WEST AFRICAN HEALTH ORGANIZATION
ORGANISATION OUEST AFRICAINE DE LA SANTE
ORGANIZAÇÃO OESTE AFRICANA DA SAÚDE

38TH YEARS ANNIVERSARY CELEBRATION

1975 -2025

WAHO 2024 ANNUAL REPORT

April, 2025

Table of contents

Abbreviations and acronyms 4

List of tables 6

List of figures 6

EXECUTIVE SUMMARY 7

INTRODUCTION 9

1 HEALTH SITUATION IN THE ECOWAS REGION 10

1.1 Overall health situation 10

1.2 Communicable diseases 12

1.3 Epidemic-prone diseases 13

1.3.1 Key concepts and definitions 14

1.3.2 Vaccine-preventable diseases 15

1.3.3 Vector-borne diseases and zoonoses 16

1.3.4 Water-borne and other communicable diseases 17

1.4 Communicable diseases and the climate crisis 17

1.5 Human Resources for Health (HRH) in the ECOWAS region 18

2 WAHO ACHIEVEMENTS 22

2.1 . Physical execution of the 2024 annual work plan 23

2.2 Implementation of the main recommendations of the 25th Session of the ECOWAS Assembly of Health Ministers 24

2.3 Policy and advocacy initiatives and commitments 26

2.3.1 Official visits by the Director General of WAHO 26

2.3.2 Participation in large-scale forums and conferences 29

2.4 Main outcomes of interventions in the various fields 36

2.4.1 Maternal and child health 36

2.4.2 Health safety/epidemic control 40

2.4.3 Controlling other diseases 44

2.4.4 Access to medicines and vaccines 44

2.4.5 Human resources for health 45

2.4.6 Health research and Health information 46

2.4.7 Other support for ECOWAS countries 47
a- Health and Sport 47
3 WAHO FINANCIAL PERFORMANCE IN 2024 49
3.1 Program areas to implement WAHO's 2024 Approved Budget. 49
3.2 WAHO 2024 Approved Annual Budget. 49
3.3 Resource Mobilization 50
4 CHALLENGES 54
5 LOOKING AHEAD 54
6 CONCLUSION 56
Appendices ..... **Erreur ! Signet non défini.**

Abbreviations and acronyms

ABREVIATION	DEFINITION
AFD	French Development Agency
AFDB	African Development Bank
AFRICA CDC	African Centre for Disease Control and Prevention
AHM	Assembly of Health Ministers
AIDS	Acquired Immunodeficiency Syndrome
AMR	Antimicrobial resistance
ANC	Antenatal Care
ANDI	African Network for Drug and Diagnostic Innovation
AU	African Union
AWP	Annual Work Plan
AWPB	Annual Work Plan and Budget
CAPA	Corrective Appropriate and/or Preventive Actions
CDC USA	U.S. Centers for Disease Control and Prevention
CPF	Commodity Procurement Fund
CTD	Harmonized Common Technical Document for medicines registration in the ECOWAS region.
CYP	Couple Year Protection
DHIS2	District Health Information Management Software version 2
ECOWAS	Economic Community of West African States.
EMT	Emergency Medical Teams
EOC	Emergency Operations Centre
EPD	Epidemic-prone Diseases
FP	Family Planning
GIZ	German Agency for International Cooperation
GMP	Good Manufacturing Practices

ABREVIATION	DEFINITION
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
IPC	Infection Prevention and Control
ITN	Insecticide-treated Mosquito Net.
MCC	ECOWAS COVID-19 Ministerial Coordination Committee for Health
MCH	Maternal and Child Health
MICS	Multiple Indicator Cluster Surveys
NCD	Non-Communicable Diseases
NITAG	National Immunization Technical Advisory Group
NPHI	National Public Health Institutes
NTD	Neglected Tropical Diseases
PPE	Personal Protective Equipment
RCCE	Risk Communication and Community Engagement
RCSDC	Regional Centre for Surveillance and Disease Control
RSC	Regional Steering Committee
SDG	Sustainable Development Goals
SRH	Sexual and Reproductive Health
UHC	Universal Health Coverage
UNAIDS	United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
VTM	Viral Transport Medium
WAHO	West African Health Organisation
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

List of tables

Table 1: New epidemics reported in 2024 in ECOWAS countries 13
Table 2: Status of physical implementation of WAHO's 2024 annual action plan at the end of fiscal year 2024 23
Table 3: Recommendations from the previous AHM (May 13-17, 2024- Abuja) 24

List of figures

Figuù2re 1: Acnur/Caroline Irby: Cattle, Eastern Mauritania 10
Figure 2: Trends in new epidemic outbreaks in the ECOWAS region, from 2020 to 2024 14
Figure 3: Vaccine-preventable diseases in ECOWAS countries in 2024 16

EXECUTIVE SUMMARY

According to the World Health Organization (WHO), the global health situation is characterized by the fact that more than half the world's population is not covered by essential health services, and a quarter of this population is facing financial difficulties due to non-reimbursable health expenses.

In the ECOWAS region, due to terrorist threats combined with political instability, it is estimated that over 20 million people need humanitarian aid, over 3 million of whom are internally displaced.

Other key features of the health context in 2024 were the review of the International Health Regulations and the WHO certification, in January and October 2024 respectively, of the elimination of malaria by Cabo Verde and Egypt.

The region's health situation continues to be characterized by the double burden of increasing chronic illnesses as the population ages, and the persistence of communicable diseases, with the emergence of epidemic-prone zoonoses.

Epidemiologically, the ECOWAS region has shown significant changes in communicable disease patterns compared to the year 2023. Analysis of existing surveillance data reveals significant increases in several major infectious diseases, with malaria cases rising by Approximately 4 million new cases (17%).

Maternal mortality and stillbirths are down. The number of maternal deaths has fallen by 14% and neonatal deaths by 21.2% compared with 2023 (3,464 vs. 4,028 and 17,948 vs. 22,775 respectively), reflecting improved access to and use and quality of essential healthcare services.

With a total approved budget of UA 62.7 million, and pursuing the overall objective of ensuring that the ECOWAS region has the best health indicators by 2030, WAHO carried out several interventions in 2024 aimed at strengthening:

- Enhanced people's access to essential health care and services.
- health security in the region, 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 through harmonized registration at regional level.

With a physical implementation rate of 81% and a financial implementation rate of 65% for the 2024 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; vii) health research; and viii) specific financial support for member countries.

As a result, harmonization and consensus meetings were organised, reforms were introduced, regional strategies and harmonized protocols were drawn up, regional observatories were set up, technical and financial support was provided to member states in terms of capacity building, supply of products, materials and equipment, study and research grants and various subsidies,

situation reports were drawn up on various health problems affecting countries in the sub-region, newsletters and scientific articles were published, and additional resources mobilised through funding agreements with various partners.

These interventions were facilitated by policy and advocacy initiatives that included official visits by the Director General and participation in major sub-regional, regional, and international conferences and forums.

INTRODUCTION

The West African Health Organisation (WAHO) is the specialized institution of the Economic Community of West African States (ECOWAS) in charge of health issues. When it was established, its mission was to *provide the highest level of health care services to the populations of the sub-region, based on the harmonization of member states' policies, the pooling of resources and cooperation between member states and third countries, with a view to collectively and strategically finding solutions to the sub-region's health problems*.

In this sense, WAHO plays a crucial role in promoting and improving public health within the Community. Its task is to coordinate regional efforts to strengthen health systems, improve access to essential care and services, and ensure health security through an effective response to epidemics and other public health emergencies.

In 2024, WAHO furthered its objectives with determination, despite the considerable challenges that marked the year. The effects of the COVID-19 pandemic continued to weigh heavily on the region's healthcare systems, exacerbating existing weaknesses and highlighting the need for enhanced regional collaboration. Added to this were recurrent epidemics of diseases such as cholera and yellow fever. The year 2024 was particularly marked by major climatic phenomena, with their corollary deterioration of living conditions and disruption to the provision of several basic health services. Lastly, 2024, like previous years, was strongly characterized by high levels of insecurity due to terrorist attacks in many ECOWAS member states. This situation was further complicated by the decision, in January 2024, of three of the member states to withdraw from the Community.

The challenges encountered in 2024 tested WAHO's resilience and response capacity. Financial and human resource limitations, insufficient health infrastructure, and health care disparities hampered progress. Nevertheless, WAHO demonstrated its commitment to a collaborative and integrated approach, aimed at overcoming these obstacles and improving the health of West African populations.

This report presents an assessment of WAHO's actions in 2024. It reviews the region's health situation, the implementation status of the 2024 work plan, and the implementation of the recommendations of the 25th Assembly of Health Ministers (AHM). By highlighting initiatives and achievements in key areas such as maternal and child health, health security and disaster management, this report illustrates WAHO's vital role in strengthening public health in West Africa.

1 HEALTH SITUATION IN THE ECOWAS REGION

1.1 Overall health situation

The year 2024 was particularly turbulent. Internationally, it was marked by a combination of the persistent problems of 2023 and the new challenges of 2024, affecting health. At regional level, the political upheaval exacerbated the health challenges and added to people's despair.

In addition to wars around the world (Ukraine, Gaza, Sudan, Congo, Haiti, and Syria), 2024 has been classified as the hottest year in human history since temperature records began. For the first time, the rise in average annual temperature exceeded 1.5°C, leading to a series of natural disasters, including prolonged droughts, fires, and floods. The climate crisis has been called the greatest threat to global health in the 21st century[1] . Since 2000, the frequency and intensity of droughts have increased by about 30%, threatening the food and water security and livelihoods of over 1.8 billion people. By December 2024, an estimated 76 million people worldwide internally displaced, 90% due to conflict (war and violence) and 10% due to natural disasters caused by climate change. The UN has estimated that $2.6 billion will be needed between now and 2030 to restore degraded land, improve soil management, guarantee food security, and prevent mass population migration.

Climate change is also responsible for an average of 41 additional days of dangerous heat exposure per person in 2024, compared to pre-industrial exposure levels[2] . Increasingly intense and frequent droughts are becoming a "silent killer" affecting every region of the world. The horrific images of livestock deaths due to drought in Mauritania, a country bordering ECOWAS, clearly show the extent to which our community is exposed to the phenomenon of climate change.



Figure1 : Acnur/Caroline Irby: Livestock, eastern Mauritania

These conditions have not only created new health threats, such as chronic renal failure of unknown origin and the expansion of the geographical range of mosquito-borne infectious diseases but have also exacerbated existing health problems.[3]

---

[1] **Campbell-Lendrum, D · Neville, T · Schweizer, C · et al. Climate change and health: three grand challenges**

[2] https://www.worldweatherattribution.org/when-risks-become-reality-extreme-weather-in-2024/

[3] https://news.un.org/pt/news/topic/climate-change

In his end-of-year message, the Secretary-General of the United Nations declared: *"Today, I can officially announce that we have just lived through a decade of deadly heat. The ten hottest years on record have occurred in the last ten years, including 2024"*. What's worse is that the countries with the highest number of days of dangerous heat are overwhelmingly small islands and developing countries, which generally have limited resources to cope. And the absence of health-based adaptation strategies means that people in these regions remain ill-prepared, increasing their vulnerability to the growing health threats posed by the climate crisis. It is estimated that between 3.3 and 3.6 billion people worldwide live in regions particularly vulnerable to climate change.[4]

On a regional level, 2024 was another busy year, with WAHO working closely with several international partners such as WHO, WB, AfDB and USAID, on the one hand, and with national public health institutes in each of the member states on the other, to promote resilient health systems, integrated and collaborative surveillance programs for prevention, and coordinated responses to public health emergencies.

However, it must be said that the past year has been marked by unprecedented political turbulence since our community was established 50 years ago, leaving no one indifferent. The announced withdrawal of three (3) of our 15 member states at the very beginning of the year could jeopardize the solid achievements of our shared efforts. And health is likely to be the main victim of a definite separation if specific measures are not adopted.

The three member states that have announced their withdrawal (Burkina Faso, Mali, and Niger) are at the geographical centre of the community and share a land border with most of the other member states. Any final withdrawal would jeopardize the regional epidemiological surveillance program and the fight against epidemics, which constitute the biggest public health problem in our sub-region.

The risks are not limited to human health, but also to animal health. The main economic activity in these countries is agropastoral, where populations and herds need to move across borders. The implementation of the “one health” approach in epidemiological surveillance would be greatly weakened by the absence of these 3 countries in the discussion forums for joint regional strategies to tackle common problems.

In addition to political problems, the effects of climate change are already a reality in the community. The 2024 agropastoral season was characterized by either surplus rainfall in Sahelian countries, or deficit rainfall in Gulf of Guinea countries. As an immediate consequence, analysis of the food and nutrition situation reveals that 34.7 million people (25

[4] https://news.un.org/pt/news/topic/climate-change

million in Nigeria, including 516,000 internally displaced persons) were food insecure between October and December 2024. This situation could worsen to over 47 million people (including 33.2 million in Nigeria) during the lean season (June - August 2025) if adequate responses are not provided in a timely manner[5] . As things stand, access to an adequate diet remains a major challenge, as one child in five is unable to obtain it, which explains the poor nutritional conditions.

