabo-verde-as-malaria-free--marking-a-historic-milestone-in-the-fight-against-malaria
[12] https://www.who.int/news/item/06-03-2024-african-health-ministers-commit-to-end-malaria-deaths

I.1 Update on epidemic-prone communicable diseases

Epidemic-prone diseases (EPDs) continue to dominate the epidemiological panorama throughout our community. In 2023, 16 epidemic-prone diseases caused a total of 50 new epidemic events in 12 of the 15 ECOWAS Member States, compared with 39 new events in 2022. Guinea, Senegal and Nigeria are the countries with the highest number of new epidemic events in 2023. However, Guinea-Bissau, Liberia and Sierra Leone are the 3 countries that have remained silent, mostly for lack of information (tab.1).

N°	Disease	Benin	Burkina-Faso	Cabo-Verde	Côte d'Ivoire	The Gambia	Ghana	Guinea	Guine-Bissau	Liberia	Mali	Niger	Nigeria	Senegal	Sierra-Leone	Togo		Nb of new Events
1	Anthrax																	2
2	Chemical Skin Burn among Fishermen																	1
3	CCHF																	1
4	Chikungunya																	4
5	Dengue Fever																	11
6	Diphteria																	3
7	Food poisoning																	2
8	Lassa Fever																	4
9	Meningitis																	3
10	Pertussis																	1
11	Poliomyelitis (cVDPV2)																	7
12	Rabies																	2
13	Rift Valley Fever																	2
14	Virus Zika																	2
15	West Nile Valley																	1
16	Yellow Fever																	4
	Nb of new Events	2	3	1	4	1	4	10			4	5	5	9		2		50
	Color Legend	1 event						> 1 event										

Tab.1: New epidemic events in 2023

Overall, 2023 was marked by:

- The explosion of the dengue epidemic in the region. Countries such as Burkina Faso, Mali, Côte d'Ivoire, Senegal and Cabo Verde have reported large numbers of cases.
- the Chikungunya epidemic in Burkina Faso, Senegal and Mali.
- the significant increase in the number of cases of vaccine diseases, particularly diphtheria, whooping cough and measles.

Dengue fever

During the year, most ECOWAS countries experienced a strong resurgence of the dengue fever epidemic, with confirmed cases in 11 countries. A total of 166,084 cases were suspected, of which 72,095 (43.4%) were confirmed. Among the confirmed cases, 749 people (1%) died (tab.2).

Pays / Country / Países	Cas Suspects / Suspected Cases / Casos suspeitos	Cas Confirmés / Confirmed Cases / Casos confirmados	Décès / Deaths / Obitos
Benin	6	3	1
Burkina Faso	154867	70433	709

Cabo Verde	410	193	0
Cote d'Ivoire	3920	323	5
Ghana	18	9	0
Guinee	1	0	0
Liberia	2	0	0
Mali	5369	808	34
Niger	204	0	0
Nigeria	72	14	0
Senegal	1207	310	0
Togo	8	2	0
TOTAL	**166084**	**72095**	**749**

Tab.2: Cases of dengue fever by country, 2023

Burkina Faso was the epicentre of the disease, accounting for more than 93% of all suspected cases, around 98% of confirmed cases and 95% of deaths. Officials at Burkina Faso's *Centre des Opérations et de Riposte aux Urgences de Santé (CORUS)* said that dengue fever had caused more deaths in six months

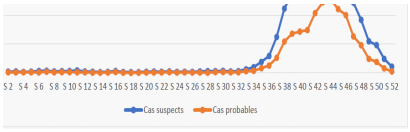


Figure 2 : Number of cases and deaths of dengue fever in Burkina Faso in 2023

than the entire COVID19 pandemic in the country. The situation had become worrisome. Cases were confirmed throughout the year. But it was in the second half of the year, which corresponds to the rainy season, that the country experienced a real outbreak of dengue cases in two of the most populous and urbanised regions, home to the country's two largest cities (see Figure 2).

With its epicentre in Burkina Faso, dengue fever has spread to Mali and Côte d'Ivoire. These two neighbouring countries have reported the second and third highest number of cases of the disease. Mali reported 3.2% suspected cases, 1.1% confirmed cases and 4.5% deaths. Côte d'Ivoire reported 0.4% confirmed cases and 0.7% deaths.

Chikungunya fever

Another epidemic disease that re-emerged in 2023 was Chikungunya fever, with a total of 659 confirmed cases in 4 countries (Burkina Faso - 311 cases, Senegal - 344 cases, Mali and Benin with 3 and 1 confirmed case respectively). It should be noted that the disease is regularly confirmed in some countries, with sporadic cases. But it was in 2023 that Burkina Faso and Senegal saw the disease explode into an epidemic almost at the same time as dengue fever.

Other epidemic-prone diseases

Meningitis and Lassa fever are among the most important endemic and potentially epidemic diseases in our region, with regular and cyclical epidemic peaks. In 2023, 13 countries reported cases of meningitis (except Cabo Verde and Guinea Bissau) and 6 countries reported cases of Lassa fever (Benin, Ghana, Guinea, Liberia, Nigeria and Sierra Leone). A total of 9,770 cases of meningitis were reported, with 543 deaths (a case-fatality rate of 5.6%).

1,380 cases of Lassa fever were confirmed, with 259 deaths, representing a case-fatality rate of 19%.

Vaccine-preventable diseases

Measles: a total of 29,340 cases were reported by 13 of the 15 countries[13] . Without information from Nigeria, Cabo Verde is the only country to have reported zero cases of the disease, which had already been eliminated throughout the region. Côte d'Ivoire (21% of cases), Ghana (18%) and Liberia (16%) are the 3 countries with the most confirmed cases of measles.

Poliomyelitis: vaccine-derived poliovirus continues to increase in the sub-region. From 3 countries in 2019, we are up to 7 countries in 2023, with a total of 121 cases confirmed by Nigeria (70 cases), Guinea (27 cases), Mali (12 cases), Côte d'Ivoire (6 cases), Benin (3 cases), Burkina Faso (2) and Niger (1 case). As the number of countries reporting cases of vaccine-derived poliovirus increased,

[13] No data from Nigeria.

some countries began the environmental surveillance programme. From this surveillance, a total of 53 cases were confirmed from environmental samples in 6 countries. The countries with the most confirmed cases are Nigeria (36 cases) and Côte d'Ivoire (8 cases). The other countries are Benin, Mali and Niger.

Diphtheria: Diphtheria is re-emerging as an epidemic disease. With confirmed declines in vaccination coverage during the 2 consecutive years of Covid-19, the disease is becoming epidemic. During 2023, 3 countries in the community experienced an epidemic. A total of 28,055 cases were reported as suspected, 13,516 (48%) were confirmed, with 900 deaths, i.e. 6.7% of confirmed cases. Nigeria reported around 80% of cases, followed by Niger with 12% and Guinea with 8%.

I.2 Status of Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) in the ECOWAS region

The main theme of this report is Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) with more focus on Maternal Health as a starting point. RMNCAH is one of the most important public health problems in all ECOWAS countries, with the possible exception of Cabo Verde.

While countries around the world are gradually recovering from the consequences of COVID-19 pandemic, the effects on people's health are still being felt. The situation of Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) is more worrying than ever, UNICEF draws attention to the drop in immunisation due to the pandemic, depriving millions more children of protection against some of the most serious childhood diseases[14] . We are seeing this with the increase in cases of diseases preventable by routine vaccination.

