

**ORGANISATION OUEST AFRICAINE DE LA SANTE
WEST AFRICAN HEALTH ORGANISATION
ORGANIZACAO OESTE AFRICANA DA SAUDE**



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GLOSSARY

| | |
|------------|--|
| AFC: | Administration and Finance Committee |
| AFD: | French Development Agency |
| PMA: | Preventive Medecine Agency |
| AHM: | Assembly of Health Ministers |
| ARV: | Anti Retrovirals |
| CHW: | Community Health Worker |
| AfDB: | African Development Bank |
| CAMEG: | Central Purchasing Agency for Essential and Generic Drugs |
| CAPS: | Capacity Strengthening |
| CDC: | Centre for Diseases Control |
| CDC-US | Centre for Diseases Control-United States |
| ECOWAS: | Economic Community of West African States |
| CNCV/GTCV: | National Advisory Committee on Immunization |
| CORDS | Connecting Organisations for Regional Disease Surveillance |
| ANC: | Ante Natal Care |
| RSC: | Regional Steering Committee |
| SMC: | Seasonal Malaria Chemoprevention |
| IDRC: | International Development Research Centre |
| CREFDES | Centre for Economic and Social Development Research and Training |
| RCDSC: | Regional Centre for Disease Surveillance and Control |
| ESC: | Epidemiological Surveillance Centre |
| DPRIS: | Department of Planning, Research and Health Information |
| E-CDC | European Centre of Diseases Control |
| ECOWAS | Economic Community of West African States |
| RRIT: | Regional Rapid Intervention Team |
| EDF: | European Development Fund |
| IFRC | International Federation of the Red Cross |
| GF | Global Fund |
| CBF: | Capacity Building Fund |
| CBIs | Community-Based Interventions |
| RTWG | Regional Technical Working Group |
| NCI: | National Coordination Institution |
| IOARC-RSS | West African Initiative for Research on Health Systems |
| IPSAS | International Public Sector Accounting Standards |
| ISO | International Standards Organisation |
| IT | Information Technology |
| KFW | German Financial Cooperation |
| LMG: | Leadership Management and Governance |
| NMQCL: | National Medecines Quality Control Laboratory |
| MEP: | Moving Evidence into Policy |
| MoU: | Memorandum of Understanding |
| NTDs: | Neglected Tropical Diseases |
| SDGs: | Sustainable Development Goals |
| MDGs: | Millennium Development Goals |
| WHO: | World Health Organisation |
| ONUDI | United Nations Industrial Development Organisation |
| UNAIDS | Joint United Nations Programme on HIV and AIDS |
| WAHO | West African Health Organisation |
| M/NTDs | Malaria/ Neglected Tropical Diseases |
| BAWP | Budgeted Annual Work Plan |
| CDP | Community Development Programme |

| | |
|----------|--|
| IMCI | Integrated Management of Childhood Illness |
| EPI | Extended Programme on Immunization |
| FP | Family Planning |
| PPP | Public Private Partnership |
| RRHP | Regional Reproductive Health Programme |
| PTF | Technical and Financial Partners |
| RAD | Regional Action through Data |
| NCAHF | Network of Champions for Adequate Health Financing |
| NCAHF/DD | Network of Champions for Adequate Health Financing/ Demographic Dividend |
| REDISSE | Regional Disease Surveillance Systems Enhancement |
| NEWAHE | Network for Excellence in West African Higher Education |
| AGOS | African Gynaecological and Obstetrical Society |
| AYH | Adolescent and Youth Health |
| PHSRS | Public Health Studies and Research Society |
| AIDS: | Acquired Immune Deficiency Syndrome |
| MNCH | Maternal, Newborns and Child Health |
| IDSR | Integrated Disease Surveillance and Response |
| NHIS | National Health Information System |
| EONC | Emergency Obstetrical and Neonatal Care |
| RH/FP | Reproductive Health/Family Planning |
| SWEDD | Sahel Women's Empowerment and Demographic Dividend |
| TB | Tuberculosis |
| MR-TB | Multi-resistant Tuberculosis |
| AU | African Union |
| CUOP | Coordination Unit of the Ouagadougou Partnership |
| UEMOA | West African Economic and Monetary Union |
| PMU | Project Management Unit |
| UG | University of Ghana |
| UiO | University of Ouagadougou |
| UNFPA | United Nations Population Fund |
| USAID | US Agency for International Development |
| USD | United States Dollar |
| HIV | Human Immune Deficiency Virus |
| VSAT | Very Small Aperture Terminal |
| WADPI | West Africa Disaster Preparedness Initiative |
| WAHIT | West African Health Informatics Team |
| WARDS | West Africa Regional Diseases Surveillance Project |

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INTRODUCTION

As part of the process of harmonizing the contribution of the different institutions and agencies in achieving the vision of ECOWAS of Peoples by 2020, the Community formulated a Strategic Framework for the period 2016-2020. Health actions were incorporated into the Community Social Health Development Programme. In the pursuit of this agenda, WAHO, the Specialized Community Health Institution, formulated Strategic Plan for 2016-2020 with the aim of contributing to the achievement of this Community vision. The Plan comprises three (3) strategic pillars and thirteen (13) priority programmes.