In conclusion, WAHO wishes to offer healthcare professionals, scientists, ideological and technological innovators, policymakers, and aid workers, as well as other front-line players, food for thought/discussion on policies and strategies for resilient healthcare systems ready to face the current threats to our common existence and well-being. As a matter of fact, over 450 million community citizens spread over more than 5 million square kilometres are eagerly awaiting solutions to current and emerging health problems.

Ideally, the year 2025 should be devoted to the search for endogenous solutions, customised to the socio-cultural context, with a view to establishing appropriate policies, priorities, strategies, and guidelines. The issues that directly and indirectly influence health are numerous, including the impact of global and regional geopolitical dynamics on local health; globalization, the economy and health information technologies; climate change, pollution, the environment, and disease; population, urbanization, and migration; nutrition and food security. This multitude of factors demonstrates the need to find our own models, capable of responding to emerging problems and adapted to local realities, which guarantee universal access to healthcare services for all in an equitable manner.

It would not be superfluous to think that our scientific institutions and political entities are in the best position to describe the most urgent and relevant climate-sensitive health challenges, as well as the critical obstacles to be overcome to tackle them. Local knowledge is crucial for identifying needs and priorities.

1.2 Communicable diseases

West African countries are characterized by a predominantly young population. In recent decades, however, there has been a growing trend towards an ageing population in almost all countries. As a result, the incidence of chronic non-communicable diseases is on the rise.

But despite the growing emergence of these chronic non-communicable diseases, our epidemiological panorama is still characterized by the predominance of communicable diseases in general, and particularly the epidemic-prone diseases (EPD). And to manage this double burden of increasing chronic diseases with an ageing population, and the persistence of communicable diseases with the emergence of epidemic-prone zoonoses, our Regional Centre for Surveillance and Disease Control (RCSDC) has stepped up its efforts at all levels.

[5] Food crisis prevention and management network (RPCA, 2024);

In 2024, the epidemiological situation in the region showed significant changes in communicable disease patterns compared to 2023. Analysis of existing surveillance data reveals significant increases in several major infectious diseases, with malaria cases rising by approximately 4 million new cases (17%). This increase, combined with a 29.4% rise in measles cases and a doubling of cholera cases (152%), clearly demonstrates the public health challenges facing our member states in the control and prevention of communicable diseases.

In summary, the ECOWAS region is still grappling with increasing threats from communicable and epidemic-prone diseases. The emergence/re-emergence of infectious diseases remains a concern due to factors such as rapid urbanization, population movement and agglomeration, combined with climate change factors,

Despite these challenges, the region has made significant progress in some areas. According to data provided by member states, the number of maternal deaths has fallen by 14% and neonatal deaths by 21.2% compared to the year 2023 (3,464 vs. 4,028 and 17,948 vs. 22,775 respectively), reflecting improved access to, utilization and quality of essential healthcare services. These trends demonstrate the potential impact of sustained investment and targeted interventions by certain countries in key areas of public health.

1.3 Epidemic-prone diseases

In 2024, seventeen (17) diseases led to a total of 67 new epidemic outbreaks in 12 of the 15 ECOWAS countries, compared with 51 outbreaks reported in 2023 in 12 countries. Senegal and Guinea stand out as recording the highest number of new outbreaks in 2024. On the other hand, three countries (Burkina Faso, Cabo Verde, and Sierra Leone) reported no new outbreaks, according to the information available. However, they continued to face persistent epidemics that had begun in 2023.

Table1 : New epidemics reported in 2024 in ECOWAS countries

N⁰	Diseases	Benin	Burkina Faso	Cabo Verde	Côte d'Ivoire	The Gambia	Ghana	Guinea	Guinea-Bissau	Liberia	Mali	Niger	Nigeria	Senegal	Sierra Leone	Togo
1	Crimean Congo Hemorrhagic Fever															
2	Cholera															
3	COVID-19															
4	Chikungunya															
5	Dengue															

6	Diphtheria															
7	Lassa fever															
8	Measles															
9	Meningitis															
10	Mpox															
11	Whooping cough															
12	Poliomyelitis (cVDPV2)															
13	Rabies															
14	Rift Valley Fever															
15	Nile fever															
16	Yellow Fever															
17	Zika															
Total new epidemics		3			2		4	14	1	2	2	7	4	25		3

Key	1 event	> 1 event

By rising from 51 in 2023 to 67 in 2024, the increase in new outbreaks suggests a continued prevalence of environments conducive to the transmission of epidemic-prone diseases in almost all countries. However, it is also plausible that this increase is partly linked to improved surveillance efforts and case detection capabilities, enabling faster and more accurate identification of outbreaks that might previously have gone unnoticed.

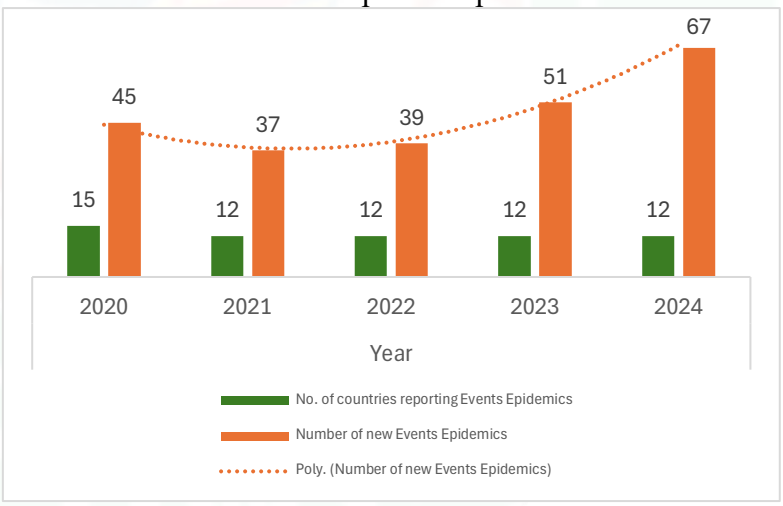


Figure2 : Trends in new epidemic outbreaks in the ECOWAS region, from 2020 to 2024

1.3.1 Key concepts and definitions

At the start of this section, it's important to clarify certain key concepts and definitions.
The suspect case (presumptive case): This is generally a case that meets clinical criteria (i.e. symptoms of a disease).

Some difficulties are encountered in the surveillance of suspected cases in the countries of the region. Many countries have limited access to laboratories and diagnostic equipment, which delays case identification. In some rural and remote areas, populations do not have easy access to medical facilities, leading to under-diagnosis. Fear of isolation or rejection can lead some patients to hide their symptoms and not come forward. Lack of training and standardized protocols make rapid identification of suspected cases difficult.

Probable case: The definition of a probable case includes clinical and epidemiological criteria, such as close contact with an infected person.

The confirmed case: The definition of a confirmed case presupposes that the disease has been confirmed by biological analysis.
As for the difficulties involved in confirming cases, in many countries there are few laboratories capable of carrying out rapid, reliable tests, which means that confirmation takes longer. In addition, transport of samples to laboratories is often slow due to distances and inadequate road infrastructure. Data centralization is sometimes inefficient, which can distort the assessment of the epidemic situation. Once confirmed, patients must be treated, but medical resources (drugs, hospital beds, protective equipment) are often limited. In most outbreaks, only a small proportion of suspected cases are confirmed.

Deaths are generally counted among suspected cases. Thus, it is not incongruous to have descriptions of epidemics where the number of deaths exceeds the number of confirmed cases. This reflects weaknesses in diagnostic and case confirmation capabilities.

Among the epidemic-prone diseases that affected countries in the region in 2024 were:

1.3.2 Vaccine-preventable diseases

Measles: In 2024, measles remained the most prevalent vaccine-preventable disease in most of the community's countries. Apart from Cabo Verde and The Gambia, all the other 13 countries reported confirmed cases of the disease, for a total of 57,655 suspected cases, 4,019 confirmed cases and 206 deaths. Côte d'Ivoire reported the highest number of confirmed cases with 1,538 (38.3%), followed by Guinea with 948 cases (23.6%). The other countries are Nigeria with 504 cases (12.5%), Senegal with 484 cases (12.0%) and Mali with 341 cases (8.5%).

Overall, measles cases rose by 29.4% in 2024, adding about 8,300 cases to the previous year's total. More worryingly, measles-related deaths rose by 55.1%, while the number of confirmed cases fell by 14.3%. This disparity in trends between the number of confirmed cases and measles-related deaths points to challenges for epidemiological surveillance systems. Some member states only report suspected cases, which means that there may be gaps in laboratory diagnosis.

Poliomyelitis: Vaccine-derived poliovirus type 2 (cVDPV2) continues to circulate in the sub-region. In 2024, the virus was confirmed in seven countries (Benin, Guinea, Liberia, Mali, Niger, Nigeria, and Senegal), with a total of 175 cases and two (2) deaths. Nigeria, with 136 cases, accounts for 77.7% of infections, followed by Niger and Liberia, with 16 cases (9.1%) and 13 cases (7.4%) respectively. As part of the enhanced surveillance program, 122

environmental samples tested positive in 9 countries (Côte d'Ivoire, The Gambia, Ghana, Guinea, Liberia, Niger, Nigeria, Senegal, and Sierra Leone).

Whooping cough/Pertussis was reported in Guinea and Niger, with 634 suspected cases, 8 confirmed cases and 2 deaths.

Meningitis was particularly severe in Guinea, Mali, Niger, and Nigeria, with 10,501 suspected cases, 4,433 confirmed cases and 449 deaths, representing a case-fatality rate of 10.13%.

Diphtheria was a major concern in Guinea, Niger, and Nigeria, with 11,876 suspected cases, 731 confirmed cases and 285 deaths during the year.

Persistent outbreaks of vaccine-preventable diseases demonstrate current weaknesses in immunization and community immunity programs. It is essential to intensify efforts to secure vaccines, improve access to immunization services and ensure that vulnerable populations, particularly children and newborns, receive adequate immunization. Community involvement and public awareness of vaccination are also essential to prevent future epidemics.

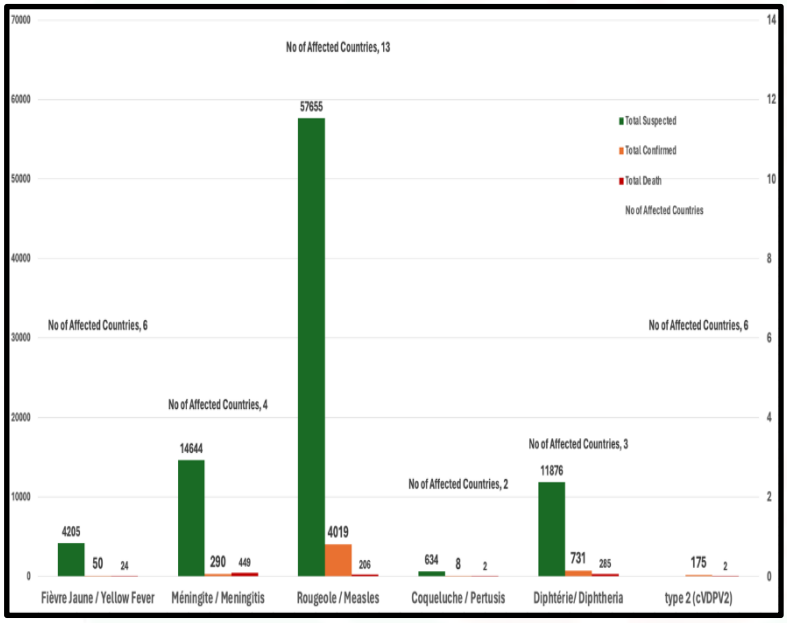


Figure3 : Vaccine-preventable diseases in ECOWAS countries in 2024

In addition, major shortcomings were noted in laboratory diagnostics, which are essential for proactive epidemiological surveillance, and in the operationalization of the early warning and response system for any epidemic threat.

1.3.3 Vector-borne diseases and zoonoses

Vector-borne diseases and zoonoses are emerging as one of the most important public health issues in the region. With the current climate change situation, these diseases are finding the enabling environment for rapid development.

Mpox (or monkeypox) was declared a public health emergency of international concern by the WHO in August 2024 (second time in 2 years). Following such a declaration, many prevention and surveillance measures were stepped up worldwide. In the 5 months following the

declaration, 5 of our countries (Nigeria, Côte d'Ivoire, Liberia, Ghana, and Guinea) confirmed cases of the disease, for a total of 3,375 suspected cases, including 366 confirmed cases and 1 death.

Nigeria is the most affected country, with 189 cases, followed by Côte d'Ivoire, with 107 cases. The two countries account for 81% of cases in the sub-region. The other countries are Liberia with 63 cases, Ghana with 5 cases and Guinea with 2 cases.

Dengue is currently one of the most widespread epidemic-prone diseases in almost all countries. In 2024, nine (9) countries - Burkina Faso, Cabo Verde, Côte d'Ivoire, Ghana, Mali, Niger, Nigeria, Senegal, and Togo - experienced year-round epidemics, some since 2023. Some 320,000 suspected cases have been reported, with 29,400 (9.2%) confirmed cases and 160 deaths.

Yellow fever was confirmed in 6 countries, including Côte d'Ivoire, Guinea, Mali, Niger, Nigeria, and Senegal, with a total of 4,025 suspected cases, 50 confirmed cases and 24 deaths.