Safe childbirth remains a major concern, with 800 women dying every day from preventable causes related to pregnancy and childbirth[15] . Even after safe and healthy births, the risk of children dying before their fifth birthday is still high. The World Health Organization has estimated that nearly 5

[14] United Nations Children's Fund (UNICEF), "Regional Overview: West and Central Africa. The State of the World's Children 2023" (UNICEF, April 2023), https://www.unicef.org/fr/rapports/situation-enfants-dans-le-monde-2023.
[15] World Health Organization (WHO), "Maternal Mortality", 22 February 2023, https://www.who.int/news-room/fact-sheets/detail/maternal-mortality.

million children under the age of 5 died worldwide in 2020, almost half of them newborns[16] . Most of these deaths are preventable. The same source ranked Nigeria, the main demographic and economic power in ECOWAS, as the country with the highest number of deaths of children under 5 in the world.

Concerned about the worrying situation of RMNCAH, WAHO organised a regional workshop in 2023 to analyse the routine data available in countries based on a list of previously selected indicators. In addition to analysing the availability, use and quality of dedicated RMNCAH health services, the workshop was also an opportunity to strengthen the demand for and use of routine health information system data. The meeting brought together those in charge of National Health Information Systems (NHIS) with programme managers and RMNCAH data managers from the 15 member countries. Fourteen (14) of the 15 ECOWAS countries were represented. The following information emerged from the analyses:

Under availability and operational capacity of services:

- At regional level, there is an average of 2 healthcare services (all categories taken together) meeting the minimum availability requirement per 10,000 inhabitants. However, this average ranged from less than one service in Guinea Bissau and Gambia (0.6) to more than 3 services (3.6) in Cabo Verde and Ghana. The average ratio of health workers per 10,000 inhabitants was 14.4, less than half the 36.5 health workers (22.8 nurses, 12.7 midwives and 1 doctor) recommended by the WHO. What's more, this regional average varies from less than one professional in Mali (0.55) to almost 62 staff per 10,000 inhabitants in Cabo Verde.

Analyses of service use and coverage revealed the following information:

Under maternal health:

- The proportion of pregnant women who have had at least 4 antenatal care visits (ANC4) during pregnancy varies from 25% in Nigeria and 30% in Mali to over 90% in The Gambia. Even if the regional average of 85% ANC4 can be considered acceptable overall, much effort is still needed and expected from Nigeria, Mali, Guinea Bissau, Sierra Leone and Côte d'Ivoire, which are all below this regional average.

[16] World Health Organization (WHO), "Child Mortality (under 5 Years)", accessed on 2 January 2024, https://www.who.int/news-room/fact-sheets/detail/levels-and-trends-in-child-under-5-mortality-in-2020.

- About preventing malaria in pregnant women, all countries except Cabo Verde have adopted intermittent preventive treatment (IPT), because this country was already in the pre-elimination phase of the disease. In general, all countries have made efforts to increase coverage of the second dose of IPT (IPT2). The regional average coverage has risen from 56.75% in 2018 to 62.86% in 2022. Countries such as Ghana and Togo are to be congratulated for having well exceeded the 75% threshold in 2022.
- Childbirth is the crucial moment in maternal and newborn health interventions. In 2022, rates of assisted births in health institutions ranged from 28% in Nigeria to over 95% in Togo and The Gambia (excluding data from Cabo Verde). The regional average stands at less than 60%, with little change since 2018, indicating the need to redouble efforts to make these services, which are a fundamental step in the process of reducing avoidable maternal and neonatal deaths, accessible and used by all women giving birth.
- It is estimated that 10-15%[17] of births end in caesarean sections. On this basis, almost all our countries are below this minimum threshold of 10%. This means that many complications related to childbirth, which could be resolved by a simple caesarean section, continue to claim the lives of women and newborns in most countries. Only Cabo Verde and Ghana manage to offer Caesarean section services, and even more than the recommendations (more than 20% in Ghana and more than 30% in Cabo Verde).
- As far as post-partum care is concerned, the highest levels of coverage are found in Benin, Burkina Faso, Côte d'Ivoire, Ghana, Senegal and Mali (all with over 75%). However, Niger, Guinea and Guinea Bissau have coverage of less than 50%.

Under newborn and child health:

- The specific interventions analysed for newborns and children, based on available information, are limited to immunisation, in particular coverage of BCG, the third dose of pentavalent and measles. Overall, most countries have coverage levels of over 90% throughout the period from 2018 to 2022. Nigeria, Guinea and Côte d'Ivoire, followed by Liberia and Mali, are the countries where coverage is below the 90% threshold.

Under institutional maternal and newborn mortality:

[17] World Health Organization (WHO), "WHO statement on caesarean section rates", 14 April 2015, https://www.who.int/publications-detail-redirect/WHO-RHR-15.02.

- The health of the newborn is strictly linked to, and essentially depends on, the health of the mother. Taking good care of the mother's health has a direct positive influence on the health of the newborn.
- At regional level, intrapartum maternal mortality recorded in health services and stillbirths are falling. Maternal mortality fell from 273 to 120 deaths per 100,000 live births (LB) between 2018 and 2022, a reduction of more than half in 5 years. For its part, stillbirths fell from 21 to 17 deaths per 1,000 LB over the same period. Despite the overall downward trend, some countries still have very worrying levels of intrapartum maternal deaths: more than 1,300 deaths in Sierra Leone and more than 400 deaths in Niger, Mali and Guinea-Bissau per 100,000 LB. As far as stillbirths are concerned, The Gambia (34/1000), Côte d'Ivoire (29/1000), Mali (24/1000), Senegal (23/1000) and Niger (22/1000) have higher levels than the regional average.

In conclusion, the situation of RMNCAH, particularly maternal and neonatal health, is still worrisome in the ECOWAS states. The availability, use, quality and performance of RMNCAH healthcare services still need to be improved, as the losses are still significant. In fact, more than 3 women die for every 1,000 live births and more than 2 children are born dead for every 100 LB.

The preventable loss of a pregnant woman and/or her newborn is not only a tragedy, but also an indicator of the glaring inequality in health between and within countries - most maternal and neonatal deaths remain preventable and are largely concentrated in countries and groups of women who are socio-economically disadvantaged.

Reducing mortality and promoting maternal and child health and well-being are complex tasks, being a multifactorial process, with super-determinants that broadly affect the health and well-being of women (before, during and after pregnancy) and children in different stages of growth. The preventable deaths of millions of women every decade are not only due to biomedical complications of pregnancy, childbirth and the postnatal period, but are also tangible manifestations of the dominant determinants of maternal health and persistent inequalities in overall health and socio-economic development.

In 2015, world leaders pledged to promote peace, prosperity, health and global cooperation to ensure the sustainability of human civilisation by setting the Sustainable Development Goals

(SDGs)[18] . Within this framework, countries rallied around the goal of accelerating the decline in maternal mortality by 2030, with an ambitious target of "reducing the global maternal mortality ratio to less than 70 deaths per 100,000 births, and that no country should have a maternal mortality ratio that is more than twice the global average", i.e. no more than 140/100,000 LB.

All ECOWAS states have signed up to the Sustainable Development Goals, particularly with regard to improving RMNCAH. Specific objectives and programmatic targets have been set in all countries to improve the health and well-being of women, newborns, children and adolescents. These objectives include, among others, expanding access to pre- and post-natal care, improving child nutrition, promoting family planning and providing bespoke health services for the needs of women and children. However, with just a few years to go before the target date, it has to be said that the various programmes are struggling to achieve the coverage and, consequently, the targeted results. Nonetheless, significant progress has been made in all countries, even if progress is too slow or even stagnant, and there are still major differences between countries and even within countries.

The most common approach to tackling maternal and newborn mortality adopted by the international community has been to focus investment on the main biomedical causes of maternal death, particularly during the perinatal period. But the super-determinants of maternal health are the underlying contexts and forces that largely influence women's health and well-being before, during and after pregnancy.