In 2016, a plan of action was designed around eleven (11) priority programmes and an overall funding of 24.320.043 UA was approved by the Community for the implementation of this action plan.

This annual report provides an update of the main achievements and outcomes of the activities implemented under the 2016 action plan. It reviews the following items:

- Update on the health situation in the ECOWAS region;
- Status of implementation of the main recommendations of the 17th ECOWAS Assembly of Health Ministers;
- Management activities;
- Outcomes of programme implementation;
- Status of financial execution;
- Challenges.

I. UPDATE ON THE HEALTH SITUATION IN THE ECOWAS REGION IN 2016

This Chapter is a summary of the characteristic features of morbidity, mortality and risk factors that marked the ECOWAS region in 2016. It focuses on communicable and non-communicable diseases. Furthermore, it describes the health situation of mothers, newborns, adolescents, youth and older persons.

1.1 Communicable diseases

This section focuses on the situation of epidemic-prone diseases and other communicable diseases.

1.1.1 Epidemic-prone diseases

The year 2016 witnessed the occurrence of the following epidemic-prone diseases: cholera, meningitis, measles, neonatal tetanus, the Ebola virus disease, Zika virus disease, Lassa fever, Rift Valley fever, dengue fever and the resurgence of cases of the wild polio virus. The overall situation of the epidemic-prone diseases recorded in 2016 is presented in the following Table:

Table 1: (Suspected/confirmed) cases and deaths relating to serious EPDs reported by ECOWAS countries in 2016

| Countries | Cholera | | Meningitis | | Measles | | Yellow Fever | | Lassa Fever | | Neonatal Tetanus | |
|---------------|---------|--------|------------|--------|---------|--------|--------------|--------|-------------|--------|------------------|--------|
| | Cases | Deaths | Cases | Deaths | Cases | Deaths | Cases | Deaths | Cases | Deaths | Cases | Deaths |
| Benin | 874 | 13 | 1048 | 137 | 287 | 0 | 147 | 1 | 101 | 38 | 7 | 2 |
| Burkina Faso | 0 | 0 | 2630 | 254 | 388 | 2 | 777 | 11 | 0 | 0 | 1 | 1 |
| Cape Verde | 0 | 0 | 34 | 0 | 34 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Cote D'Ivoire | 16 | 1 | 338 | 42 | 1188 | 0 | 897 | 12 | 0 | 0 | 17 | 5 |
| The Gambia | 0 | 0 | 28 | 3 | 23 | 0 | 4 | 0 | 0 | 0 | 0 | 0 |
| Ghana | 720 | 0 | 2629 | 211 | 1032 | 1 | 863 | 1 | 0 | 0 | 6 | 4 |

| Countries | Cholera | | Meningitis | | Measles | | Yellow Fever | | Lassa Fever | | Neonatal Tetanus | |
|---------------|---------|--------|------------|--------|---------|--------|--------------|--------|-------------|--------|------------------|--------|
| | Cases | Deaths | Cases | Deaths | Cases | Deaths | Cases | Deaths | Cases | Deaths | Cases | Deaths |
| Guinea | 0 | 0 | 124 | 11 | 957 | 2 | 223 | 0 | 0 | 0 | 114 | 40 |
| Guinea Bissau | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Liberia | 153 | 2 | 26 | 1 | 1097 | 7 | 55 | 3 | 67 | 29 | 23 | 9 |
| Mali | 0 | 0 | 673 | 16 | 482 | 1 | 260 | 5 | 0 | 0 | 11 | 4 |
| Niger | 38 | 6 | 1973 | 147 | 2534 | 11 | 32 | 1 | 0 | 0 | 6 | 3 |
| Nigeria | 727 | 32 | 822 | 33 | 24836 | 102 | 140 | 9 | 886 | 110 | 20 | 1 |
| Senegal | 0 | 0 | 261 | 8 | 1112 | 0 | 329 | 2 | 0 | 0 | 13 | 4 |
| Sierra Leone | 1 | 0 | 68 | 10 | 8133 | 31 | 51 | 1 | 79 | 25 | 36 | 13 |
| Togo | 0 | 0 | 1854 | 118 | 616 | 0 | 151 | 1 | 0 | 0 | 11 | 3 |
| Total ECOWAS | 2529 | 54 | 12508 | 991 | 42720 | 157 | 3929 | 47 | 1133 | 202 | 265 | 89 |