Lassa fever: Some of our countries are in the "Lassa belt", with regular epidemic outbreaks. In 2024, the disease was only reported in 4 countries (Liberia, Nigeria, Guinea, and Sierra Leone) with 9,011 suspected cases, 1,105 confirmed cases and 154 deaths, compared with 6 countries in 2023 (Benin, Ghana, Guinea, Liberia, Nigeria, and Sierra Leone) with 1,380 confirmed cases and 259 deaths.

1.3.4 Water-borne and other communicable diseases

Cholera is one of the most common water-borne diseases in our region. In recent years, the disease has not really been of epidemiological significance. But in 2024, the region saw a particularly worrying increase in the transmission of the disease, with cases up 152.8% on the previous year. More than 25,000 suspected cases, including 439 confirmed cases and 647 deaths, were reported by 4 countries: Ghana, Nigeria, Niger, and Togo.

Cholera is not the only waterborne disease in the region. A large group of diseases classified as Neglected Tropical Diseases (NTDs) are still present in our countries, with a high risk given current climatic conditions.

1.4 Communicable diseases and the climate crisis

Moving on from the global to the regional situation, we cannot fail to mention the impact of the climate crisis on communicable diseases, particularly the epidemic-prone diseases. The prevalence of epidemic outbreaks is nothing new in our epidemiological panorama. But climate change is emerging as a major and growing threat to control efforts, intensifying the conditions

that allow these diseases not only to persist, but to amplify. Most EPDs are transmitted by vectors such as mosquitoes, and by water. Warmer temperatures enable these vectors to reproduce more rapidly, bite more frequently and extend their range even outside tropical and subtropical regions. As a result, cases of dengue fever are currently on the increase in regions with few or no reported cases, such as Nepal, North America, and Central Europe.

Changes in rainfall patterns - particularly more intense and irregular rainfall - can also favour the spread of these diseases. Excessive rainfall and flooding lead to stagnation of the water that serves as a breeding ground for vectors, increasing the risk of diseases such as cholera, dengue fever, certain neglected tropical diseases such as lymphatic filariasis, schistosomiasis, leptospirosis and certain cutaneous NTDs. In regions where health facilities are inadequate (as is the case in almost all our countries), these events exacerbate health risks, rendering communities vulnerable to overlapping epidemics.

To protect the most vulnerable populations and continue progress towards the control of communicable/epidemic-prone diseases, while aiming for the elimination of NTDs, it is necessary to invest in resilient health systems, set up early warning systems and predictive modelling, develop vector control, improve sanitation systems, and customize interventions to communities at risk.

It's true that the lessons learned from the responses to the Ebola epidemic in 2014 and the COVID-19 pandemic in 2020 are valuable to us in many ways. These include training of field epidemiologists, establishment of multidisciplinary rapid response teams, strengthening of laboratory diagnostic and genomic surveillance capacities, establishment of multi-sectoral coordination committees, and reinforcement of political leadership and community engagement. In addition, the networking of our National Public Health Institutes (NPHIs) has been an important asset. However, there is still a long way to go to build resilient health systems, which are essential to guarantee good health outcomes before, during and after public health emergencies.

1.5 Human Resources for Health (HRH) in the ECOWAS region

Health systems can only function with health professionals. But the mere availability of health workers is not enough: it is only when they are equitably distributed and accessible to the population; that they possess the requisite skills; that they are motivated and empowered to provide quality care that is appropriate and acceptable to the population's socio-cultural expectations and; that they are adequately supported by the health system, that theoretical coverage can be translated into effective coverage of services .

The health priorities set out in the SDGs – halting the AIDS, tuberculosis, and malaria epidemics, achieving a drastic reduction in maternal mortality, putting an end to preventable deaths of newborns and children under five, guaranteeing universal health coverage - will never

become a reality unless strategies are put in place to make a radical effort to build the capacity of the healthcare workforce1.

In addition, each Member State must be able to protect the health of its population and, at the same time, fulfill its collective health security obligations at both regional and global levels, as set out in the International Health Regulations. This requires qualified, trained, and supported health personnel.

In the run-up to the 24th Ordinary Session of the Assembly of Ministers of Health in 2023, WAHO invited experts to reflect on the state of human resources for health in ECOWAS countries.

One of the recommendations that emerged from the technical and political discussions in Bissau was to request WAHO to provide an update on the human resources for health in each member country.

In response to the request made by the 2023 AHM, WAHO organized a working session in Conakry in October 2024 with all member countries to review available data and discuss HRH issues in each ECOWAS country. The meeting brought together health information systems managers and human resources managers. Eleven (11) of the 15 ECOWAS countries were represented. Following review of the available data and exchanges between participants, the following points were highlighted:

On Human Resources' availability and accessibility in each member country:

By 2023, none of the community's countries had achieved the minimum availability ratio recommended by the WHO for any category of healthcare professional, notably the number of doctors and nurses/midwives per 10,000 inhabitants. Of the 8 countries with information on the professional-to-population ratio, 4 countries - Togo, Guinea-Bissau, The Gambia, and Liberia - had less than 1 doctor per 10,000 inhabitants, whereas 09 doctors are expected. As for nurses, an essential category for primary healthcare and community health, all countries were well below the threshold of 36 nurses/midwives per 10,000 inhabitants. The 4 countries with the highest community ratios: Côte d'Ivoire, Benin, Liberia, and The Gambia, with over 6 nurses/midwives per 10,000 inhabitants.

In terms of deployment, most healthcare personnel are concentrated in urban areas. In Côte d'Ivoire, for example, over 91% of healthcare professionals, including 100% of specialist doctors and 99% of general practitioners, are based in large cities. About 85% of nurses and 87% of midwives are in cities. For all other countries, a minimum of 59% of these categories of caregivers are in large cities, ranging from 76% in Togo to 59% in Liberia. Given that most hospitals are in urban centres, this confirms that there are very few doctors in outlying health centres. This low availability has a direct impact on primary health care, which is the foundation of the preventive strategies needed to achieve the goals set out in the SDGs.

When it comes to staffing health facilities in line with national standards, only Benin and Liberia had the required number of staff in all hospitals - 100% of hospitals had the minimum required staff (all categories combined). These two countries are followed by Togo with 62% of hospitals. However, only 11% of health centres in Togo and 3% in Liberia were staffed according to nationally defined staffing standards.

Training and recruitment

The information available from the discussions and data sharing at the Conakry session is not sufficient to enable a more in-depth analysis and a clearer view of the training and absorption capacities of professionals trained to meet country needs. However, we note that, in general, basic, and even specialized training schools for health professionals exist in all the countries of the Community. Some countries, notably Ghana, Nigeria, Senegal, and Côte d'Ivoire, have large training capacities. But others are struggling to provide training to meet their own needs, with particular emphasis on Sierra Leone, Guinea-Bissau, The Gambia, and Cabo Verde.

Retention / Migration of healthcare professionals

- Retention is the most important challenge cited by all countries in the struggle to guarantee the minimum availability of human resources at all levels of healthcare systems. Retention difficulties manifest themselves at several levels:

    - Staff leaving the public sector for the private sector,
    - Staff moving from rural areas to urban centres,
    - Staff leaving the country for other countries.
    - It's true that countries must contend with budget restrictions and are therefore limited in their ability to recruit the staff they need to achieve their political objectives. But the main problem lies in retaining staff where they are needed. Even if recruitment is not sufficient to cover needs, it is uncontrolled mobility that is the main problem in HRH management.

The main reasons often put forward to explain the difficulty of retaining staff in the public sector are generally the following:

- Professional environment and working conditions in public health facilities.
- The desire for a better standard of living: better pay, training opportunities and career development, and childcare facilities.

As for healthcare workers, the factors often cited as deterring them from remaining in rural areas and encouraging many professionals to prefer the private sector (usually in large cities) or abroad, include:

- Working conditions: working conditions are often precarious, with inadequate medical infrastructure, limited access to essential equipment and a high workload due to staff shortages.
- Social environment: social and family conditions, as well as the lack of opportunities for further training towards specialization.
- Economic opportunities: lack of opportunities for complementary income-generating activities.
- Insecurity: in addition, insecurity in certain areas drives many healthcare workers to seek better opportunities elsewhere.

- To illustrate the scale of external mobility, in 2022 Nigeria took stock of the international emigration of its healthcare personnel (figure below). Almost 1900 trained healthcare workers had migrated to a single destination - the UK. In total, some 2,834 healthcare professionals had left the country by 2022. It's as if the entire health workforce of The Gambia or Guinea Bissau had left the country. And the preferred destinations are Europe, North America and even Asia. We're facing a problem with a lot at stake. That's why a good grasp of the problem and all its determinants is vital.

- The high mobility of qualified healthcare professionals is the order of the day in many African countries. However, although most governments recognize this issue, it is rare for countries to have the information and document the actual situation of their HRH.

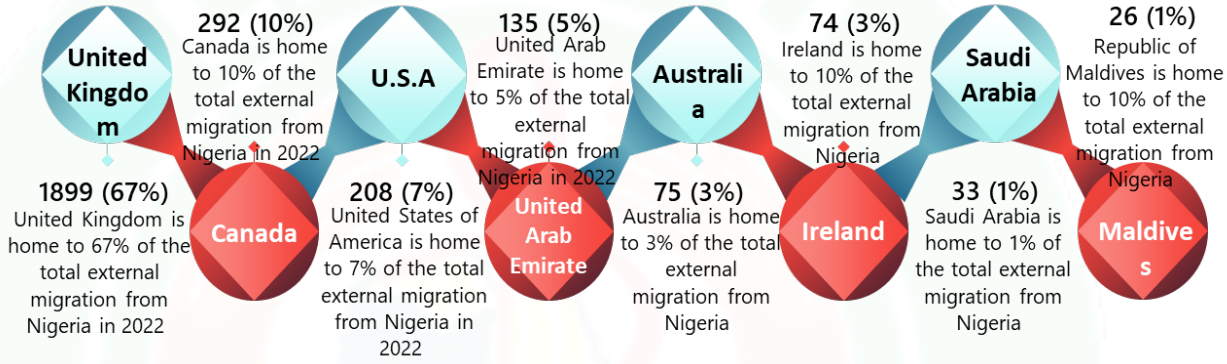


Figure4 : Destinations of migrant health human resources in Nigeria in 2022

On HRH management (policies, strategies, standards, professional careers, etc.)

- At a political level, the governance of human resources for healthcare is deeply lacking in clear management strategies. Quantification of needs; plans for training (basic, continuing and/or specialized), recruitment, motivation, and retention of staff; opportunities for professional career development and mechanisms for articulation with the various socio-professional associations are all virtually non-existent. It is also well known that poor workforce management contributes to accentuating inequalities of opportunity, nurtures a sense of injustice, and consequently fuels more intense and difficult-to-control mobility dynamics.

- Countries such as Côte d'Ivoire and Senegal, in addition to strategic plans for human resources for health, have already put in place tools for monitoring assignment, mobility and career management.

- Sharing the experiences of the two countries:

- Senegal has set up a platform called MIRSAS (Integrated Management of Human Resources for Health and Social Action), which will ensure an equitable distribution of healthcare personnel. The platform provides a clear picture of human resource requirements throughout the country, in terms of national standards for different types of health facility.

It also presents objective and automatic rating grids for staff redeployment or promotion needs. These ratings consider the location of the workstation (distance from the country's capital, from the regional capital and from the referral health centre). Expressions of need for staff deployment are paperless and processed automatically according to defined criteria. Since its deployment, MIRSAS has brought many benefits to the Senegalese Ministry of Health and Social Action:

- Improved accessibility for all staff, everywhere in Senegal
- Real-time monitoring of transfer requests by staff,
- Fairness and transparency in job allocation and staff redeployment
- Instant transmission of requests,
- Saving management time and resources.

In the same vein, Côte d'Ivoire has developed the Integrated Healthcare Personnel Management System (SIGPS). In addition to all the functionalities included in Senegal's MIRSAS, Côte d'Ivoire's SIGPS platform contains a record of all the country's healthcare personnel, enabling the centralization and optimization of information management relating to each staff member. The implementation of the platform since 2023 has afforded the country:

- End-to-end career tracking for all categories of healthcare professionals.
- The provision of a personal space on the platform for each staff, where they may access various functions, such as consulting and updating their professional data.
- The introduction of paperless and near-automation of all administrative requests. These functions range from the production of administrative documents to transfers and training.
- Precise information, such as maps of staff availability and density by type and level of care, as well as assignment locations, etc., is produced in real time.

Both initiatives aim to improve administrative efficiency and ensure transparent, up-to-date management of human resources in the health sector. They are part of overall strategies to modernize human resources for health management in Côte d'Ivoire and Senegal and facilitate communication between field staff and decentralized central administration. In this sense, they can be seen as a means of supporting the professional development of healthcare staff.

2 WAHO ACHIEVEMENTS

The aim of this chapter is to provide an update on the implementation of WAHO's 2024 Annual Work Plan and Budget (AWPB), report on the implementation of the recommendations of the 25th session of the ECOWAS Assembly of Health Ministers, present the steering actions carried out by WAHO's Directorate General and highlight the main results achieved in the execution of priority programs.