This is why WAHO considers it essential and calls on all countries to broaden the health sector ecosystem to mitigate the determinants of RMNCAH, specifically maternal and newborn health, and to adapt the configuration of health systems to counter the adverse effects of eco-social forces, in particular by improving access to quality products and services, in order to improve the health and well-being of women and children.

Reproductive health is a social issue: maternal ill-health and disability are not just medical problems, but the results of a complex interplay of eco-social forces, lifestyles and exposures, as well as individual factors. Focusing solely on the biomedical causes of maternal and neonatal mortality is insufficient and may have been the cause of many countries remaining at the same

[18] *João Paulo Souza et all: A global analysis of the determinants of maternal health and transitions in maternal mortality*

stage of transition in maternal mortality for decades (121 of the 185 countries reviewed remained at the same stage of transition in maternal mortality for 20 years).

The health sector has a crucial role to play in saving the lives of women and their newborns suffering from complications related to pregnancy, childbirth or the post-partum period, and should therefore be strengthened to mitigate the harmful effects of the determinants of maternal health. But it is no longer enough to survive pregnancy or the post-partum period to achieve the global objectives for maternal health. Beyond survival, maternal health is evolving towards the promotion of lifelong health and well-being. Integration efforts to achieve the Millennium Development Goals are intentionally designed to converge and align with this broader vision of maternal health - a world in which all women enjoy the highest possible level of health and well-being during pregnancy and beyond.

WAHO pays special attention to RMNCAH and strives to contribute to the reduction of maternal, newborn and child mortality by adapting and providing evidence-based programmatic guidance, setting regional standards and providing technical support to Member States for the implementation of effective policies and programmes. WAHO seeks to strengthen partnership and works with its partners (including WHO, UNICEF, UNFPA) to help countries to:

- Increase the availability, quality and effective use of services dedicated to the promotion of reproductive, maternal, neonatal, child and adolescent healthcare.
- ensure universal health coverage for comprehensive care in the field of RMNH.
- mitigate inequality in access to RMNCAH services.
- tackle all causes (direct and indirect) of maternal and neonatal mortality, reproductive and maternal morbidity and related disabilities.
- Strengthen health systems to collect high-quality data to meet the needs and priorities of RMNCAH.
- ensure accountability to improve quality of care and equity.

It is not only a matter of fairness, but perhaps of criminal injustice, that society expects and/or requires a woman to procreate, which can be understood as a mission to ensure the continuity of a family, a community and a nation, and that when she dies, the funeral is attended in silence, with arms folded, as if there were nothing else to do. When a serviceman dies at the

front, he deserves every possible tribute from the country for having fallen in defence of the nation. And yet, in our countries, women continue to die because of this obligation to procreate, in far greater numbers than all the deaths caused by all the epidemics put together. But how long will we continue to remain silent as if nothing had happened?

II. ACHIEVEMENTS

This chapter aim to report on the implementation of the recommendations of the 24th Session of the ECOWAS Assembly of Health Ministers, the steering activities carried out by the WAHO General Directorate and to present the main achievements from the implementation of priority programmes.

II.1 Physical implementation status of the 2023 annual work plan

Table Physical implementation status of WAHO 2023 annual action plan at the end of the 2023 financial year							
2023 AAP programmes	**Total AAP activities**	**Number Activities discontinued**	**Number of remaining activities**	**Number Activities carried out**	**Completion rate**	**Number of activities not carried out**	**Non-completion rate**
P1: access to healthcare	88	26	62	45	73%	17	27%
P 2: health education and promotion	8	4	4	1	25%	3	75%
P3: quality of health services	4	-	4	2	50%	2	50%
P 4: healthcare infrastructure	3	-	3	-	0%	3	100%
P 5: Human resources for health (HRH)	33	-	33	19	58%	14	42%
P 6: quality health information	20	2	18	14	78%	4	22%
P 7: public health research	12	2	10	5	50%	5	50%
P 8: disease surveillance	8	1	7	7	100%	-	0%
P 9: laboratory systems and networks	32	2	30	15	50%	15	50%
P 10: emergency preparedness and response	29	5	24	23	96%	1	4%
P 11: governance of healthcare systems	5	0	5	2	40%	3	60%
P 12: mobilising resources for health	4	0	4	3	75%	1	25%
P 13: policy and advocacy	4	0	4	2	50%	2	50%
P 14: Organisational excellence at WAHO	33	9	24	22	92%	2	8%
Grand total	**283**	**51**	**232**	**160**	**69%**	**72**	**31%**

Of the 283 activities approved, 51 were **cancelled** for a variety of reasons (lack of funding, non-validation of certain activities by partners even though they had been validated by the Council of Ministers, closure of the DEMSAN and REDISSE projects and the failure of certain projects for which activities had been planned to get off the ground).

The physical implementation status of the 2023 AAP, with 232 activities, is as follows:

- ✓ **160 activities** have been fully implemented, representing **a physical implementation rate of 69%** compared with 66% in 2022.
- ✓ **72 activities or 31%** of the 2023 AAP were not carried out for the following reasons:
    - the new reform of country support. Support has been suspended until a WAHO support management committee has been set up in each country. The failure to complete this process meant that no funds could be disbursed. The undisbursed support represents 50% of the activities not carried out.
    - a shortage of human resources, as retirees have not been replaced and the recruitment process for new professionals has not been completed.
    - the nature of certain activities (co-financed activities, recruitment of consultants, etc.).

II.2 Implementation of the main recommendations of the 24th Session of the ECOWAS Assembly of Health Ministers

The twenty-fourth Session of the Assembly of Health Ministers, held on 13 May 2023, instructed WAHO to implement a series of twelve (12) recommendations, the level of implementation of which is shown in the table below.

Table 2: RECOMMENDATIONS 23rd AHM (9-13 May 2023 - Bissau)

RECOMMENDATIONS TO WAHO	Level of implementation	Activities undertaken
MEETING OF LIAISON OFFICERS		
1. Share with the new Liaison Officers the contacts of all WAHO Divisional Directors.	Realized	
2. Include Liaison Officers in the merit recognition system of WAHO staff during annual retreats	Not carried out	
MEETING OF EXPERTS AND AHM		
3. Carry out a review of the situation of human resources for health (production, absorption capacity, professional migration, etc.) in ECOWAS countries.	Realized	Workshop on TISAM held in Abuja with the participation of 15 countries
4. Develop a regional policy on human resources for health in the ECOWAS region.	Not carried out .	Activity planned for 2024
5. To reflect on the development of innovative strategies to motivate, retain and improve the loyalty of healthcare staff in countries and within the ECOWAS region.	Not carried out	Activity planned for 2024
6. Integrate HRH issues into priority health research themes at regional level.	Achieved-Included in the new strategic plan	5 PhD grants to be awarded in 2024 with Galien Forum
7. Organise a wide-ranging and inclusive consultation to analyse the criteria and define or confirm standards for HRH indicators for the region.	Not carried out	Activity planned for 2024
8. Draw up regional guidelines to facilitate the review and implementation of existing national community health strategies, through decentralisation.	Not carried out	Activity planned for 2024.
9. Coordinate exchanges and transfers of COVID-19 vaccines among countries.	Not carried out	3 financing agreements signed with USAID (1) and the World Bank (2)

Commenté [MY1]: The rows in this column are not all aligned with those in the other columns

10. Strengthen mobilisation of resources needed to implement priority programmes, including malaria elimination.	Realized	
PARTNERS' FORUM		
11. Draw up an Action Plan to guide WAHO Technical and Financial Partners' Forum, including review of the Terms of Reference of the Forum and update the official list of WAHO Technical and Financial Partners.	In progress	Working with GIZ (Partners' Forum coordinator)
12. Continue updating WAHO's technical and financial partners mapping.	In progress	Mapping in Côte-d'Ivoire

Of the 12 recommendations made, four (4) have been implemented and two (2) are in progress.