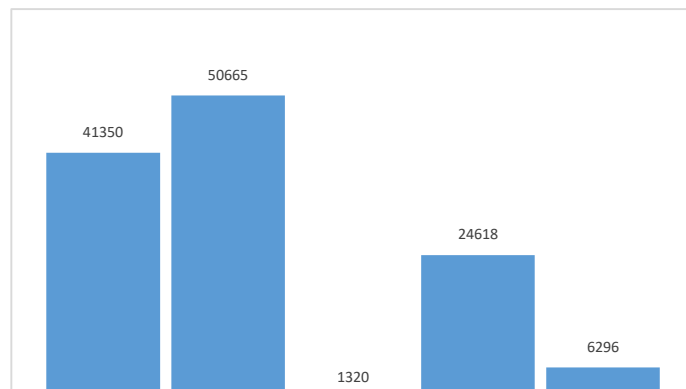
Sources: Services IDSR of Member States

Subject to reporting issues concerning data provided by the countries, Guinea Bissau is the least affected country with only a single case of measles reported in 2016. On country-by-country basis, the situation is as follows:

Cholera

Five (5) countries (Benin, Côte d'Ivoire, Ghana, Liberia and Nigeria) faced a cholera epidemic in 2016. Benin and Ghana were the most affected with an overall rate of about 85% of the total number of reported cases in the region. The cholera trend was on a roller coaster in the region over the period from 2011 to 2016 (see Figure 1) However, there was a decline in 2016 as compared to 2015. Indeed, there was a total of 2 529 (suspected or confirmed cases) with 54 deaths reported in 2016 as compared to 205 deaths in 2015.

Figure 1: Annual variations in suspected/confirmed cases of cholera between 2011 and 2016.



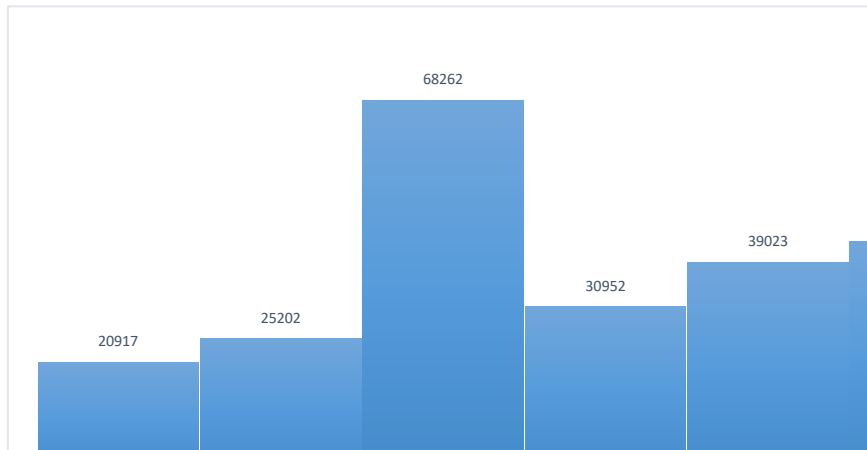
Meningitis

In 2016, fourteen countries (14) in the Community recorded cases of meningitis. However, Burkina Faso, Ghana, Niger and Togo were the most affected countries. However, the trend is on the decline. Indeed, a total of 12 508 suspected/confirmed cases with 991 deaths were reported in 2016 as against 16 901 cases, including 1 171 deaths in 2015.

Measles

In 2016, just like meningitis, measles affected fourteen (14) ECOWAS countries; only Cabo Verde did not record any case. By contrast, Sierra Leone was the most affected country with 37% of the total number of reported cases. On the whole, 42 720 (suspected and/or confirmed) cases and 157 deaths were reported in the region. As shown in the Figure below, cases of measles have been increasing steadily in the ECOWAS region since 2011.

Figure 2: Variations in cases of measles during the period 2011-2016



Yellow Fever

In 2016, thirteen (13) countries in the Community were affected by yellow fever. Only Cabo Verde and Guinea Bissau did not report any cases. The region recorded a total of 3 929 (suspected and/or confirmed) cases with 47 deaths as against 3 172 cases and 87 deaths in 2015. This situation shows an increase in the number of cases of yellow fever between 2015 and 2016.

Lassa Fever:

Since 2010, Lassa fever has affected only three (3) countries (Liberia, Nigeria and Sierra Leone). In 2016, it spread to Benin. Thus, four (4) countries have been affected by the disease. Furthermore, the number of cases has been on the increase between 2015 and 2016. Indeed, a total of 1133 cases with 202 deaths were reported in 2016, as against 380 cases with 12 deaths in 2015.