2.1 . Physical execution of the 2024 annual work plan

The activities in the WAHO 2024 Annual Work Plan (AWP) are divided into fourteen (14) priority programs. Of the 259 activities in the AWP, 78%, or 202 activities, fall under five priority programs:

- Access to healthcare: 87 (34%),
- Emergency preparedness and response: 31 (12%),
- Laboratory systems and networks: 30 (12%),
- Human resources for health: 28 (11%),
- Quality health information: 26 (10%).

The remaining programs each account for between three (3) and nine (9) of the remaining 57 activities.

The following table summarizes the level of physical execution of planned activities by program at the end of the 2024 fiscal year.

Table2 : Status of WAHO's 2024 annual action plan by December 31, 2024

2024 AWP programs	Total AWP activities	Number Activities discontinued	Number of Remaining activities	Number of activities implemented (AI)	AI rate	Number of activities not implemented (ANI)	ANI rate
P1: access to healthcare	87	21	66	46	70%	20	30%
P 2: health education and promotion	4	0	4	4	100 %	0	0%
P 3: quality of health services	5	3	2	1	50%	1	50%
P 4: healthcare infrastructure	3	0	3	2	67%	1	33%
P 5: human resources for health (HRH)	28	1	27	27	100 %	0	0%
P 6: quality health information	26	2	24	20	83%	4	17%
P 7: public health research	7	2	5	5	100 %	0	0%
P 8: disease surveillance	9	0	9	8	89%	1	11%
P 9: laboratory systems and networks	30	11	19	19	100 %	0	0%
P 10: emergency preparedness and response	31	1	30	20	67%	10	33%

2024 AWP programs	Total AWP activities	Number Activities discontinued	Number of Remaining activities	Number of activities implemented (AI)	AI rate	Number of activities not implemented (ANI)	ANI rate
P 11: governance of healthcare systems	3	1	2	2	100 %	0	0%
P 12: mobilizing resources for health	5	2	3	3	100 %	0	0%
P 13: policy and advocacy	4	1	3	0	0%	3	100 %
P 14: WAHO organizational excellence	17	2	15	15	100 %	0	0%
Grand total	**259**	**47**	**212**	**172**	**81%**	**40**	**19%**

Of the 259 activities approved, 47 were cancelled for various reasons, including the vacancy of professional officer's positions following three retirements in 2024, and the non-approval of certain activities by funding partners. One hundred and seventy-two (172), or 81%, of planned activities were completed. However, this rate is higher than in 2023 (69%). Uncompleted activities (40) represent 19% of the total number of approved activities. The non-implementation of certain activities is mainly due to the lack of human resources, following the non-replacement of retirees, or to the delay in the planned recruitment of consultants, due to the slow procedures, and the failure to mobilize additional resources from other partners as planned.

2.2 Implementation of the main recommendations of the 25th Session of the ECOWAS Assembly of Health Ministers

The Twenty-fifth Session of the ECOWAS Assembly of Health Ministers, held from May 13-17, 2024, tasked WAHO with implementing a series of seventeen (17) recommendations, the level of achievement of which is shown in the table below.

Table3 : Status of implementation of recommendations from the 25th AHM (May 17, 2024 - Abuja)

RECOMMENDATIONS TO WAHO	Implementation level	Activities undertaken
FOCAL POINTS MEETING		
1. Send correspondence to Liaison Officers at least two weeks before the start of the activity.	Realized	
2. Inform Liaison Officers of all activities implemented or supported by WAHO in the country.	Realized	

3. Increase the allowance paid to Liaison Officers.	Not carried out	
4. Share with new Liaison Officers the contact details of all WAHO department heads and professional officers.	Realized	
5. Include Liaison Officers in the WAHO staff merit recognition system at annual retreats.	In progress	
6. Ensure continuous capacity building of Liaison Officers.	Realized	
7. Share with Liaison Officers the complete documentation with TOR, filling instructions for questionnaires / collection requests.	Realized	
8. Share WAHO's country monitoring and evaluation reports with Liaison Officers.	Not carried out	
MEETING OF EXPERTS AND AHM		
9. Develop innovative thinking and approaches to develop standards designed to harmonize regulations and ensure quality of care for the community's citizens.	Not carried out	
10. Propose a regional strategy adapted to the socio-cultural context of the community to reconcile respect for exclusive breastfeeding up to the age of 6 months.	Not carried out	
11. Set up a regional working group on healthcare quality.	Not carried out	
12. Adopt a consensus list of indicators to monitor progress in quality of care in each country and in ECOWAS.	Not carried out	
13. Review the questionnaire to incorporate the experts' suggestions and send it back to the countries with instructions for completion.	Not carried out	
14. Conduct advocacy with countries for political and legislative action for exclusive breastfeeding and the protection of women in the workplace.	Not carried out	
PARTNERS' FORUM		
15. Strengthen coordination among partners to better monitor and report on partner support to WAHO.	In progress Not carried out	Several Partner meetings

16. Share the detailed annual work plan with partners to improve alignment, synergies, and coordination. 17. Set up a mechanism to monitor, control and report on partner support.	Not carried out	organized online

Of the seventeen (17) recommendations, five (5) were fully implemented (29%); two (2) are in progress and ten (10) were not implemented. This situation can be explained by the fact that these recommendations were made in the middle of the 2024 budget year, and those whose implementation requires financial resources were not planned in the 2024 Work Plan. In addition, there has been a delay in recruiting staff to support the implementation of the recommendations. As a result, they will be implemented over the next few financial years.

2.3 Policy and advocacy initiatives and commitments

This section covers both official visits by the WAHO Director General and his participation in major conferences and forums.

2.3.1 Official visits by the Director General of WAHO

a- *Virtual meeting between the Director General of WAHO and the representative of the African Constituency Bureau (ACB).*

In February 2024, Dr. Melchior Athanase Joël Codjovi AÏSSI, Director General of the West African Health Organisation (WAHO), held a virtual meeting with Ms. Susan Mochache, CBS, former Principal Secretary at the Kenyan Ministry of Health, and representative of the African Constituency Bureau (ACB).

During the session, both parties emphasised the importance of Africa taking full ownership of the challenges of sustainability in global health. The discussion highlighted opportunities for collaboration between WAHO and ACB, with a particular focus on concrete actions to be undertaken.

The main points discussed were as follows:

- Commitment of WAHO's ministers and partners to support local players in strengthening the sustainability of health projects.
- Ownership and customization of various health initiatives to African realities.
- Resource mobilization. The aim is to explore innovative ways of guaranteeing sustainable and effective funding for healthcare programs.

The meeting marked the start of a strategic cooperation between both institutions, aimed at providing sustainable solutions to public health challenges in Africa.

b- *WAHO Director General meets Senegalese Minister of Health and Social Action*

On August 12, 2024, a strategic meeting was held in Dakar, Senegal, between Dr. Melchior Athanase Joël Codjovi AÏSSI, WAHO Director General, accompanied by Mr. Sani Ali, Director of Planning and Health Information (DPHI) and Dr. Ibrahima SY, Senegalese Minister of Health.



Discussions focused on health financing in West Africa, with an emphasis on strengthening cooperation between ECOWAS countries to optimize health sector financing strategies.

Dr. AÏSSI presented WAHO's flagship initiative, the Regional Hub for Health Financing, aimed at building capacity and improving the sustainability of financing systems in the region.

This visit to Senegal illustrates WAHO Director General's commitment to promoting strategic partnerships and regional synergies to strengthen health systems. It also underlines WAHO's central role in coordinating regional efforts to improve access to healthcare in West Africa.

c- *Meeting between WAHO Director General and Cuban Ambassador*



As part of the strengthening of international health cooperation, Dr. Melchior Athanase Joël Codjovi AÏSSI, WAHO Director General, held a high-level meeting with the Cuban Ambassador to Nigeria on December 17, 2024, in Abuja. This strategic meeting is part of WAHO's vision to develop innovative partnerships to improve healthcare systems in West Africa.

This diplomatic initiative highlights Dr. AÏSSI's commitment to mobilizing international expertise in the service of health development in West Africa. Collaboration with Cuba, renowned for its excellence in medical training and pharmaceutical production, opens promising new prospects for strengthening regional health capacities.

This meeting marks a key step in WAHO's strategy to diversify its international partnerships and reaffirms Dr. AÏSSI's leadership in the use of health diplomacy as a lever for health sector development in West Africa.

d- *WAHO Director General joins ECOWAS Ministers in Abidjan to finalize regional resilience strategy*

Ministers responsible for resilience in ECOWAS member states met in Abidjan to validate and adopt the 2024-2050 regional resilience strategy for West Africa.

This strategy aims to address vulnerabilities and build resilience by integrating national and regional efforts in six key areas: (i) good governance, peace, and security, (ii) macroeconomic resilience, (iii) sustainable livelihoods, (iv) social protection and resilience, (v) gender sensitivity and social inclusion, (vi) climate change and disaster risk reduction.

Once implemented, the strategy will support sustainable development and long-term stability throughout the region.



e- *Inauguration of the WACOP Hotel and Conference Centre*

The West African College of Physicians (WACOP) inaugurated its Hotel and Conference Centre on October 30, 2024, in Abuja, marking a major step forward in the development of medical training infrastructure in West Africa.

Dr. Melchior Athanase Joël Codjovi AÏSSI, Director General of WAHO, presided over the ceremony as guest of honor, reaffirming the institution's commitment to regional medical capacity building and collaboration between health institutions.

In his speech, Dr. AÏSSI underlined the strategic role of this new infrastructure in improving medical training and continuing professional development for healthcare practitioners in West Africa. His constant support for initiatives aimed at raising standards of care was hailed by WACOP members.





This modern centre, designed to host major events and training sessions, represents a key investment in strengthening medical skills. It will serve as a platform for sharing knowledge and consolidating partnerships, helping to improve the quality of care in the region.

2.3.2 Participation in large-scale forums and conferences

a) World Health Assembly (WHA77)



WAHO Director General participated in a strategy meeting at the 77th World Health Assembly (WHA) in Geneva on May 26, 2024. This African consultative session brought together health ministers, experts, and health organizations from across the continent to address two key issues.

On the one hand, discussion focused on the development of local production of healthcare products in Africa, to reinforce the continent's autonomy following the supply difficulties experienced during the COVID-19 pandemic. Secondly, participants worked towards a common position on the pandemic treaty, designed to better prepare the world for future health crises.

The meeting strengthened Africa's voice in the deliberations of the World Health Assembly, WHO's decision-making body.

b) World Summit on Pandemic Preparedness



Dr. Melchior Athanase Joël Codjovi AÏSSI, Director General of WAHO, took part in the 2024 World Summit on Pandemic Preparedness in Rio de Janeiro, accompanied by the directors of the organisation's departments. This international event, organised in partnership with the Brazilian Ministry of Health, Fiocruz and CEPI, brought together public health experts and decision-makers. Discussions focused on the "Mission – 100 Days" initiative, aimed at improving response to pandemics in three areas: strengthening surveillance systems using new technologies, developing regional production capacities for healthcare products, and improving access to healthcare tools (vaccines, treatments, tests).

WAHO's participation underscores its commitment to regional coordination and strengthening of health crisis preparedness in West Africa.

c) 74th Session of the WHO Regional Committee for Africa

The 74th session of the WHO Regional Committee for Africa brought together representatives of the 47 member states to discuss public health priorities on the continent. Dr Melchior

Athanase Joël Codjovi AÏSSI, Director General of WAHO, took part as representative of the regional institution, underlining the importance of coordinating health organizations in Africa.



The highlight of the session was the historic election of the late Dr. Faustine Engelbert Ndugulile (Tanzania) as WHO Regional Director for Africa, succeeding Dr. Matshidiso Moeti after two terms. He was expected to play a key role in strengthening post-COVID-19 health systems, combating disease, and responding to the challenges of climate change.

Delegates also assessed progress on previous resolutions and adopted new strategies for improving public health in Africa, laying the foundations for sustainable transformation of the continent's healthcare systems.

d) Galien Forum Africa 2024



The Galien Forum Africa 2024, a major healthcare event, was held in Dakar, Senegal, in October 2024, with a focus on the impact of climate and environmental crises on health in Africa.

WAHO Director General Dr. Melchior Athanase Joël Codjovi AÏSSI took part in the forum's opening and closing ceremonies (presided over in person by His Excellency Bassirou Diomaye FAYE, President of the Republic of Senegal), as well as the 4th edition of the *Prix Galien*, which rewards innovation in health sciences in Africa. WAHO, as a strategic partner of the forum, mobilized a delegation of experts who contributed to discussions on the impact of climate change on health, community resilience and strategies for adapting to environmental challenges. Discussions focused on strengthening community health systems and improving response to natural disasters.

This participation confirms WAHO's commitment to innovation in public health, and its key role in developing solutions to health and environmental challenges in West Africa. WAHO, in collaboration with the forum, has awarded five public health doctoral thesis grants on community health.

e) 8e WAPCEH Annual Scientific Conference



The 8th WAPCEH Annual Scientific Conference was held against a backdrop of growing concern about the impact of the environment on public health in West Africa. It brought together experts, researchers, and environmental health professionals from across the region.

A key moment of the event was the presentation of a prestigious award to Dr. Melchior Athanase Joël Codjovi AÏSSI, Director General of WAHO, in recognition of his commitment and contribution to the development of environmental health in the ECOWAS region. Under his leadership, WAHO has launched several innovative programs to strengthen regional capacities.