II.3. Policy and advocacy initiatives and commitments

1- Official visits to selected ECOWAS countries



WAHO DG visited several ECOWAS countries, including Guinea Bissau, Liberia, Sierra Leone, Ghana, Burkina Faso, Togo and Côte d'Ivoire. This gave him the opportunity not only to take stock of what is being done to ensure good health for the population, but also to identify the challenges and agree on the priorities for the whole region and for each country specifically. In some of the countries visited, three major problems were identified:

- the notorious shortage of qualified human resources for health, sometimes in very basic areas such as general surgery, anaesthesia and intensive care, gynaecology and obstetrics, etc. For other areas such as nephrology, psychiatry, dermatology, oncology, cardiology in various forms, etc., this is a real luxury. The consequence is the continuation of expensive medical evacuations, especially outside the ECOWAS region.

- the inadequacy of the community health response to the real needs of grassroots communities, with the unfortunate persistence of multiple preventable diseases that have a very negative impact on health indicators, especially maternal and child health.
- the insufficiency of centres of excellence in the region in several fields.

The problems thus identified fall within WAHO's priority fields of action, and the General Directorate has assured the authorities in charge of health in the countries concerned of the support of the regional institution.

In addition, a few good practices have been identified, and synergy and complementarity between the countries will help to improve health indicators.

2- Participation in large-scale forums and conferences

The Director General took part in the World Health Assembly in Geneva, Switzerland, and then in the World Health Assembly in Berlin in October. On both occasions, the opportunity was taken to pass on the message of the need to reorientate interventions and support to countries to really ensure disease prevention, health promotion and community-based surveillance, so as to identify and address in real time any event or threat to health.

Participation in the Galien Africa Forum in Dakar, Senegal, in October 2023 enabled us to identify and establish various partnerships, including one with the forum's organisers, with a view to promoting young talents. One of the outcomes was the promotion of PhD grants in community health.

3- Organising and holding the Assembly of Health Ministers in 2023

The Assembly of Health Ministers organised in Guinea-Bissau was attended by many Health Ministers, with the primary objective of advocating that community health and strengthening of human resources should be major priorities in the light of the conclusions of the country visits. The closed-door meeting of the health ministers provided an opportunity to improve the draft country mechanism for monitoring and controlling WAHO funding.

4- Participation in ECOWAS statutory meetings

It has regularly brought the WAHO's agenda to the attention of the Commission and contributed to the strategic thinking needed to ensure the continuity of its mission to promote public health.

5- Forming an alliance

An alliance (*Alliance des Préparations et des Ripostes aux Epidémies* – APRE/Epidemics Preparedness and Response Alliance) comprising WAHO, African Risk Capacity and the *Institut Pasteur de Dakar*, chaired by the WAHO DG, has been set up to strengthen epidemic preparedness and response. A strategic plan has been developed for implementation within the alliance.

6- Increasing the visibility and operational capacity of Liaison Officers

WAHO has equipped all the country Liaison Officers with a vehicle, which not only makes it easier for them to travel to monitor activities in the countries concerned, but also ensures the visibility of WAHO through the institution's logos on the vehicles.

7- Reform of the financing mechanism for country requests

To increase the accountability of those involved in the implementation of WAHO-funded country support, and to facilitate the submission of supporting documents, the Director General has successfully led the entire process of reforming the country financing and support mechanism. A steering committee chaired by the Resident Representatives of the President of the ECOWAS Commission has been set up in each member country, with the recruitment of a financial manager for each country. Health Ministers' input towards setting up the steering committees helped improve the mechanism.

8- Board of Directors of Roll Back Malaria

In two participations in 2023, the DG has succeeded in communicating WAHO's vision for the elimination of malaria, both in the West African region and globally.

9- Direct support to strengthen the Bo Waterside health centre

The DG visited the Bo Waterside health centre in Liberia, which was built with WAHO funding, and saw for himself the high quality of the work being done there. The DG decided to upgrade the health centre to make it a medical and surgical centre, given its geographical location, which enables it to serve the inhabitants of the border area of three countries (Guinea, Liberia and Sierra Leone) simultaneously.

10- Advocacy for food fortification

WAHO and the Regional Representative for West and Central Africa of the Bill and Melinda Gates Foundation jointly published an article on food fortification. The aim is to continue advocating healthier diets for children and women of childbearing age.

11- Reviving the partnership with several regional structures through the signing of memoranda of understanding (Photo meeting with the UNFPA Regional Director for West and Central Africa to be inserted).

With UNFPA, the aim was to strengthen the partnership to achieve greater impact at regional level in the areas of demographic dividend, sexual and reproductive health, health system strengthening and community health systems, supply chain management with last-mile product availability, etc.

With the West African Federation of Alliances of the Private Sector of Health (FOASPS/WAPHF), the aim among others, include:

- integrating data on private health sector activities into national and regional health information systems.
- pooling of healthcare technical platforms to accelerate universal health coverage in West Africa.
- strengthening the skills (ongoing training) of human resources for health (medical and paramedical staff) in the private sector in West Africa.

II.4. Main results of interventions in the various areas

II.4.1. Maternal and child health

Interventions in this area aim to reduce maternal and child mortality through actions on sexual and reproductive health, support for countries to implement high-impact interventions to reduce maternal mortality and the promotion of immunisation. The activities carried out produced the following results: i) an assessment of the implementation of national reproductive, maternal, newborn, child and adolescent health programmes and strategies with a view to developing a regional strategy for accelerated reduction of maternal and newborn mortality; ii) contraceptive products made available to countries (Benin, Burkina Faso, Ghana, Togo, Liberia, Sierra Leone

and Guinea Bissau) covering 10% of their national gap; iii) financial support provided to countries (Benin, Burkina Faso, Ghana, Togo, Liberia, Sierra Leone, Guinea-Bissau, The Gambia, Niger) for the implementation of 125 sub-projects focusing on activities to create demand for family planning (28%); educating girls and keeping them in school as a way of achieving demographic transition (24%) and improving the delivery of sexual and reproductive health services (21%); iv) setting up a regional early warning platform (EWS) to prevent overstocking and shortages of sexual and reproductive health products. This platform will enable WAHO to monitor the stock situation more closely and ensure transfers between countries with surpluses and those with shortages; v) training to strengthen the capacity of countries to quantify their needs in sexual and reproductive health products; vi) joint political advocacy by Gavi, WHO, UNICEF, IMO, WAHO, the World Bank and AMP to improve immunisation coverage in Guinea; vii) Joint WHO-WAHO training for members of the National Immunisation Technical Advisory Groups (NITAG) in Benin, Guinea and Guinea Bissau (45 people trained); viii) Joint organisation by Gavi, WHO, UNICEF, WAHO and AMP of the annual meeting of national directors of the Expanded Programme on Immunisation (EPI) in West Africa.

Explicitly, some of the significant results achieved by 2023 can be broken down as follows through the interventions of the Regional Reproductive Health and HIV/AIDS Prevention Programme:

Capacity building for family planning demand

A total of 2,092,480,562 Fcfa (3,189,966 Euros) has been allocated to eight countries (Benin, Burkina Faso, Ghana, Guinea-Bissau, Niger, Liberia, Sierra Leone and Togo) to implement 130 capacity-building activities.

A total of **8,328,992** people (**4,541,139 women, 3,787,853 men**) benefited from capacity-building activities for 2022-2023, including:

- **8,091,571** specific targets (young people/adolescents in and out of school in peri-urban and rural areas, leaders of youth organisations, gold miners, truck drivers and the media) were made aware of issues relating to sexual and reproductive health and family planning.
- **70,919** service providers from the public and private sectors have been trained to improve access to and the quality of services.