Neonatal Tetanus

In 2016, twelve (12) countries in the Community reported cases of neonatal tetanus, whereas neonatal tetanus is one of the diseases that have been targeted for eradication for some years now. Only Cabo Verde, the Gambia and Guinea Bissau did not report of any case. A total of 265 cases were recorded with 89 deaths. Guinea was the most affected country recording 43% of the total number of cases reported and 45% of deaths.

Ebola Virus Disease

In 2016, the Ebola virus disease was brought to an end in the ECOWAS region. Nevertheless, sporadic cases were recorded during the first quarter of the year in the three most affected countries (Liberia, Sierra Leone and Guinea). Thus, twelve (12) new cases were confirmed in the three (3) countries with seven (7) deaths. The cases and deaths are distributed as follows: seven (7) new cases including five (5) deaths in Guinea, three (3) cases with one (1) death in Liberia and two (2) cases with one (1) death in Sierra Leone.

Zika Virus Disease

The Zika Virus disease outbreak occurred in the ECOWAS region in 2015 in Cabo Verde which is the only country that was affected by the virus. On the whole, 7 583 suspected and/or confirmed cases were reported in the region with three (3) occurring in Guinea Bissau and the rest in Cabo Verde.

Rift Valley Fever

The year 2016 was characterized by the outbreak of the Rift Valley fever in the region, particularly in Niger where a total of 397 cases were recorded with 34 deaths.

Dengue Fever

The 2016 Dengue epidemic is the second such epidemic seen in the ECOWAS region after the first occurred in Cabo Verde 2009. Indeed, Burkina Faso was affected by the disease with 2 221 suspected and/or confirmed cases with eight (8) deaths.

Poliomyelitis

Whereas no wild poliovirus had been recorded in 2015 in the ECOWAS region, there was a resurgence in 2016 of the disease with four (4) confirmed cases in Nigeria caused by the wild poliovirus Type 1.

At the end of the review of the epidemic-prone diseases, it seems clearly that the region faces the reoccurrence of epidemics. Some have broken out and /or reoccurred while other outbreaks have occurred on a yearly basis. This situation shows the need to intensify efforts in the fight against epidemics.

1.1.2 Other communicable diseases

The emphasis in this Chapter has been put on the situation of malaria, tuberculosis, HIV/AIDS and neglected tropical diseases (NTDs).

Malaria

Malaria is the major public health problem in our Community. Five (5) countries in the ECOWAS region, among others, Burkina Faso (6% of cases), Côte d’Ivoire (7% of cases), Ghana (6% of cases), Niger (5% of cases) and Nigeria (55% of cases) are the countries with the highest endemic rate of malaria.

Estimates show that the incidence of cases reduced by 15% between 2010 and 2015, with a reduced mortality rate of 29% within the same period.

The rate of deaths through malaria continues to decline and has diminished by more than 62% compared to 2000, with a significant reduction of 69% among children under 5 years of age. Thus, according to the report on the ECOWAS annual programme review on the fight against malaria, organized by WAHO in 2016, it emerged that a growing number of children in West Africa are targeted for the seasonal malaria chemoprevention campaigns. In 2014, the number of children targeted in all the eligible countries was 3.284.561. This number increased to 6.963.223 in 2015 (see Table below), solely for the eligible countries in the ECOWAS region: Burkina Faso, The Gambia, Ghana, Guinea, Mali, Niger, Nigeria and Senegal.

Table 2: Number of children targeted for the seasonal malaria chemoprevention campaigns by ECOWAS countries in 2016

| Country | Targeted children | Coverage 1st round | Coverage 2nd passage | Coverage 3rd round | Coverage 4th round |
|-------------------|--------------------------|--------------------------------------|--|--------------------------------------|--------------------------------------|
| Burkina Faso | 900,844 | 912,026 | 798,753 | 815,179 | 914,273 |
| Gambia | 90,925 | 71,091 | 84,298 | 73,489 | 76,922 |
| Ghana | 122,684 | 111,593 | 113,382 | 118,053 | 118,208 |
| Guinea | 210,107 | 174,448 | 211,997 | 208,238 | 210,448 |
| Mali ¹ | 2,844,491 | - | - | - | - |

¹ Information on the number of children covered per cycle not available. The total number provided for children covered during the campaign is 901,489 in the 3-59 month age bracket

| | | | | | |
|----------------------|------------------|---------------------|------------------|------------------|------------------|
| Niger | 823,031 | 1,059,557 | 1,284,633 | 1,271,068 | 1,343,833 |
| Nigeria ² | 923,036 | - | - | - | - |
| Senegal* | 623,859 | 43,870 ³ | 614,061 | 608,403 | 620,877 |
| TOTAL | 6.538.977 | 2.328.715 | 3.107.124 | 3.094.430 | 3.284.561 |

Tuberculosis (TB)

It is also a public health problem in the ECOWAS region. Nigeria, Liberia, Sierra Leone have a much greater TB prevalence with highly mobile patients, thus making it imperative to put in place a crossborder collaboration in implementing treatment. In the region, the prevalence of multi-drug resistant tuberculosis (MDR-TB), particularly rifampicin resistant (RR-TB) is relatively low compared to other African regions.