Discussions focused on major challenges such as urban pollution, waste management, water quality and the impact of climate change on health. A strategic framework was drawn up around three pillars: Development of advanced training, intensification of applied research, and strengthening of regional collaborations.

The conference also served as a platform for the launch of new collaborative research initiatives and strategic partnerships, strengthening synergies among academic institutions, public health organizations and development stakeholders in West Africa.

f) WAHO participation in the maiden Primary Health Care Forum



The maiden forum on primary healthcare and the institutionalization of community health was held in Yaoundé, Cameroon, bringing together political decision-makers, public health experts and development partners.

WAHO, represented by a delegation led by its Director General, Dr. Melchior Athanase Joël Codjovi AÏSSI, took an active part in discussions on strengthening primary healthcare and integrating community

health. The organisation shared West Africa's experience in this area, highlighting best practices and successful initiatives in the ECOWAS region.

The forum also served to strengthen collaboration between WAHO and Central African health institutions, underlining its key role in harmonizing regional health policies. The exchanges led to concrete avenues for inter-regional cooperation, paving the way for joint initiatives to improve access to basic healthcare in West and Central Africa.

g) WAHO DG attends the 65th Session of the National Health Council of Nigeria



The 65th Session of Nigeria's National Health Council was held in Abuja, bringing together the country's highest health authorities, including the Coordinating Federal Minister of Health and Social Welfare, the Minister of State for Health, and the Health Commissioners of the 36 states.

Dr. Melchior Athanase Joël Codjovi AÏSSI, WAHO Director General, took part in the event, highlighting Nigeria's key role in regional health and WAHO's commitment to strengthening partnerships for Universal Health Coverage (UHC) by 2030. The exchange, focused on the theme "Accelerating UHC: Strategies for 2030", highlighted innovative approaches and best practices for improving access to healthcare. WAHO stressed the importance of strengthened regional coordination to achieve these ambitious goals.

h) 5th African Medical Tourism Congress (AMTC)



The 5th African Medical Tourism Congress (AMTC) has established itself as a strategic platform for the development of medical tourism in Africa, bringing together healthcare professionals from over ten countries.

Dr. Melchior Athanase Joël Codjovi AÏSSI, Director General of WAHO, participated in the event, bringing an essential regional perspective and reaffirming WAHO's commitment to the development of an integrated healthcare ecosystem in West Africa.

Discussions focused on innovations in medical tourism, developing healthcare infrastructure, improving quality standards, and strengthening cross-border collaboration.

WAHO has played a key role in promoting a coordinated approach to medical tourism in West Africa, helping to build a more integrated and competitive healthcare sector at continental level.

i) 5th Congress of the Mukwege International Chair on Violence against Women



The 5th Congress of the Mukwege International Chair on Violence Against Women was held at the Université de Montréal (UdeM), bringing together international experts to discuss reconciliation and women's empowerment in conflict and post-conflict contexts.

Dr. Melchior Athanase Joël Codjovi AÏSSI, Director General of WAHO, took the floor to highlight the worsening violence

against women in West Africa, particularly in times of crisis and lockdown, calling for coordinated and reinforced regional action.

He presented three major WAHO initiatives aimed at integrating sexual and reproductive health, preventing gender-based violence and promoting women's economic empowerment. These projects adopt a holistic approach that links women's health, safety, and economic independence.

WAHO's participation in the congress reaffirmed its commitment to women's rights and protection in West Africa, while strengthening the international partnerships needed to effectively combat gender-based violence.

j) 3rd Edition of the Dakar Epidemics Forum



The 3rd edition of the Dakar Epidemics Forum was held in Dakar, Senegal, from December 09 to 13, 2024, marking a major milestone in discussions on Africa's most pressing health issues. Organized by the Public Health Department of the *Institut Pasteur* in Dakar, the event provided a strategic forum for discussing epidemic control policies and public health challenges across the continent. Meetings such as the Dakar Epidemics Forum help to strengthen exchanges and consolidate these essential partnerships.

k) Convening and holding of the 25th ECOWAS Assembly of Health Ministers

The 25th Ordinary Session of the ECOWAS Assembly of Health Ministers (AHM) was held on May 17, 2024, in Abuja, Nigeria, under the coordination of the West African Health Organisation (WAHO). This high-level assembly, chaired by the Federal Coordinating Minister of Health and Social Welfare of Nigeria in the presence of Dr. Melchior Athanase Joël Codjovi AÏSSI, Director General of WAHO, brought together the Ministers of Health or their representatives from the fifteen ECOWAS member states.

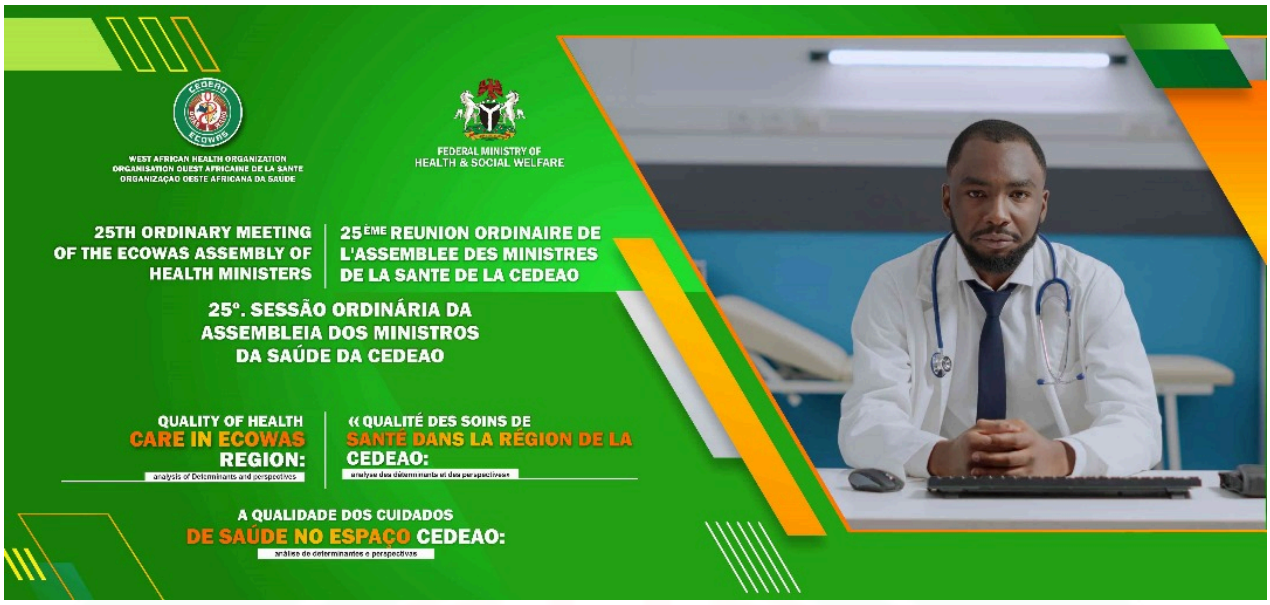


Figure5 : 25th Assembly of ECOWAS Health Ministers

Under the theme "Quality of Healthcare in ECOWAS Region: Analysis of determinants and prospects", the session provided an opportunity to examine in depth the challenges and opportunities associated with improving the quality of healthcare services in the region. Discussions focused on critical aspects such as health infrastructure strengthening, medical staff training, and quality standards harmonization on a regional scale.

The deliberations led to the adoption of strategic resolutions aimed at strengthening national and regional healthcare systems. In particular, the ministers validated initiatives concerning the accreditation of healthcare facilities, the introduction of harmonized quality control mechanisms and the development of continuing training programs for healthcare professionals.

The assembly also served as a platform to assess progress made in implementing previous resolutions and define regional health priorities for the coming year. The renewed commitment of member states testifies to their determination to collectively improve healthcare quality in the ECOWAS region.

2.4 Main outcomes of interventions in the various fields

2.4.1 Maternal and child health

Several relevant interventions have been carried out in relation to maternal and child health. The most important are:

- Contribution to the evaluation of the implementation of the “Obstetric Fistula Program of the ECOWAS Centre for Gender Development (ECGD)” in the eight beneficiary member states (Benin, Côte d'Ivoire, The Gambia, Ghana, Guinea-Bissau, Liberia, Sierra Leone, and Togo), with funding of US$ 245,000 per member state for the year 2023-2024. This has contributed to better monitoring of the program's progress, and to the identification of any needs or adjustments required for its effective implementation.



- Contribution to the dissemination of the large-scale transition plan (PAGE) for the integration of MNCH-N services. The mobilization of resources to implement this plan has helped to strengthen the integration of maternal, newborn and child health services in Burkina Faso, Senegal, Mali, Niger, Côte d'Ivoire, and Togo.

- Mobilization of crucial resources for implementation of the *PAGE* plans to integrate MNCH-N services in Burkina Faso, Senegal, Mali and Niger, which strengthened stakeholders' commitment and fostered strategic partnerships to support the integration of maternal, newborn and child health services in the four countries.
- Co-organization of the annual regional meeting of the FPPP-MNCH-N Community of Practice, enabling experience sharing between the French-speaking countries of West and Central Africa.



- Contribution to the development of a long-term regional child health agenda, defining priorities and strategies to improve child health by 2030 in the WHO African Region.

- Contribution to discussions on food fortification strategies in West Africa, with the aim of reducing nutritional deficiencies on a large scale. This intervention led to the development of appropriate solutions to strengthen the nutrition of the population, particularly vulnerable groups such as children and pregnant women.

- Development of the ECOWAS regional strategy for accelerated reduction of maternal mortality by 2030, which identified strengths, gaps, and opportunities for improvement, facilitating the development of national roadmaps and practical recommendations to strengthen interventions and accelerate progress towards the effective improvement of key maternal and child health indicators.

- Regional consultation with ECOWAS member countries on funding the SWEDD project to improve legal and regulatory instruments for sexual and reproductive health and rights (SRHR), with a focus on: a) combating early marriage, b) girls' education, and c) gender-based violence, together with the development of national roadmaps.

- Training for 35 young people from various youth organizations, such as young ambassadors for SRHR, and youth think tanks from 14 countries (Benin, Burkina Faso, Côte d'Ivoire, The Gambia, Ghana, Togo, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone, Guinea, Cabo Verde). The training, held in Praia (Cabo Verde), strengthened the skills and capacities of young people to advocate effectively for sexual and reproductive health rights in their respective countries, and created a dynamic and committed network of young leaders ready to defend and promote SRHR at local, national and regional levels.

- Assessment of progress made in implementing activities using WAHO PRSR project funds made available to countries. Technical support was provided to beneficiary countries, helping to update the level of implementation of recommendations from the 2023 PRSR audit. The assessment facilitated the joint development of corrective measures to optimize the impact of programs and guarantee the effectiveness of interventions in reproductive health and HIV/AIDS prevention.

- Strengthening political will to finance health and promote the demographic dividend (NACAHF-DD). Raising awareness of the importance of these issues and developing strategies to mobilise financial resources and implement health-related programs and projects have led to strengthened commitment of political actors and stakeholders to supporting concrete actions in the field of public health and harness the demographic dividend to foster sustainable development.

- NACAHF-DD's initiative to collaborate with the National Observatories on the Demographic Dividend (NODD) is the establishment of strategic partnerships aimed at strengthening efforts to maximize the demographic dividend in each country.

- Improved access to reusable sanitary pads/towels for girls in schools and for women and girls suffering from obstetric fistula and/or incontinence in the ECOWAS region. In addition, awareness-raising actions were carried out for young girls to promote good personal and menstrual hygiene practices, as well as inform them of their rights and the resources available for their health and well-being.

- Support for ECOWAS resident representations in Benin, Côte d'Ivoire, Cabo Verde, Ghana, The Gambia, Guinea, Liberia, and Senegal to carry out SRH activities for adolescents and young people in the countries involved.

Other significant achievements in 2024 can be broken down as follows through the interventions of the Regional Reproductive Health and HIV/AIDS Prevention Program:

- Capacity-building for family planning demand. A total of 2,320,000,000 FCFA (4,000,000 USD) was 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 **5,406,455** people (1,936,810 men and 3,469,645 women) were reached through the implementation of 114 capacity-building activities for 2024, including:

  - **5,194,785** (1,861,988 men and 3,332,797 women) specific targets (young people/adolescents in and out of school in peri-urban and rural areas, leaders of youth organizations, gold miners, haulers, and the media) were sensitized on topics related to sexual and reproductive health and family planning.

  - **170,905** (55,168 men and 115,737 women) service providers from the public and private sectors were trained to improve access to and quality of services.

  - **497** (252 women and 245 men) logisticians from central departments of ministries of health, central stores and social marketing structures trained to improve supply chain visibility.

  - **3,437** people (1,667 women and 1,770 men) have had their policy-making skills strengthened to create an enabling environment, including the implementation of regulations and the budgeted annual plan.

  - **931** (246 men and 685 women) service providers supported through facilitative post-training supervision in quality health care, an approach to supervision that emphasizes mentoring, joint problem-solving and two-way communication between supervisors and supervisees.

  - **35,900** (18,507 women and 17,393 men) teachers and girls benefited from approaches to keep girls in school through awareness-raising and capacity-building on good personal and menstrual hygiene practices, the setting up and running of "Zero Pregnancy in Schools" Clubs and the provision of menstrual hygiene kits.