- **960** logisticians from the central departments of ministries of health, central purchasing agencies and social marketing facilities trained to improve the visibility of the supply chain.
- **2,800** people have had their policy-making skills strengthened to create an enabling environment, including the implementation of regulations and the annual budget and plan. **4622** service providers supported through facilitative post-training supervision in quality healthcare, an approach to supervision that emphasises mentoring, joint problem-solving and two-way communication between supervisor and supervisee.
- **158,120** teachers and girls have benefited from approaches to keep girls in school by raising awareness and building their capacity in good personal and menstrual hygiene practices, setting up and running "Zero Pregnancy in Schools" Clubs and providing them with menstrual hygiene kits.



Community-based distribution in Burkina Faso

- *Increase in contraceptive prevalence since 2020 in Nanoro District.* Since the implementation of the CBD strategy, there has been **clear progress in the indicators, and in particular a sharp increase in contraceptive prevalence, with a rate that has more than tripled between 2019 and 2021** (2019: 5.79%; 2020: 15.84%; 2021: 17.50%).
- Creation of more dynamic demand by CHWs. The CHWs have helped to increase demand through outreach activities, home visits and specific information and service channels for young people in schools and kiosks. Reducing socio-cultural barriers, especially for stigmatised groups. The availability of these injectables through CBD and CHWS has made it possible to extend access to FP to these target groups. Progress in reducing socio-cultural barriers has been noted by field workers thanks to awareness-raising activities by CHWs.



"Often, we prefer to receive contraceptive products at the CHW's house so that we don't have to travel miles to go to the CSPS. This gives us greater autonomy to carry out income-generating activities, and better care for our children's needs". Siglé beneficiary

Making sexual and reproductive health products available

A total of **3,137,805,736 FCFA** for the purchase of contraceptive products for the years 2022-2023 has been allocated to five (5) countries (Benin, Burkina Faso, Ghana, Togo and Niger). This amount covered 8% of actual national needs (calculation based on the National Annual Budgets and Plans). A total of **1,677,589** couple year protection could be covered for this round, based on the quantities of the various products to be purchased for all the countries.



Regarding the visibility of the supply chain: the Early Warning System (SAP/EWS) for contraceptive products set up by WAHO with its partners (UNFPA, USAID, RHSC) has enabled the transfer of

- 40,000 units of IUDs (TCU380A) from Niger to Nigeria, which was out of stock.
- 12,000 units of DMPA, 50,000 units of implants and 3,000 units of Sayana Press from Togo to Côte d'Ivoire.

Cross-border social mobilisation campaigns for reproductive health

A cross-border campaign was organised at the Benin/Togo node with the following results:



In Benin: **13,372** women screened for breast cancer, **3,201** women screened and treated for cervical cancer, **18,190** children given vitamin A, **44,252** male and female condoms distributed, **1,890** new users of modern contraceptive methods, **15,604** children given albendazole.



On the Togolese side : **2,117** people had access to RH/FP/HIV services, **850** people were mobilised for the launch (350 men and 500 women), **1,433** people were screened, **813** women were put on contraceptives, including 684 new users, **247** doses of vaccines (including all antigens) were administered to children under 11 months and pregnant women, **343** women were screened for precancerous lesions, including 7 positive cases who are being treated at ATBEF's main clinic in Lomé, **327,760** condoms were distributed during the campaign, including 3,890 female condoms and 323,870 male condoms.



II.4.2. Health security/epidemic control

Key interventions in this area include direct technical and financial support to countries experiencing epidemics with a view to extinguishing them, collection of health information to monitor the outbreak of epidemics and the general health situation, strengthening of laboratory diagnostic capacities to confirm epidemics, strengthening of human resources and strategies and tools for responding to epidemics, including the conduct of simulation exercises, risk communication and community engagement.

The actions taken have led to the following results:

i) Technical and financial support to Burkina Faso, Côte d'Ivoire, Nigeria and Guinea to combat epidemics; ii) Donation/distribution of equipment and materials to ECOWAS countries as part of the prevention and control of COVID-19; iii) Provision of equipment to 25 laboratories in 9 member states; iv) Support to countries to boost vaccination coverage against COVID-19 and other vaccine-preventable diseases; v) Technical support to 5 countries for the implementation of their National Plans to combat Antimicrobial Resistance (AMR); vi) Reinforcement of the quality of reference laboratories for the diagnosis of epidemic-prone diseases, with 4 laboratories having reached the accreditation stage; vii) Support to the regional bio-bank based in Côte d'Ivoire for its ISO accreditation; (viii) Joint external evaluations of countries' capacity to deal with epidemics in accordance with the International Health Regulations in ECOWAS countries; (ix) 40 new epidemiological surveillance centres (Benin (10), Nigeria (20), Togo (10)) set up; (x) Preparedness

and response capacities of managers of entry points in the countries (The Gambia, Guinea-Bissau, Nigeria, Burkina Faso, Togo, Mali, Côte d'Ivoire) strengthened; xi) 10 trainers trained in the management of Public Health Emergency Operations Centres (PHEOC); xii) 65 laboratory technicians from 15 ECOWAS countries trained in biological risk management with international certification; xiii) 48 laboratory technicians from 9 ECOWAS countries trained in the ISO 15 189 quality management system; xiv) Setting up of an emergency medical team in Cabo Verde with 24 participants sensitised and trained; xv) 168 members of the national rapid response team against epidemics in Mali trained; xvi) Capacity building of Public Health Emergency Operations Centres (PHEOC) in 5 countries (Benin, Niger, Mali, Liberia and Sierra Leone); xvii) Establishment of the "one health" regional technical working group for risk communication and community engagement in epidemics control; xviii) Development of a regional cross-border surveillance strategy in the ECOWAS region; xiv) Establishment of a regional respiratory surveillance system in West Africa based on the "one health" approach; xv) Development, finalisation and validation of the core documents for the ECOWAS Regional Emergency Operations Centre (PHEOC); xvi) Development of a regional digital surveillance system for early warning, preparedness and coordination of interventions; xvii) Development of a strategic biosafety and biosecurity plan and a roadmap for the fight against antimicrobial resistance; xviii) Development and validation of the strategic document of the West African Biosafety Network; xix) Review of the HELP training curriculum to widen the scope of the training of qualified personnel in disaster management; xx) Award of 60 regional scholarships for the training of experts in health crisis management at all levels of the health pyramid; xxi) Development of a regional strategy for the management of internally displaced persons and the health of refugees within the region.

Country performance in epidemic preparedness and response

The various interventions, including those carried out as part of certain projects, have made a major contribution to strengthening countries' epidemic preparedness and response capacities, with the following results:

i) Laboratory capacity to diagnose diseases: Guinea, Sierra Leone, Senegal, Nigeria, Togo, Benin, Mali and Niger achieved a score of 4 (established capacity) out of a total of 5.
ii) Setting up event and indicator-based surveillance systems: Senegal, Sierra Leone, Liberia, Mali and Niger have achieved a score of 4.

iii) availability of human resources to implement the main capabilities required by the International Health Regulations (IHR): Niger, Nigeria and Togo achieved a score of 4, while Guinea, Senegal and Benin achieved a score of 3 (enhanced capabilities) out of a total score of 5.

iv) Multi-hazard national public health emergency preparedness and response plan designed and implemented: Senegal and Mali have achieved a score of 4; Niger and Togo have a score of 3.