The issue of case reporting and crisis detection as well as treatment of multi-drug resistant tuberculosis is a challenge for the region.

Table 3: Incidence of TB in the three most affected countries in the region

| | Nigeria | Liberia | Sierra Leone |
|---|------------------------------|-------------------|---------------------|
| Estimated Incidence (Including HIV+TB (x 1000)) | 100 (56-155) | 14 (9–20) | 20 (13–28) |
| Estimated incidence MDR/RR TB (x 1000) | 29(15-43) | 0.43 (0–0.99) | 0.7 (0–1.5) |
| Number of cases of TB reported | 90 584 | 5 849 | 12 103 |
| TB financing (US \$ million) | 257 (including 12% domestic) | 1.3 (0% domestic) | 10 (0% domestic) |

HIV/AIDS

Since 2010, HIV prevalence rates in the ECOWAS region have stabilized among the general population. In spite of the trend towards stabilization, there are pockets of high prevalence concentration among some key sections of the population that is most exposed to risks of infection, namely professional sex workers (SW) and men having sexual intercourse with other men (MSM).

In 2016, the number of people living with HIV/AIDS (PLWHAs) in the ECOWAS region was about 5 000 000. The average prevalence among the general population aged between 15-49 years was 1.53% with variations depending on the respective countries: < 1% in Burkina Faso, Cabo Verde, Niger and Senegal, > 1% and < 2% in Benin, Gambia, Ghana, Guinea, Liberia, Mali and Sierra Leone and > 2% in Côte d'Ivoire, Guinea Bissau and Togo. Women account for 58% of adults and 50% of all the PLWHAs.

However, among professional sex workers and MSM, the prevalence rates found in the various surveys conducted are always higher than 15%. Efforts have been made to improve access by these sections of the population to HIV infection screening tests (< 5% in 2013 and varying between 22.2 and 74% according to the countries, in 2015).

² Information on the number of children covered per cycle not available. The total number provided for children covered during the campaign is 901,489 in the 3-59 month age bracket

³ The number of children covered in Kedougou for the first cycle compared to a target of 48460 children in the 3-12 month age bracket

The knowledge of the status of persons living with HIV by the latter varies between 24% and 81% according to the countries. The set goal is to reach 90% of persons living with the HIV who know their status.

In spite of the improvement recorded in the mother-to-child transmission prevention, the coverage varying between 28% and 95% remains far below the target for a programme that aims at eradicating this mode of HIV transmission. Furthermore, access by newborns of HIV positive mothers to early HIV infection diagnosis remains very low, varying between < 1% and 51%, a fact which attests to the issues of quality in service delivery (continuity of care and integration of service delivery).

The treatment coverage with ARVs varies between 24% and 55% depending on the countries; and the rate of adherence to treatment is not higher than 75%. The rate of persons living with HIV undergoing ARV treatment and who have an undetectable viral load is generally below 60%.

Tuberculosis is the main opportunistic infection and on the average, it is the cause of deaths in 30% of cases.

Neglected Tropical Diseases (NTDs)

The NTDs is a very huge burden in the ECOWAS countries; an effort which deserves to be supported is being made. The Table below provides a list of neglected tropical diseases in the region.

Table 4 : List of neglected tropical diseases in the region.

- | | |
|--|---------------------------------------|
| 1) Blinding trachoma | 7) Leishmaniasis |
| 2) Buruli Ulcer (Mycobacterium ulcerans infection) | 8) Leprosy |
| 3) Cysticercosis | 9) Lymphatic Filariasis |
| 4) Dracunculiasis (Guinea Worm) | 10) Onchocerciasis (river blindness) |
| 5) Human echinococcosis (hydatidosis) | 11) Rabies |
| 6) African human trypanosomiasis (sleeping sickness) | 12) Schistosomiasis (bilharzia) |
| | 13) Soil-transmitted helminthiasis |
| | 14) Yaws (Endemic Treponematoses) |

The Guinea worm disease (dracunculiasis), Buruli Ulcer (BU) and the African Human Trypanosomiasis (AHT) solely or mainly affect the African continent. Drancunculiasis is the first human parasitosis that is close to eradication. Nigeria, a previously highly endemic country, was declared free of the Guinea worm transmission in 2013. By contrast, Mali, following the political instability, witnessed an increase in the number of cases compared to 2012 (7% increase i.e. 11 cases reported in 2013).