Making sexual and reproductive health commodities available

The Regional Contraceptive Financing Facility (RCFF) set up by WAHO with KFW has made a total of **2,900,000,000 FCFA** available to five countries (Benin, Burkina Faso, Ghana, Togo, and Niger) for the purchase of contraceptive commodities for 2024.

The amount covers 14% of actual national needs (computed based on budgeted annual national plans). A total of **2,677,589** protection year couples could be covered for this round, based on the quantities of the various products to be purchased for these countries, including:

- 166,398,934 units of male condoms (Benin, Burkina Faso, Ghana, and Togo).
- 22,052,000 units of female condoms (Benin).
- 71,022 units Etonogestrel 68mg in1 rod (Benin and Ghana).
- 1,210,419 units Medroxyprogesterone acetate 104mg/0.65ml, & 150mg/1ml (Benin, Burkina Faso, and Togo).
- 911,466 units Ethinylestradiol 30mcg / Levonorgestrel Burkina Faso and Togo).
- 94,732 units of Levonorgestrel 150mg, 2 rods (Benin and Ghana).
- 99,000 units Intra-uterine devices, IUD (Burkina Faso).
- 229,663 units of Norethisterone Enanthate 200mg/ml (Benin).

2.4.2 Health safety/epidemic control

Key interventions in this area include: (i) direct technical and financial support to countries in epidemic situations to curb them, (ii) collection of health information to monitor the outbreak of epidemics but also the general health situation, (iii) strengthening of laboratory diagnostic capacities to confirm epidemics, (iv) strengthening of human resources as well as strategies and tools for epidemic response including the conduct of simulation exercises and (v) risk communication and community engagement. All these interventions can be grouped into two broad categories: those aimed at strengthening epidemic surveillance and management, and those related to disaster management.

The following actions were taken **to strengthen epidemic surveillance and management:**

- Effective implementation of the Regional Health Security and Resilience Project.
- Secured a new project in collaboration with the *Institut Pasteur* in Dakar and the "*Centre de prise en charge de la tuberculose*" of the Benin Ministry of Health, financed by the Global Fund to strengthen epidemiological surveillance and the laboratory system in the ECOWAS region.
- Supplied 10 countries (Benin, Burkina Faso, The Gambia, Guinea, Guinea-Bissau, Liberia, Mali, Niger, Sierra Leone, Togo) with 10 ventilators and 10 items of personal protective equipment; other items of medical equipment (surgical gowns, face shields, overalls, gloves, goggles, aprons) were supplied to three countries (Benin, Togo, and Nigeria).
- Supply of equipment worth a total of 2,800,433 Euros and signing of two-year maintenance contracts worth a total of 4,500,351.44 Euros for 10 national laboratories in Burkina Faso, Côte d'Ivoire, Niger, and Nigeria, through the German Cooperation-funded PROALAB project.
- Capacity building (training) of laboratory technicians for host certification.
- Setting up a regional Experts group to support countries in the field of antimicrobial resistance.
- Training of 200 healthcare workers in evidence-based infection management practices in 4 regions of The Gambia.
- Evaluation of the West Africa Field Epidemiology and Laboratory Training Course (WA-FELTP) in Ghana, followed by identification of appropriate actions to remedy the weaknesses observed.
- Strengthening national and regional capacities to take better account of "Gender" issues in Risk Communication and Community Engagement (RCCE).
- Technical validation of RCCE's Strategic Plan 2024-2028 by experts from ECOWAS member states, following an online meeting.
- Convening the annual meeting of the ECOWAS regional RCCE network on the theme "A Sustainable and effective RCCE program in emergencies" in ECOWAS.
- Monitoring of the epidemic situation in the ECOWAS region, from January to December 2024, through several regional epidemiological bulletins that have been produced and are available.
- Training of 150 port of entry staff as part of a nationally harmonized program for the following countries: Benin, The Gambia, Mali, and Guinea-Bissau.
- Organized a cross-border meeting to coordinate epidemic surveillance, preparedness and response among Sierra Leone, Côte d'Ivoire, Liberia, and Guinea.
- Organized a cross-border meeting on information strategies and coordination of emergency measures for the Burkina Faso-Côte d'Ivoire-Mali axis.
- Training of 300 health professionals in the third edition of the Integrated Disease Surveillance and Response (IDSR) guidelines in all health regions of The Gambia.
- Organized a cross-border meeting to coordinate epidemic surveillance, preparedness and response among Côte d'Ivoire, Mali, and Burkina Faso.

- Organize a cross-border meeting to coordinate epidemic surveillance, preparedness and response between Niger and Nigeria.
- Support to ECOWAS countries (Senegal, Guinea) for the deployment of the operational monitoring and information sharing tool (SIS-OT).
- Acquired 30 ambulances for all countries to beef up epidemic control.
- Financial support for 12 countries in the fight against monkeypox.
- Implementation of the quality management system in 24 national reference laboratories in nine countries, five laboratories are accredited, while another one is recommended for accreditation. Nine other laboratories are rated from 3 to 5 stars according to the WHO SLIPTA checklist.
- WAHO, in partnership with the African Society for Laboratory Medicine (ASLM), facilitated risk assessment training for 58 laboratory staff in ECOWAS countries, according to the updated ISO 15189-2022 standard, thus improving the quality and safety of laboratory services in the region.
- 200,000 Euros grant to the West African Accreditation Body (SOAC) to support the registration and assessment of eight national reference laboratories for ISO 15189 accreditation.
- Training of 71 laboratory professionals in biorisk management and certification of 30 participants from 15 ECOWAS countries in biological waste management (BWM). This has fostered a harmonized approach to biological waste management to improve safety and biosafety practices in West Africa.
- Training of 38 trainers from the fifteen ECOWAS countries in the end-use and maintenance of microbiological safety cabinets. This has improved their knowledge of biosafety measures, particularly in the context of pandemics and epidemics.
- Convened several meetings to discuss implementation of the regional antimicrobial resistance (AMR) roadmap and determine next steps to improve AMR surveillance across the region.
- On-site training of national technical staff in microbiology and data management via WHONET to strengthen antimicrobial resistance surveillance capacities in Guinea-Bissau and Niger.
- Practical training on antimicrobial susceptibility testing (AST) and results interpretation for 35 participants from all ECOWAS member countries.
- WAHO awards scholarships to six participants in the 7th edition of the Inter-University Diploma (DIU) in Anti-biology and Antibiotic Therapy in Sub-Saharan Africa.
- Organized a regional laboratory strategic plan evaluation meeting, covering key topics such as LIMS, entomological surveillance, biosafety, equipment maintenance and quality management systems; it was attended by 98 people.
- Financial support of 40,000 Euros per country (Burkina Faso, Côte d'Ivoire, Niger, and Nigeria) for entomological surveillance of arboviruses. This made it possible to organize a PCR training course at the *Institut Pasteur* in Dakar to develop participants'

practical skills in molecular diagnostics of arboviruses in mosquitoes, with a view to strengthening vector surveillance and preventing epidemics.

- Committed 299,160 Euros to set up an integrated sample transport system in Niger, Cabo Verde, and Guinea-Bissau.
- Strengthened genomic surveillance, provided support for regional experts from the Medical Research Council, The Gambia (MRC) and the *Institut Pasteur* in Dakar (IPD) for sequencing of emerging pathogens in the ECOWAS region. Funding of 100,000 Euros for on-site training and regional sessions on the sequencing of pathogens of interest.
- Signed-off a 106,136.80 Euros contract with *Fondation Mérieux* to upgrade and deploy LabBook software in three laboratories: *Laboratoire Régional de Saint-Louis, Laboratoire RAM CHU campus de Lomé, Laboratoire National de Référence de l'Hôpital National de Niamey.*

In the area of disaster management, the following actions were carried out:

- Strengthened countries' preparedness to respond effectively to future pandemics.
- Participated in Addis Ababa, in a Strategic Consultation meeting organized by the Board of Directors of the Africa CDC and secretariat. This enabled an exchange of expertise and better coordination between the various countries in the management of pandemics and other health emergencies, as well as the development of a collective African strategy for the crucial phases ahead.
- Assessed the state of negotiations for the first global agreement on pandemics.
- Strengthened the implementation of the “ONE HEALTH” approach in the ECOWAS region.
- Organised two training sessions in Guinea Bissau and The Gambia on the theme of "Leadership in pandemic preparedness and response in the ECOWAS region, based on the “One Health” approach at national level".
- Organised the second steering committee meeting on regional training in epidemic and pandemic preparedness and response, supported by GIZ's Regional Support Program for Pandemic Prevention in the ECOWAS region (RPPP2), to respond to pandemics and standardize knowledge in the region.
- Trained 45 healthcare professionals in the principles of the Emergency Medical Teams (EMT) initiative, including a SIMEX exercise.
- Trained more than 240 healthcare workers at central and regional levels in Incident Management System (IMS) in The Gambia.
- Trained over 140 employees at SIMEX in The Gambia.
- Organized a joint WAHO-WHO strategic meeting to define and identify priority actions to strengthen collaboration for better preparedness and response to public health emergencies in the ECOWAS region.

- Provided technical and financial support for the Office of the National Security Adviser of Nigeria (ONSA)'s simulation exercise to test communication capabilities between the public health sector and security authorities.

2.4.3 Controlling other diseases

In the fight against other diseases, the following actions were carried out:

- Contributing to building countries' capacity in their malaria control strategies and better regional coordination of effective malaria vaccine introduction.
- Held the second meeting of the Regional Parliamentary Network for Malaria Elimination in the ECOWAS region (REPEL Malaria), provided an opportunity for parliamentarians to share their experience of involvement in malaria elimination.
- The Sahel Malaria Elimination Initiative (SaME) held its annual technical meeting, taking stock of strengths, weaknesses, and gaps in the various countries.
- Participated in the meeting to draw up operational plans for the 2024-2025 period for 8 countries in zones 1 and 2 of the PEPFAR HIV/AIDS program.

2.4.4 Access to medicines and vaccines

In terms of access to medicines and vaccines, the following actions were carried out:

- Finalized the document defining a mechanism for bulk procurement of medicines in the ECOWAS region within the framework of the regional fund for procurement and local production of medicines and vaccines in the region.
- Validated a study to map out, quantify and review local drug manufacturing in the West African region.
- Completed the electronic Common Technical Document - eCTD and the regional pharmaceutical web portal, which is now a key tool for National Medicines Regulatory Authorities (NMRAs), strengthened medicines regulatory systems in the region. The mechanism simplifies and accelerates the Marketing Authorization (MA) process for medicines through a joint regional assessment and registration procedure, ensuring faster access to medicines.
- Member states validated technical documents for the regional pooled procurement mechanism (PPM).
- Signed off the Memorandum of Understanding for the bulk procurement of medicines and other health products in the ECOWAS region and defined the categories and list of medicines to be included in the Memorandum of Understanding.
- Established and classified medicines to be included in the bulk procurement protocol, ensuring effective coverage of essential drug needs in the ECOWAS region.
- Prepared members of the French-speaking (Senegal and Togo) and Portuguese-speaking (Cabo Verde and Guinea-Bissau) Immunization Coverage Working Groups (NITAGs) to fully fulfill their roles in advising health authorities on making informed, evidence-based decisions on immunization programs and strategies.

2.4.5 Human resources for health

The overall objective in this area is to make available the human resources needed to deal with the population's health problems and harmonize training and practice to facilitate free movement of health professionals in the region. To achieve this, the following actions were undertaken:

- Set up a common policy framework for retention of healthcare professionals in rural and hard-to-reach areas. This common policy framework has made it possible to define concrete strategies for attracting and retaining nurses and midwives in rural areas, through training and recruitment facilities and salary incentives tied to working conditions.
- US$ 200,000 to support training of doctors and health specialists in Sierra Leone.
- Finalized training curriculum for trainers of the following disciplines:
    - Basic training curriculum for allied health.
    - Basic training curriculum for nurses and midwives.
    - Basic training curriculum for general medicine and dental surgery.
    - Basic training curriculum in traditional medicine.
    - Sub-specialty modules (Volume 1) for West African Colleges.
    - Basic training curriculum in pharmacy and pharmaceutical sciences.

- Harmonized the code of ethics and regulations for general medicine and dental surgery.
- Convened the statutory meeting of the Regional Council for Health Professionals Education (RCHPE) to review and update training standards and equivalencies in medicine, pharmacy, nursing, and allied health in West Africa.
- Trained (Phase 1)150 professors and teachers in the use of new technologies to implement the 54 harmonized training curriculum in all health science disciplines.
- Carried out alignment and validation of 54 specialized basic training curriculum in the three official ECOWAS languages for all categories of health professionals and disciplines in the ECOWAS region.