II.4.3. Control of other diseases

Actions in this area focus on supporting the fight against HIV/AIDS, malaria, viral hepatitis, neglected tropical diseases, non-communicable diseases and improving nutrition and community health, with the following results:

i) financial support to Member States to improve the implementation of programmes to combat malaria, Neglected Tropical Diseases, HIV and hepatitis; ii) development and validation of a regional strategy to reduce the stigmatisation of key HIV/AIDS populations; iii) acquisition of two regional projects to strengthen research and neglected tropical diseases control in ECOWAS countries; iv) the Essential Interventions Package for Non-Communicable Diseases defined for integration into Primary Health Care in the ECOWAS region; v) acquisition of a new WAHO Leadership Capacity Project to contribute to accelerating the implementation of resolutions, recommendations and best practices in health, adopted at regional level; vi) the 17th ECOWAS Nutrition Forum organised, which produced a call for action on nutrition, for sustainable financing and multilateral collaboration; vii) a Regional Nutrition Observatory is now operational with the possibility of monitoring the dashboard on the main nutrition indicators in the region; viii) nutrition training at tertiary level integrated into a number of training institutions and universities in the sub-region; ix) the Regional Meeting on Food Fortification and the establishment of the Regional Food Fortification Alliance organised; x) development of a training programme for nutrition stakeholders in leadership and governance of the nutrition value chain in the ECOWAS region; xi) launch of the development of a Regional Community Health Policy, a document setting out Regional Community Health Guidelines, a harmonised training manual for community relays and a roadmap for the implementation of the regional community health policy; xii) a regional consultation on health policies has been carried out, enabling the gaps in strategies observed over the last 40 years

to be identified; xiii) an action plan to operationalise the regional Hub on health financing has been drawn up; xiv) a regional strategy for hepatitis control has been drawn up.

II.4.4. Access to medicines and vaccines

Interventions in the field of medicines and vaccines are based on the following four (4) pillars: i) capacity building for pharmaceutical regulatory authorities; ii) capacity building for quality control of medicines and vaccines; iii) strengthening regional pharmaceutical production through the implementation of the Roadmap on Good Pharmaceutical Manufacturing Practices and iv) creating a regional market for medicines by harmonising the registration of medicines.

Our efforts over the year have produced the following results:

i) strengthening of the process of harmonising the common evaluation of medicines quality by setting up 10 teams of experts; ii) joint evaluation of three(3) applications for registration of 3 medicines to secure Marketing Authorisation (MA), namely: CIPLA Uganda (Dolutegravir/Lamivudine/Tenofovir Disoproxil Fumarate Tablets 50/300/300 mg) approved, CIPLA Uganda (Efavirenz/Lamivudine/Tenofovir DF 400 mg/30 0mg/300 mg Tablets) postponed with a request for more information and SAYTU (Covid-19 rapid diagnostic test) from the *Institut Pasteur de Dakar* postponed pending the inspection report on good manufacturing practice before approval; iii) holding of a multi-sector technical workshop to set up a mechanism for bulk purchasing of medicines and other health products in the ECOWAS region; iv) capacity building for medicines regulators; v) common electronic technical document for regional harmonisation of medicines registration developed; vi) pharmaceutical web portal for West Africa finalised and vii) support for National Medicines Regulatory Authorities (NMRAs) to develop their websites.

II.4.5. Human resources for health

The overall objective in this area is to make available the human resources needed to deal with the health problems of the population and to harmonise training and practice to facilitate the free movement of health professionals in the region.

The activities carried out led to the following results:

i) a project to strengthen the availability of human resources for health in the ECOWAS region has been drawn up; ii) training grants have been awarded to improve and strengthen the capacity of 44 health professionals in critical areas of human resources for health; iii) financial support to member

countries (Niger, Togo, Ghana, Guinea Bissau, Senegal, Guinea, Liberia and Sierra Leone) for the implementation of harmonised training programmes; iv) financial and technical support to centres of excellence for the training of nurses and midwives in Côte d'Ivoire, Niger and Mali for their accreditation; v) financial support to Liberia and Sierra Leone to put in place a regulatory framework to monitor and regulate the training and practice of health professionals in various fields; vi) financial support for the activities of colleges and learned societies to promote research findings and publications; vii) the e-learning platform for nurses and midwives in West Africa developed based on the revised harmonised curricula using a competency-based approach; viii) harmonisation of 8 training programmes (basic and subspecialty) that cover all the various categories of health professionals; ix) meetings organised on the regulation of health professionals training in ECOWAS; development of a harmonised regional programme for Field Epidemiology and Laboratory Training Programme (FELTP) across the three levels in ECOWAS member countries; review and validation of the curriculum for training in traditional medicine in ECOWAS member countries; validation of data generated on human resources for health by mapping the availability of training establishments (TISAM); x) meeting of the ECOWAS Regional Council for Health Professionals Education organised with the participation of Deans of the main Universities of Medical Sciences, Heads of Medical Professions, Nursing and Midwifery Councils from the 15 ECOWAS countries, CAMES and WHO.

II.4.6 Health information

This involves generating information to monitor the region's health situation and take decisions to combat health problems.

The achievements are as follows:

i) weekly epidemiological bulletins produced on epidemic-prone diseases, making it possible to monitor the health situation in the region; ii) the report on the trends of epidemic-prone diseases in ECOWAS countries over the last 5 years produced; iii) training for human and animal health data managers on the use of the "One Health" regional surveillance data-sharing platform; iv) the ECOWAS 2022 health situation report produced; v) the report on malaria situation in ECOWAS countries available; vi) a scorecard on monitoring and accountability for malaria control in ECOWAS countries produced; vii) the report on the nutrition situation in the ECOWAS region produced; viii) A report on the trends of Reproductive, Maternal, Newborn, Child and Adolescent

Health (RMNCAH) in the ECOWAS region over the last 5 years produced; and ix) A scorecard on RMNCAH in ECOWAS countries produced.

II.4.7. Health research

Research helps to generate the evidence needed for better management of the population's health problems.

The results of the actions undertaken are set out below:

i) validation and funding of three research protocols on malaria, antimicrobial resistance and review of COVID-19 control in ECOWAS countries; ii) publication of articles on the epidemiology of COVID-19 in ECOWAS countries, on the contribution of the "Moving Evidence to Policy" project to making WAHO a knowledge hub; iii) evaluation of the 2016-2020 strategic research plan and update of the research situation in the ECOWAS region and drafting of a new strategic plan; iv) support to countries for research training and participation in scientific conferences (Togo, Niger, The Gambia); v) granting of scholarships to fifteen (15) students for their participation in research training (protocol development, data analysis, epidemiology) and international conferences on epidemic diseases; v) development and validation of a harmonised framework for capacity building and collaboration between ethics committees and pharmaceutical regulatory bodies in order to facilitate clinical trials in West Africa; vi) development and validation of a mechanism for continuous capacity building (drafting of protocols and articles, data analysis, etc.) of research capacities in collaboration with networks and training institutions. vii) support for Senegal and Burkina Faso in reviewing stakeholders in reproductive, maternal, neonatal, child and adolescent health (RMNCAH); viii) support for Senegal to review healthcare quality in hospitals in five medical regions.

II.4.8. Health and Sport

On the occasion of the 34th African Cup of Nations, which took place from 13 January to 11 February 2024, the AKWABA ECOWAS Village was opened as a public space aimed primarily at bringing together a large number of players from various socio-professional backgrounds from communities in the 15 ECOWAS Member States and the African continent. A key feature of this initiative was the setting up of a CASE SANTE centred on the theme: "***Health is priceless, it's never late***", under the supervision of the West African Health Organisation (WAHO), in collaboration with the Minister of Health, Public Hygiene and Universal Health Coverage, the Ivorian Social Marketing Association, the World Health Organization (WHO), the national representations of UNICEF, UNAIDS and other bilateral partners. The *Case Santé* initiative played a crucial role in the promotion, prevention, early detection, care, mobilisation and commitment of communities in the face of recurring and emerging health issues in the ECOWAS region.