1.2 Non-Communicable Diseases

According to the Global Burden of Disease Study, the proportion of deaths due to Non-Communicable Diseases (NCDs) in Western Africa (including some non-ECOWAS countries) increased from 43.2% to 49.8% between 1990 and 2015. In contrast, deaths due to communicable, maternal, neonatal, and nutritional diseases decreased from 50.8% to 44.0% over the same period. Thus, there were more deaths due to NCDs than deaths from other causes in the region.

In absolute terms, the total number of deaths due to NCDs increased from about 600,000 in 1990 to about 940,000 deaths in 2015. In spite of the increase in absolute and relative terms, the death rate per 100,000 population from NCDs decreased by 34% over the same period.

Countries are affected to varying degrees. According to WHO, in most countries, at least 60% of NCD deaths in males and females occur before age 70 years (Range: 35% in Cabo Verde to 80% in Sierra Leone). The probability of dying between ages 30 and 70 years from the 4 main NCDs (cardiovascular diseases, diabetes, cancers, chronic respiratory diseases) ranges from 15% in Cabo Verde to 28% in Sierra Leone. In Cabo Verde, about 72% of the deaths are due to NCDs compared with 44% in Nigeria. However, survival from NCDs is so much better in Cabo Verde than in other countries.

Hypertension remains one of the most prevalent NCDs in the ECOWAS region. A recent systematic review among workers in West Africa found that the prevalence of hypertension ranged from 12.0% among automobile garage workers to 68.9% among traditional chiefs. The major factors which predicted hypertension among these workers were being male, belonging to an older age group, higher socio-economic status, being obese, alcohol intake, high plasma glucose, and high sodium excretion (reflecting salt intake).

Another recent systematic review and meta-analysis estimated that the prevalence of hypertension among persons aged at least 20 years in Nigeria was 28.0% in 2010 but this is projected to increase to 30.8% in 2030. In absolute terms, the number of adults with hypertension is projected to increase from 20.8 million to 39.1 million during this period.

Most people with hypertension or diabetes are not aware they have these diseases. Besides the low knowledge, persons do not regularly have their blood pressures checked. In one study for example, senior executives in Nigeria had not had a medical check-up for an average of 3 years.

From WHO STEPS studies, the prevalence of diabetes in adults in the Region is 7% - 11%, with the lowest prevalence in Niger and Guinea and the highest prevalence in The Gambia and Cabo Verde. However, prevalence of 9% among workers in Accra and 17% among workers in Dakar have been reported.

WHO estimates that 182,000 new cases of cancers excluding non-melanoma skin cancer occur in western Africa every year. The age standardised incidence rate of cancers is 95 per 100,000 population. The commonest cancers in the region are breast, cervix, prostate, liver, colorectal cancers and lymphomas. About 132,000 cancer deaths occur in the region every year.

In 2016, WAHO developed a regional strategic plan for NCDs. This plan was validated by Member States in May 2016. The four main pillars of the plan are the promotion of knowledge of NCDs and their risk factors; promotion of NCD surveillance and their risk factors; support for the development of response capabilities to NCDs; and the promotion of governance and leadership in the fight against NCDs.

1.3 Maternal, newborn, child, adolescent, youth and elderly people's health

1.3.1 Maternal and newborns' health

In 2016, four thousand eight hundred and twenty-three (4,823) maternal deaths were reported in health facilities by fourteen (14) countries in the Community. Only Cabo Verde did not report any maternal deaths. In almost all the countries, the 1st antenatal care (ANC1) varies between 80 and 100%. But the 4th care remains low, ranging between 29 and 80% and assisted births stand at almost 60%.

Neonatal Deaths:

Maternal and neonatal health in West Africa has until now not been characterized by a coordination mechanism which is highly necessary. Though mothers and newborns are an inseparable couple, with pre-intra-per-post-partum maternal complications having serious consequences for newborns, the health of newborns was for a longtime neglected.

Finally, in 2016, a specific and coordinated attention at the regional level by way of a regional workshop was organized by the partner organizations supporting the health of newborns in order to accelerate the implementation of “national Every Newborn Action Plans (ENAP)” with the aim of improving the coordination and harmonisation of efforts designed to improve neonatal health : they include, among others, (UNICEF, WHO, Jhpiego, WAHO), and the focus is to put in place a special regional working group.

Availability of EONC Infrastructure:

The United Nations standards recommend the availability of at least five (5) EONC health facilities for 500 000 inhabitants with at least a EONCC health facility for four (4) EONCB health facilities. These indicators are generally measured during EONC surveys. Only eleven (11) countries were able to provide data for the period 2010 - 2012 on this indicator.