- Developed a trainer's guide to strengthen the capacity of health science teachers in implementing harmonized training programs.
- Support for the accreditation process of centres of excellence at national and regional levels, to guarantee the sustainability and quality of the training provided.
- Established three Centres of Excellence (CoE) in Abidjan (Côte d'Ivoire), Bamako (Mali) and Niamey (Niger), offering Master's-level training for Nursing and Midwifery trainers, to increase the number and quality of Nurses and Midwives trained to provide better quality healthcare for women and girls. The three CoEs have received their national accreditations and are continuing their assessments for regional accreditation by *CAMES*.
- Completed the review of the harmonized Nursing and Midwifery program.
- Ongoing development of the regional e-learning platform. The regional e-learning platform for the Nursing and Midwifery programs has been completed and electronic content is being developed and inserted. This will enable Nurses and Midwives in the region to access distance learning.
- Strengthened Sierra Leone's healthcare system by sending three specialist doctors (a surgeon, an anaesthetist, and a pathological chemist) to the country.
- Doctoral scholarships in community health awarded to 5 health workers from Benin, Burkina Faso, Mali, Senegal, and Togo.

2.4.6 Health research and Health information

In the field of **health information,** the aim is to generate information for monitoring the region's health situation and making decisions to combat health problems. The following actions were carried out:

- Production of weekly epidemiological bulletins on epidemic-prone diseases to monitor the health situation in the region.
- Production of 2023 and 2024 reports on the health situation in ECOWAS countries.

- Production of a report on trends in reproductive, maternal, newborn, child, and adolescent health (RMNCAH) in the ECOWAS region over the last five years.
- Update of the dashboard for monitoring and accountability of malaria control in ECOWAS countries.
- Availability of a RMNCAH dashboard for ECOWAS countries.

As for **health research**, it helps generate the evidence needed to better manage the population's health problems. The following initiatives were undertaken in this area:

- Funding, up to US$ 200,000 for three research projects on malaria, antimicrobial resistance, and COVID-19 in several ECOWAS countries (Nigeria, Benin, Ghana, Togo, Côte d'Ivoire, and Burkina Faso).
- Signed-off a support agreement for the Galien Africa Forum, which promotes research and innovation talent in the ECOWAS region through the award of five doctoral thesis grants in community health.
- Support for the review of risk communication and community mobilization in Guinea and The Gambia, which was the subject of a student's final dissertation.
- Technical and financial support for the SCIDAF 2024 International Conference on Social Sciences and Drugs in French-speaking Africa, held from May 21 to 23 in Dakar, Senegal, which attracted researchers from all French-speaking countries.

A wide range of support was provided to ECOWAS member states. This made it possible to improve the health and quality of life of populations, build human resources capacity, implement programs, and optimize national health systems, according to the new support mechanism set up.

2.4.7 Other support for ECOWAS countries

a- Health and Sport

During the 34th Africa Cup of Nations, which took place from January 13 to February 11, 2024, the AKWABA ECOWAS Village was opened as a public space aimed primarily at bringing together many stakeholders from various socio-professional backgrounds from communities across the 15 member states and the African continent.



The village was set up in partnership with several organizations to promote unity and solidarity around soccer. The occasion served to implement numerous activities to promote health and sport.

- **Case Santé:** A major initiative was the establishment of a *Case Santé* based on the theme “Health is priceless, it's never late”. This campaign was carried out under the supervision of the West African Health Organisation (WAHO) and in collaboration

with several international partners such as the WHO.

- **Health programs:** Activities included private consultations, detailed information on various diseases such as cardiovascular disease and the metabolic system, as well as sessions on mental and reproductive health. Experts gave educational presentations to raise public awareness.

- **Health awareness:** The village welcomed several health workers who conducted health education sessions. A specific campaign enabled participants to learn how to use a rapid self-test for HIV (OraQuick), which aroused a great deal of interest among the young people present.

- **National partnerships:** National programs such as nutrition, malaria and family planning played a crucial role in the initiative. They helped to raise public awareness of these essential themes towards improving regional health conditions.

In short, the AKWABA ECOWAS Village proved to be an effective platform for strengthening community unity while promoting better health understanding among its visitors thanks to the many educational activities offered during its operation.

3 WAHO FINANCIAL PERFORMANCE IN 2024

3.1 Program areas to implement WAHO's 2024 Approved Budget.

WAHO 2024 Budget was prepared and approved for the following program areas:

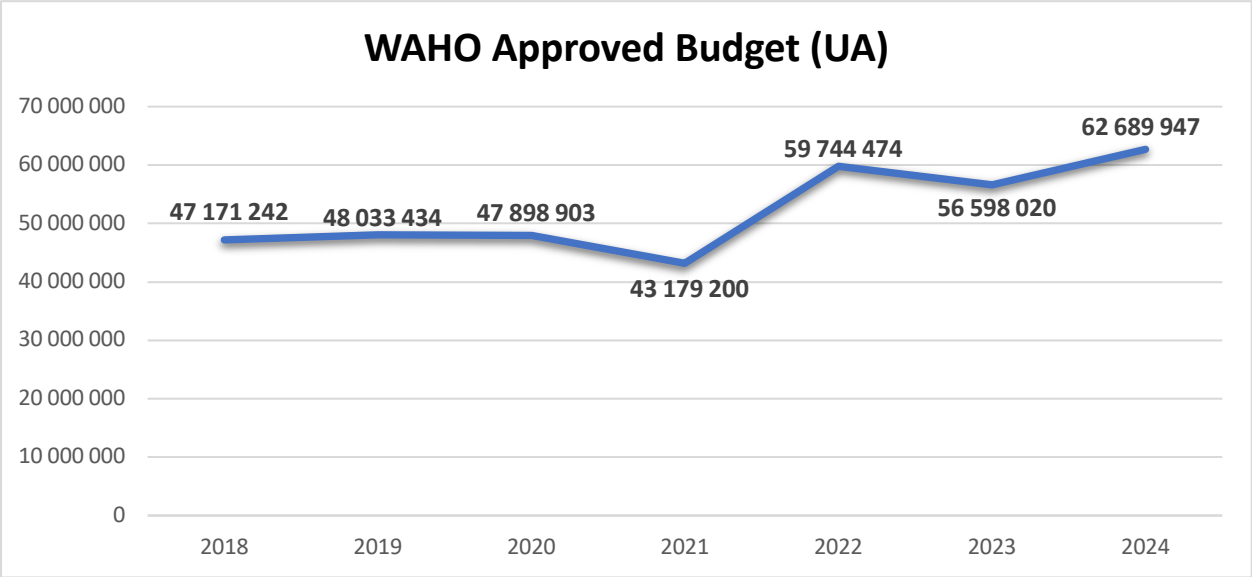
1. Access to healthcare
2. Health education and promotion
3 Quality of health services
4 Health care infrastructure
5 Human resources for health (HHR)
6 Quality health information
7 Public health research
8 Disease surveillance
9 Laboratory systems and networks
10 Emergency preparedness and response
11 Healthcare system governance
12 Mobilizing healthcare resources
13 Policy and advocacy
14 WAHO Organizational excellence

3.2 WAHO 2024 Approved Annual Budget.

The total budget for WAHO, as approved by the Council of Ministers and ratified by the Authority of the Heads of State for 2024, was UA 62.7 million (approx. USD 84.0 million). Community Levy Funds accounted for 62.8%, and funds from international and bilateral partners accounted for 37.2%. An amount of UA55.2 million (approximately USD 73.9 million) of the budget was allocated to program activities, representing a USD 13.9 million increase, or 23%, in new funding for health interventions directly delivered to the population of West Africa.

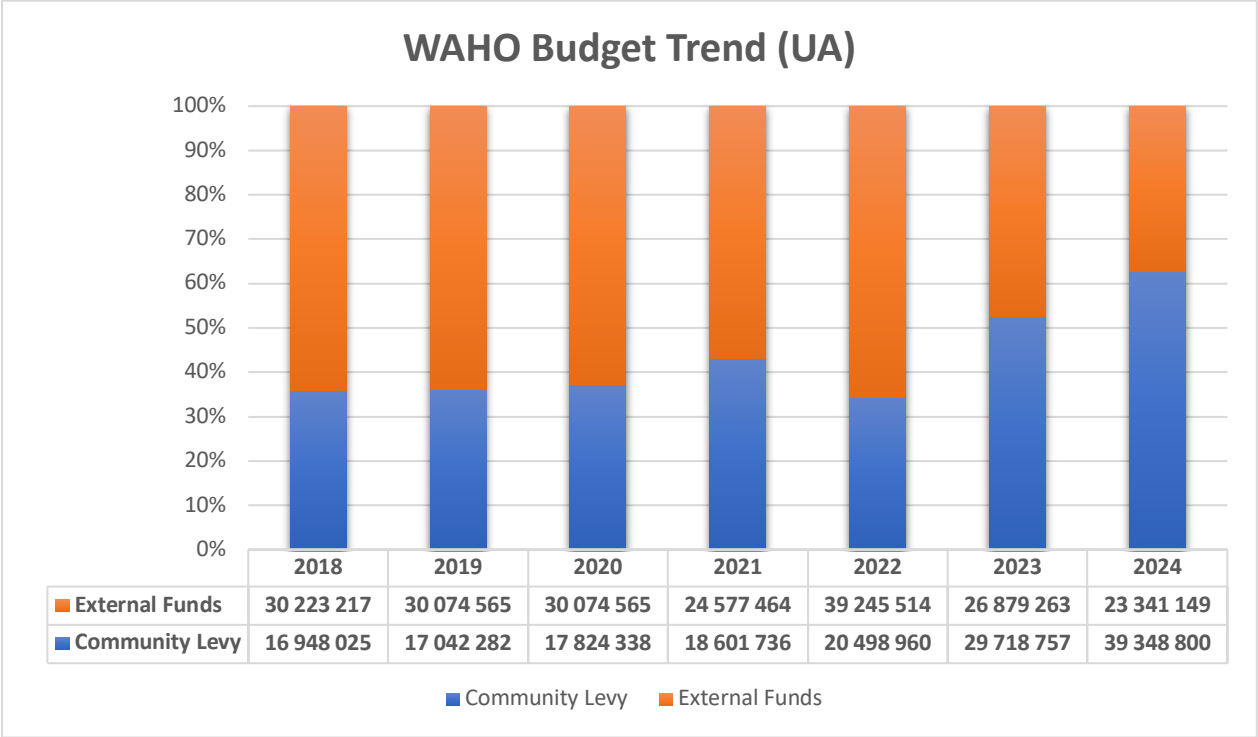
While WAHO's annual budgets have been relatively stable, hovering around UA 50 million since 2018. In 2024, WAHO experienced a significant increase in its annual budget to UA 62.7 million, equivalent to approximately USD 84 million. ECOWAS, in 2024, adopted the mid-term expenditure framework (MTEF), a 3-year rolling budget, which reveals that WAHO budget projections will increase by an additional 14% in the coming years, edging closer to the USD 100 million target.

This increase demonstrates WAHO's capacity to manage large and complex budgets, a well-developed financial system, and the ability to manage multiple development partners' funding. To sustain this budget growth, WAHO encourages strong partnerships with development partners to continue collaborating with WAHO in delivering the necessary health services to the people of West Africa.



3.3 Resource Mobilization

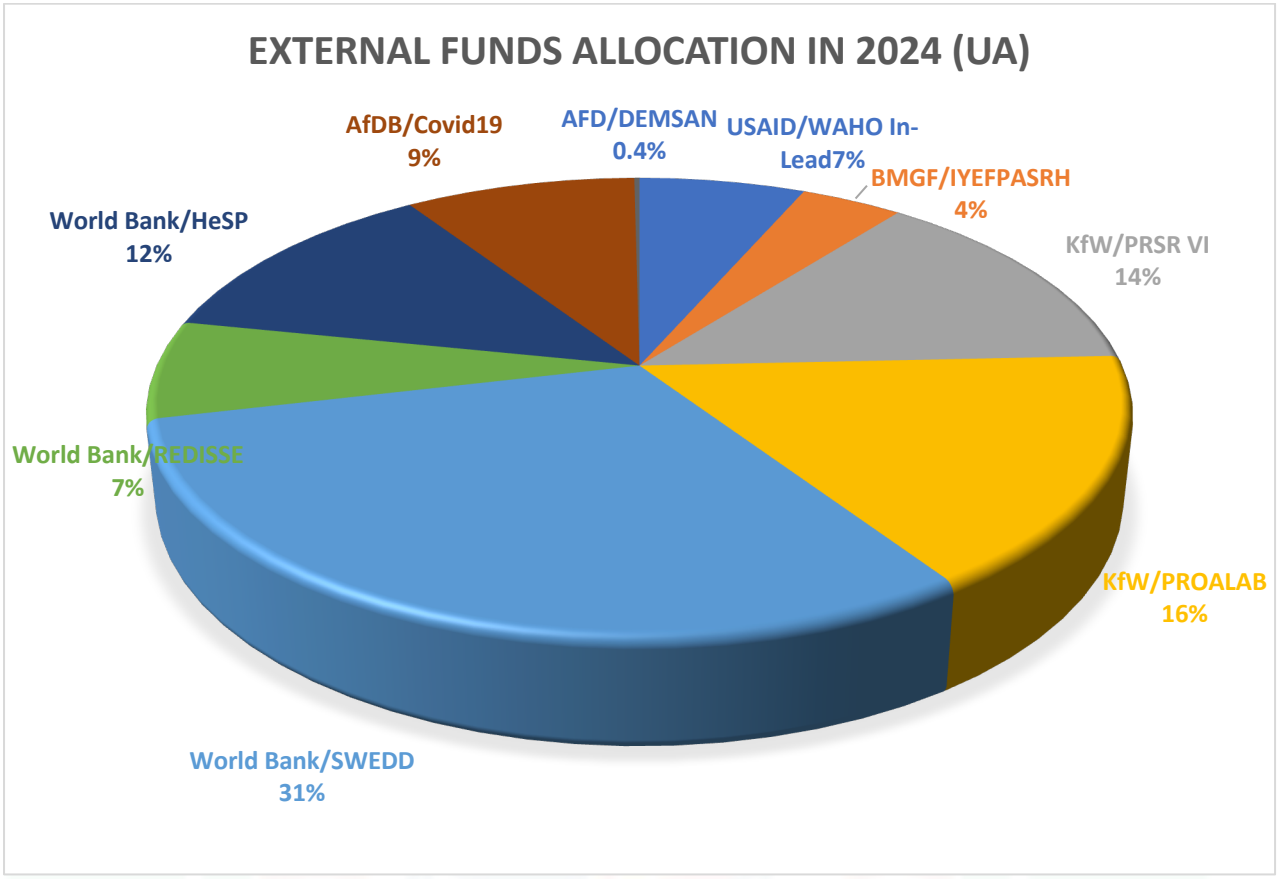
WAHO mobilizes funding from both Community Levy Contributions from the ECOWAS member states through the ECOWAS Commission and contributions from multilateral and bilateral partners and donors. Mobilized resources are utilized to deliver effective health programs across Member States, with a particular emphasis on strengthening health systems in the ECOWAS region.