Activities conducted:

From Monday 15 January 2024, activities officially began in the health area of the village, with the WAHO and WHO stands working together to run the health section of the village. Throughout the competition period, various national programmes and intervention partners, supported and guided by Team WAHO, took turns to showcase their expertise at the village. Two specialists in sexual and reproductive health and the metabolic system and a communications expert were permanently on site, offering private consultations to the various visitors and providing detailed information and advice. They spoke directly to the public, responding to any personal concerns they might have. In addition, a fitness coach was also present, offering a daily fitness session to encourage the public to stay active.

-Experts from the traditional medicine programme, tuberculosis, mental health and other health disciplines took the floor. They gave presentations on these different diseases, raising public

awareness of their nature, the warning signs, and the attitudes to adopt in the event of an alert. Attendees had the opportunity to ask the experts questions, such as how to react when detecting the aetiological signs of mental depression in someone close to them, or how to distinguish between a non-infectious cough and tuberculosis. The experts provided participants with in-depth response to their concerns and practical advice to follow.

-Experts specialising in cerebrovascular disease, tuberculosis, cholesterol, and malaria control then shared their knowledge. An awareness-raising campaign was conducted, informing many people about these health issues.

-While it lasted, the AKWABA ECOWAS village welcomed health workers from the National Programme for the Promotion of Traditional Medicine, the National Tuberculosis Control Programme and the National AIDS Control Programme. Their mission was to carry out awareness-raising and consultation sessions with the people present on the site. Several political, administrative and diplomatic authorities and their delegations visited the stands and helped to run them. A visitor register was opened and filed with the ECOWAS national representation.

Participants in the AKWABA village had the opportunity to discover the "OraQuick" self-test, a tool that enables users to carry out their own HIV screening test, with the result available in a short space of time, from 20 to 40 minutes. A detailed demonstration of how to use the test was given, arousing the curiosity and enthusiasm of the public, particularly among the young people who were strongly represented on the site. Participants were able to take away self-tests, condoms and leaflets to help them stay better informed. The village served as a framework for improving young people's knowledge of this diagnostic method and boosting its use.

The remarkable contribution of Côte d'Ivoire's national nutrition, malaria control, mother-and-child health, and family planning programmes should be highlighted throughout this initiative. The AKWABA village provided an opportunity for speakers from these programmes to raise public awareness of their areas of expertise, addressing issues that are crucial for the whole population. Particular emphasis was placed on the importance of the nutritional content of food, with the message adapted to local eating habits. Plenary discussions also focused on sexual and reproductive health and family planning, while a reminder was given of efforts to control malaria, a constant concern in the West African sub-region. The discussions also provided an opportunity for WAHO

to share its vision, missions and priorities with the public, as well as the various opportunities that exist at regional level to help achieve its objectives.

-The stands were also the venue for fruitful interviews with the experts present by several local media. Over 230 interviews were conducted with a wide range of personalities.

III. WAHO FINANCIAL PERFORMANCE IN 202 3

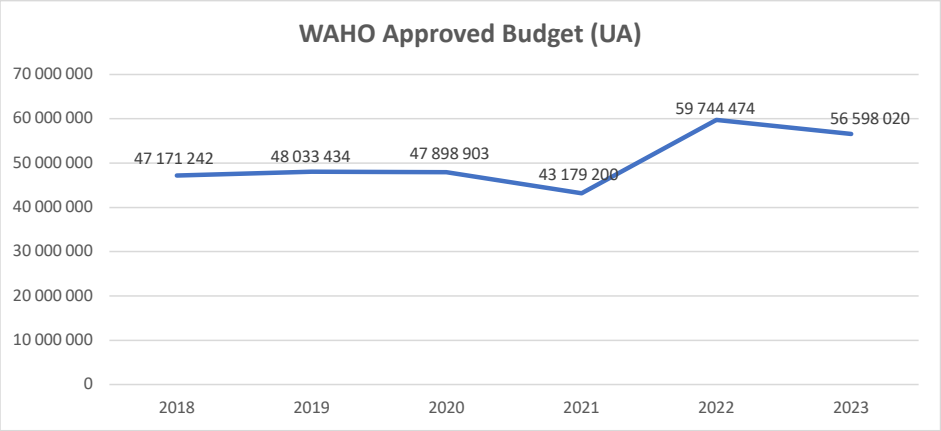
III.1. Programme Areas for Implementation of the WAHO 2023 Approved Budget

The following are the programme areas under which the WAHO 2023 budget was prepared and approved.

1	ACCESS TO HEALTH CARE
2	EDUCATION AND HEALTH PROMOTION
3	QUALITY OF HEALTH SERVICES
4	HEALTH CARE INFRASTRUCTURE
5	HUMAN RESOURCES FOR HEALTH (HRH)
6	QUALITY HEALTH INFORMATION
7	PUBLIC HEALTH RESEARCH
8	DISEASE SURVEILLANCE
9	LABORATORY SYSTEMS AND NETWORKS
10	EMERGENCY PREPAREDNESS AND RESPONSE
11	HEALTH SYSTEMS GOVERNANCE
12	MOBILISING RESOURCES FOR HEALTH
13	POLICY AND ADVOCACY
14	ORGANISATIONAL EXCELLENCE OF WAHO

III.2. WAHO 2023 approved annual budget.

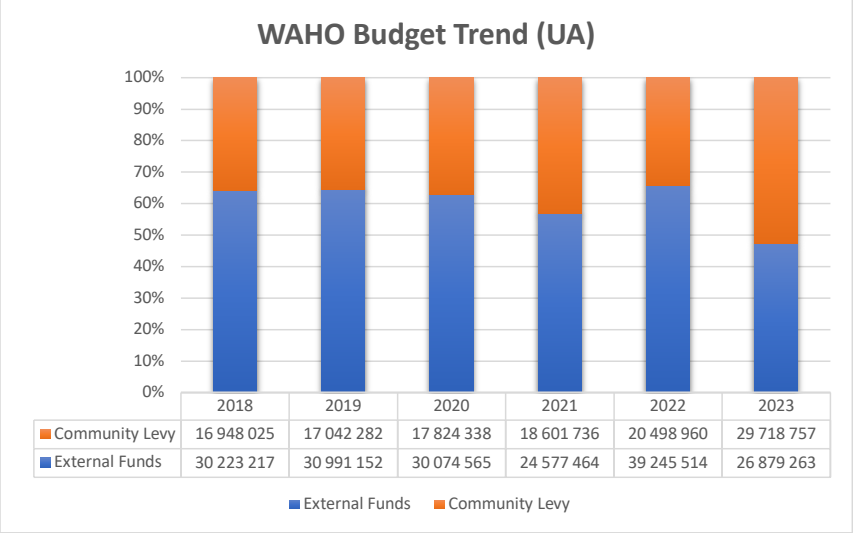
The total budget for WAHO as approved by the Council of Ministers and ratified by the Authority of the Heads of States for 2023 was UA56.6 million (approx. USD75.8 million). Community Levy Funds accounted for 52.5% and funds from international and bilateral partners 47.5%. An amount of UA45 million (approx. USD60 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 2023, all ECOWAS Institutions, Agencies and Offices are required to prepare a Mid-Term Expenditure Framework for the year 2023, 2024 and 2025.