According to these data, the situations are quite varied among the countries. But on the whole, the countries are far from the above-mentioned standard. Three countries (Côte d’Ivoire, Guinea and Burkina) have less than one EONC health facility (EONCC + EONCB) for 500 000 inhabitants. Only Cabo Verde (22 EONC health facilities/ 500 000 inhabitants) and Liberia (5.6 EONC health facilities /500 000 inhabitants) have satisfactory results.

Family Planning:

The availability of contraceptive products at the national level is considered good or very good in at least eleven (11) of the fifteen (15) countries in the ECOWAS region. This can be explained mainly by the heavy involvement of the State and the partners in the acquisition of these products and also thanks to the existence of very proactive coordination and monitoring mechanisms in certain countries.

At the District Health level, the availability of contraceptive products, on the average, is deemed as satisfactory since it is good or very good in seven (7) countries and average in four (4) others. This availability is seen as mediocre in Côte d’Ivoire and average in Ghana, Guinea and Togo. This is due to the disruptions observed at the national level in (Côte d’Ivoire), the low effectiveness of integrated logistics (Guinea) and the lack of depots in certain districts in (Togo).

At the Community level, the trends are similar to those of the District Health. Six (6) countries are estimated to have a good availability of contraceptives at this level. The situation is considered as mediocre in Côte d’Ivoire and average in Ghana, Guinea, Senegal and Togo.

1.3.2 Child, adolescent, youth and elderly people’s health

1.3.2.1 The situation of child health

According to the 2016 WHO global health statistics, about 5.9 million children under 5 years of age died in 2015 in the world, with an average global mortality rate of 42.5 deaths per 1000 live births. At least, 45% of these deaths were newborns, with a neonatal mortality rate of 19 deaths per 1000 live births.

It is Sub-Saharan Africa which records the highest infant and child mortality rates in the world and where one (1) child out of twelve (12) dies before attaining his fifth birth day.

The countries in the ECOWAS region record infant-child mortality rates of between 244.5 deaths per 1000 live births in Cabo Verde and 120.4 per 1000 live births in Sierra Leone. Notwithstanding the alarming figures, it must however be indicated and recognized that

significant progress has been achieved by the countries in the ECOWAS region regarding the attainment of MDG 4. Indeed, Liberia and Niger attained 67% reduction in the mortality rate of children under 5 years of age (U5MR) between 1990 and 2015; Cabo Verde almost attained that goal as well as Senegal. Other countries such as Ghana, Nigeria, Mali, Sierra Leone, Burkina Faso and Benin could not attain that target, but made considerable progress since they reduced the U5MR by 50% and over, though some of these countries had until then recorded very high levels of U5MR.

The main causes of neonatal mortality in 2015 were prematurity, birth-related complications (neonatal asphyxia) and neonatal septicemia, while the main causes of child deaths in the postneonatal period were pneumonia (severe respiratory infection/ low SRI), diarrhea, injury and malaria. For children aged two years and above, in addition to these causes, there is also the issue of malnutrition which can cause these “major killer diseases” in half of these cases. This situation can be explained, among others, by the low coverage of recognized high impact priority interventions concerning child health, such as exclusive breastfeeding up to 6 months (39% only), the third dose of DPCP vaccine (87%), the administration of two doses of vitamin A (88%), proportion of children under 5 years sleeping in insecticide-treated nets (38%), seeking care for pneumonia (54%), first line anti-malarial treatment (34%) and treatment of diarrhoea with oral rehydration salts (39%). The same is applicable to the strategy of Integrated Management of Childhood Illnesses (IMCI, an effective recognized strategy for the reduction of child and infant mortality. Indeed, the proportion of health districts with at least 60% trained health officers for the IMCI varies between 0% in Mali and Togo and 73% in Benin, accounting for an average of 36% (as against an expected target of at least 80%) according to a study by WAHO and the WHO through a questionnaire sent to 15 ECOWAS countries, eleven (11) of which completed it as part of the maternal and child health annual programme review. According to the same study, the proportion of Health Districts implementing the clinical IMCI varies from 12% in Côte d’Ivoire to 100% in Burkina, Ghana, Guinea, Guinea Bissau and Niger.

Thus, in the WHO Africa Region, including ECOWAS countries, a lot of serious efforts will still have to be made by the countries and their development partners to improve the annual infant-child mortality rate from 3.9% to 70%, by upscaling the high impact strategies and interventions in order to expect to attain the goal of 25 deaths per 1000 live births set under the SDGs by 2030.