	2018	2019	2020	2021	2022	2023	2024
External Funds	30 223 217	30 074 565	30 074 565	24 577 464	39 245 514	26 879 263	23 341 149
Community Levy	16 948 025	17 042 282	17 824 338	18 601 736	20 498 960	29 718 757	39 348 800

Budgeted Income from External Funding

In 2024, the expected funding from Multilateral and bilateral partners amounted to UA 23.3 (approximately USD 31.2 million). The contribution of each partner (per project) is shown in the pie chart below:

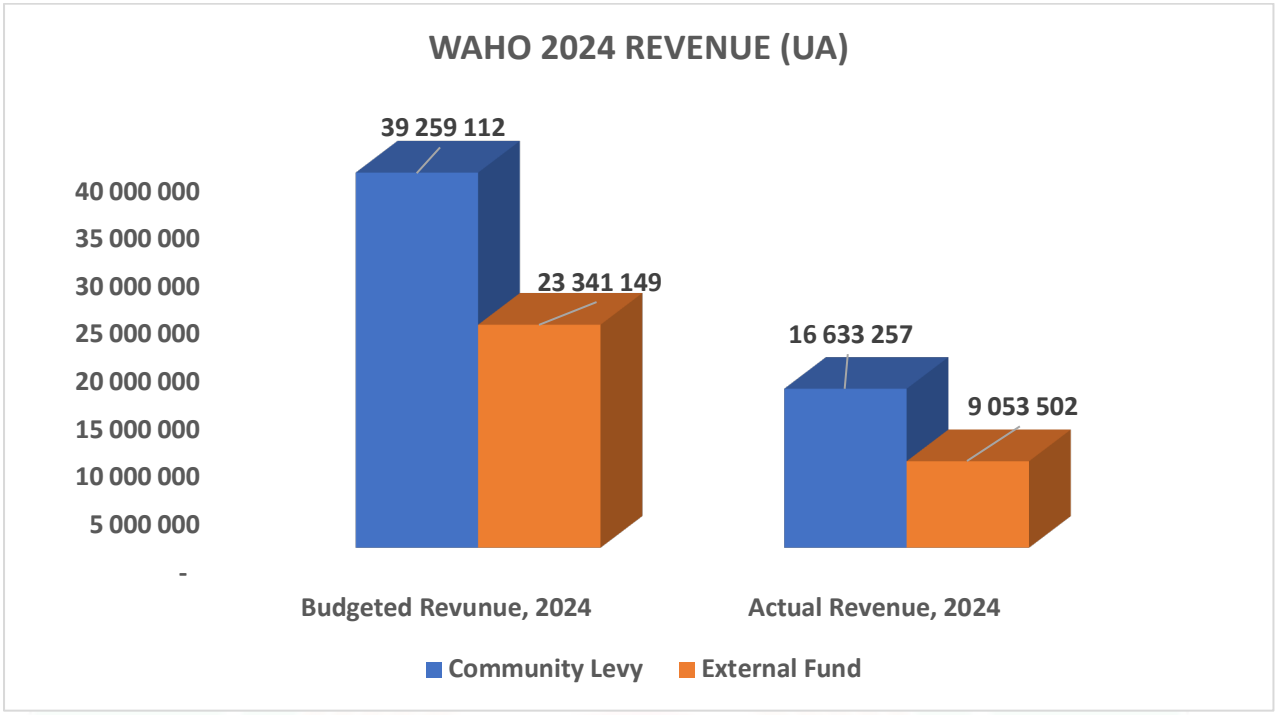


Total Budgeted Income and Receipts for 2024

In 2024, an amount of UA 39.3 million was budgeted as income from Community Levy Contributions. However, the total amount received for the year was UA 16.6 million, which represents approximately 42% of the budgeted amount.

Similarly, the external funding budgeted for 2024 was UA23.3 million, whereas actual receipts for the same year was only UA9 million.

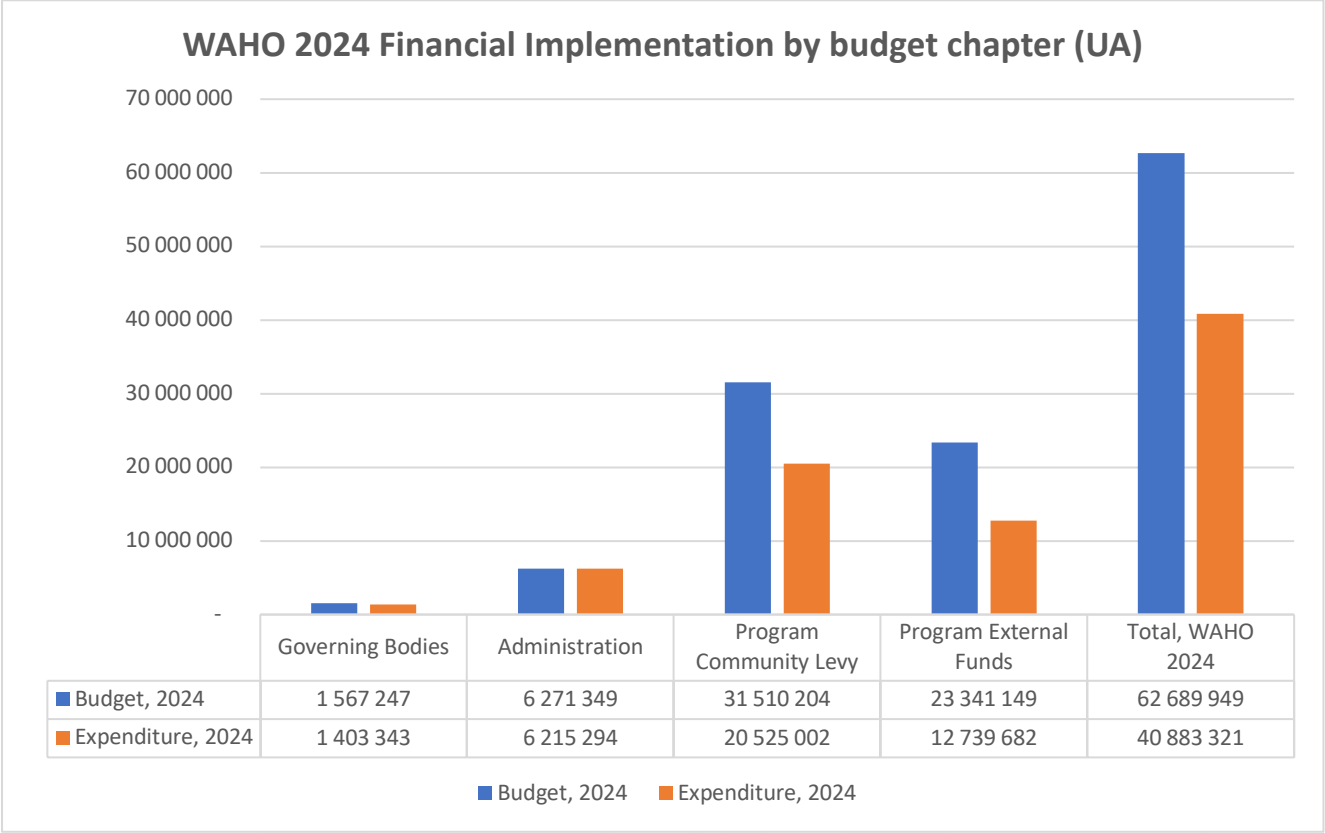
The chart below illustrates the budgeted amounts for the community levy and external funding, as well as the respective amounts received.



Total Budgeted Expenditure and Actual Expenditure for 2024

The total budgeted Expenditure for 2024 was UA 62.7 million, and expenditure incurred, both actual and commitments, was UA 40.8 million or 65 % of budget consumption in 2024. This is a good performance in a second year running.

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



	Governing Bodies	Administration	Program Community Levy	Program External Funds	Total, WAHO 2024
Budget, 2024	1 567 247	6 271 349	31 510 204	23 341 149	62 689 949
Expenditure, 2024	1 403 343	6 215 294	20 525 002	12 739 682	40 883 321

4 CHALLENGES

The region is facing challenges linked to insecurity, the withdrawal of Mali, Niger and Burkina Faso from ECOWAS, climate change and economic difficulties with their consequences on health. Thus, despite the efforts made, the region continues to face health challenges relating to the persistence of epidemics and other health problems.

In addition to the security, political-institutional, economic, and climate challenges that have an obvious impact on the health situation, there are also challenges specific to WAHO, namely the lack of human and financial resources.

5 LOOKING AHEAD

For the year 2025, WAHO will further implement the strategic orientations contained in Vision 2030:

- Facilitate access to affordable, safe, quality, and sustainable health services and improve the use of quality preventive, curative and restorative health services.
- Advance public health practice, education, training, and research by strengthening the health information and research system to produce, analyse, disseminate, and use reliable and timely information for decision-making.

- Ensure regional preparedness for health emergencies as well as epidemic prevention and management by keeping on building on the capacities and structures put in place as part of the response to Ebola and COVID-19, and by improving other aspects related to the International Health Regulations (IHR).
- Advocate and promote the adoption of strategic policy frameworks, combined with effective monitoring and accountability, and increase funding for health programs.
- Strengthen WAHO's institutional processes and promote organizational excellence in terms of effectiveness and efficiency, supportive working environment and culture, productivity, and delivery.

6 CONCLUSION

In 2024, the health situation in the ECOWAS region saw an increase in new epidemic events, from fifty-one (51) in 2023 to sixty-seven (67) in 2024. This suggests a continued prevalence of environments conducive to the transmission of epidemic-prone diseases in almost all countries.

The report on maternal and child health shows that maternal and child mortality remained high over the last five (5) years. However, by 2024, the region made significant progress in a few 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.

This progress was made possible, firstly, by the technical, material, and financial support provided to member states; secondly, by interventions in various fields; and thirdly, by policy and advocacy initiatives.

These actions will be continued and strengthened in 2025, in line with the strategic orientations contained in Vision 2030.

These trends demonstrate the potential impact of sustained investment and targeted intervention by some countries in the key area of public health.

In short, WAHO wishes to offer healthcare professionals, scientists, ideological and technological innovators, policymakers and aid workers, as well as other front-line players, food for thought/discussion on policies and strategies for resilient healthcare systems ready to face today's threats to our common existence and well-being.

More than 450 million Community citizens spread over more than 5 million square kilometres are eagerly awaiting solutions to current and emerging health problems.

The idea would be to devote the year 2025 to the search for endogenous solutions, adapted to the socio-cultural context, with a view to establishing appropriate policies, priorities, strategies, and guidelines. The issues that directly and indirectly influence health, such as the impact of global and regional geopolitical dynamics on local health; globalization, economy and health information technologies; climate change, pollution, environment, and disease; population, urbanization, and migration; nutrition and food security, etc., are so numerous that anyone could spend the whole year choosing. Ultimately, we need to find our own models, capable of responding to emerging problems and suitable to local realities, that guarantee universal access to health services for all in an equitable manner.

It would not be superfluous to think that our scientific institutions and political entities are best placed to describe the most urgent and relevant climate-sensitive health challenges, as well as the critical obstacles to be overcome to tackle them. Local knowledge is crucial for identifying needs and priorities.

In summary, the ECOWAS region continues to face increasing threats from communicable/epidemic-prone diseases. Due to factors such as rapid urbanization, population movement and agglomeration, combined with climate change factors, the emergence/re-emergence of infectious diseases remains a concern.

Despite these challenges, the region has made significant progress in some areas. According to data provided by member states, the number of maternal deaths has fallen by 14% and neonatal deaths by 21.2% compared to 2023 (3,464 vs. 4,028 and 17,948 vs. 22,775 respectively), reflecting improvements in access to, and utilization and quality of, essential healthcare services. These trends demonstrate the potential impact of sustained investment and targeted interventions by certain countries in the key area of public health.