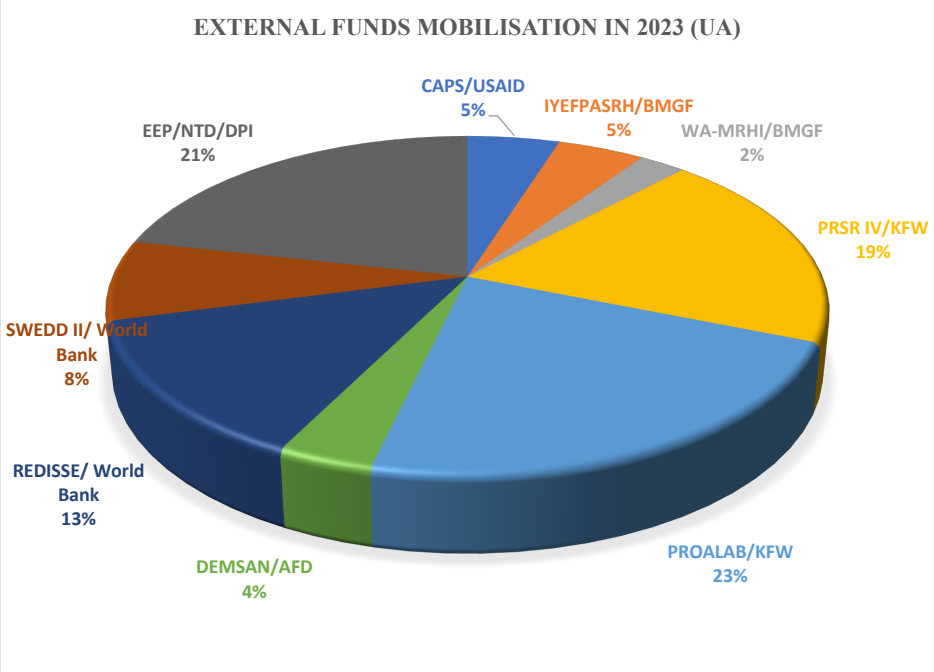
III.3. Resource Mobilization

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 2023 the expected funding from Multilateral and bilateral partners amounted to UA 26,879,263 (approx. USD36 million). The contribution of each partner is shown in the pie chart below:

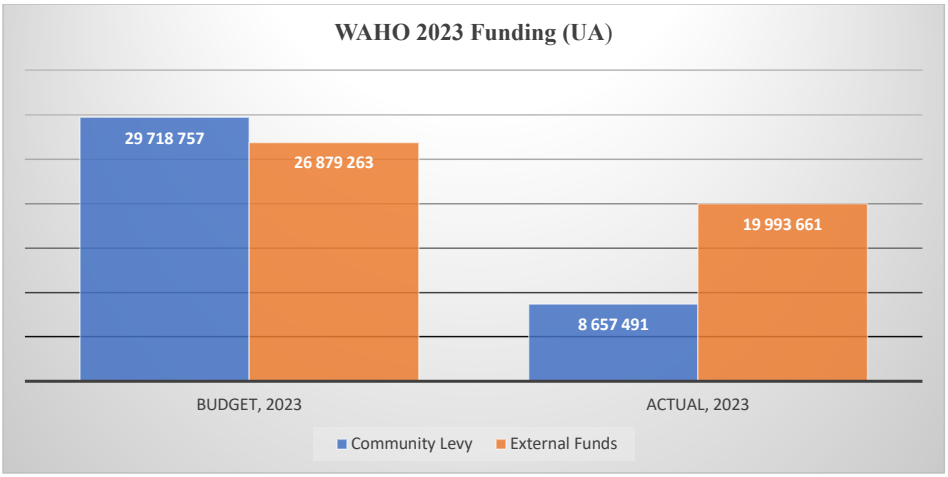


Total Budgeted Income and Receipts for 2023

In 2023 an amount of UA29.7 million was budgeted as income from Community Levy Contributions. However, the total amount received for the year amounted to UA8.6 million, which represents about 50% of the budgeted amount.

Similarly, the external funding amount budgeted for 2023 was UA26.8 million, whereas actual receipts for the same year was UA20 million.

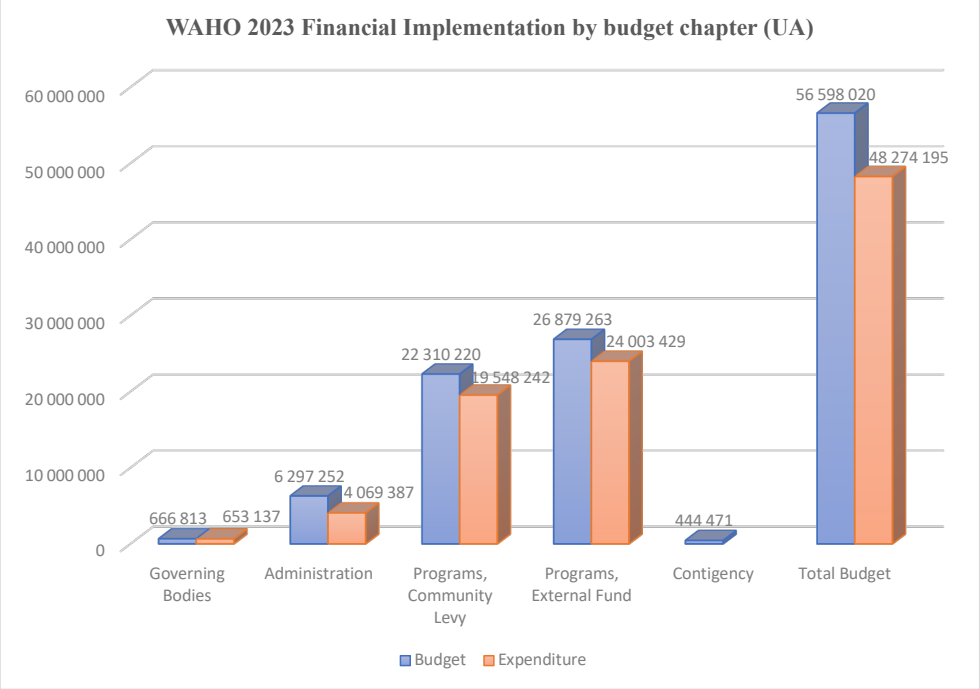
The chart below illustrates the budgeted amounts for community levy and external funding and the respective amounts received.



Total Expenditure Budgeted and Actual Expenditure for 2023

The total amount budgeted Expenditure for 2023 was UA 56.6 million and expenditure incurred both actual and commitments was 48.2 million UA or 85% budget consumption in 2023. This is a record high performance.

The chart below illustrates the breakdown of the budgeted and actual amounts.



IV. CHALLENGES

Overall, the region is facing the challenges of insecurity, climate change and economic difficulties, all of which have an impact on health. So, despite the efforts made, the region continues to face health challenges relating to the persistence of epidemics and other health problems.

The challenges of the health situation are compounded by those of WAHO, namely the lack of human and financial resources.

V. LOOKING AHEAD

For the year 2024, WAHO will continue to implement the strategic orientations contained in Vision 2030, namely:

- accelerate access to and provision of high-quality, inclusive and affordable healthcare services.

- ensure effective preparedness and response to public health emergencies in the ECOWAS region.
- strengthen WAHO's institutional processes and promote organisational excellence.
  The new priority actions will focus on strengthening human resources for health, community health and promoting e-health.

CONCLUSION

In 2023, the health situation in the ECOWAS region saw an increase in new epidemic events from thirty-nine (39) in 2022 to fifty (50) in 2023 due to sixteen (16) epidemic-prone diseases that affected twelve (12) of the fifteen (15) ECOWAS Member States. The report on the situation of maternal and child health over the last five (5) years (2018-2022) shows that maternal and child mortality is still high. However, the activities carried out by WAHO during the year have achieved significant results in the following areas: i) maternal and child health; ii) health security/epidemic control; iii) control of other diseases; iv) access to medicines and vaccines; v) human resources for health; vi) health information and vii) health research.