Immunization coverage in the region

With regard to the immunization coverage, it has generally stalled, or it has been on the decline since the last ten years. Only five countries in the ECOWAS region (Burkina Faso, Cabo Verde, Gambia, Ghana and Senegal) were able to attain the immunization coverage goal of at least 90% set by the Global Action Plan for Vaccines and Vaccination (PAMV) 2011-2020. At the same time, the quality of data, the funding of vaccination from domestic sources and the introduction of new vaccines or under-utilized vaccines are very low.

Concerning the establishment of Advisory Technical Groups on Vaccination always recommended by the PAMV, thanks to the WAHO-AMP strategic partnership, these groups are already operational in five (5) countries in the ECOWAS region (Benin, Burkina Faso, Côte d’Ivoire, Nigeria, Senegal) and many other countries in the region are far advanced in their establishment (Togo).

Moreover, water, hygiene, sanitation, nutrition, education of mothers and decent employment which are the social determinants of the child’s health continue to be actual concerns in our region.

1.3.2.2 Adolescent and Youth Health Situation

Regarding the health situation of adolescents and theyouth, it must be noted that these special segments of the population are not adequately catered for in the national health and development programmes in spite of their growing and significant numbers.

The number of adolescents and young people from 10 to 24 years will grow from 315 million in 2015 to 453 million in 2030 in Sub Saharan Africa. The large majority of these adolescents and young people can be found in West Africa and particularly in in the ECOWAS region and they are confronted with various health problems.

The situational analysis of the AYH in the ECOWAS region conducted in 2016 by WAHO showed the following priority health problems:

- **Problems related to SRH, are often more acute among the girls than among the boys:**
 - High fertility rate (115 p 1000, or more than two times the global average rate);
 - High rate of unsafe abortion (26 p 1000, as against 9 p 1000 in Asia, excluding East Asia);
 - Percentage of girls who have indicated to have had STI, or blood loss, sores or ulcers varies between 6.6% (Niger) and 53.7% (Liberia);
 - Percentage of boys who have declared to have had STI, or penis discharges, sores or genital ulcers varies between 1.7% (Burkina Faso) and 19.0% (Liberia);
 - HIV prevalence varies between < 0.1 % (Cabo Verde) and 1.7% (Guinea Bissau) among girls and between < 0.1% (Cabo Verde, Liberia and Niger) and 0.9% among boys;
 - More than 30% of girls are given out in marriage before 15 years in developing countries;
 - The percentage of women between 15 and 19 years married in 2010 varies between 8.3% (Ghana) and 59.1 % (Niger);
 - In Africa, it is estimated that more than three million young girls are threatened with FGM/C every year;
 - The percentage of women that has undergone FGM/C varies between 1.4% (Niger) and 94 % (Guinea) according to the DHS.

- **Problems not related to SRH, often more pronounced among the boys than among the girls: risk factors**

Tobacco Use:

- One of the main causes of death in Africa; the use and dependence among adult smokers start from adolescence. More than 40 million people smoke in Africa and this number is likely to grow;
- One adolescent in ten (10) in Africa smokes cigarettes and 50% are exposed to passive smoking;
- A trend towards an increase among the girls.

Harmful consumption of alcohol:

- Drinking increases the risk of road accidents, unprotected sexual intercourse, intentional and unintentional wounds , a poor mental health and gender-based acts of violence;
- Sale of alcohol in Africa is often targeted at adolescents and young adults with messages depicting alcohol as a symbol heroism, courage and virility;
- Studies show that young people who start drinking at the beginning of adolescence are more likely to become alcohol dependent in 10 years than those who start drinking at the end of adolescence and at the beginning of their twenties, even taking into account family background of alcohol abuse;

Poor nutrition and sedentary lifestyle:

- Poor nutrition (less diversified, less rich, little or no fruits/vegetables) sedentary lifestyles (inadequate physical exercises) contribute to about 12 million deaths through non-communicable diseases (NCDs) each year, a situation which is worsened by urbanization;
- Obesity epidemic/ overweight (WHO alert in 2015 Report);
- Nutritional transition and double burden (obesity/malnutrition, Sierra Leone: 22%/16% among adolescents);
- Snack foods and drinking of soft drinks (56% of adolescents in Ghana).

Other priority issues

- Addiction as a result of lack of parental control, among others;
- Violent deaths (road accident, interpersonal violence, suicide ...);
- Proportion of adolescent girls between 15 and 19 years showing signs of chronic energy deficiency varies between 11.8% (Togo) and 34.5% (Senegal);
- The proportion of adolescent girls between the ages of 15 and 19 years showing signs of anaemia varies between 34.2% (Cabo Verde) and 63 % (Ghana). In 11 countries, out of 12 with available data, the proportion of adolescent girls with anaemia was higher than 40%;
- The combined multiple partners, low use of condoms especially among the boys;
- There are huge gaps between knowledge, attitudes and practices/ sexual behaviours and risks and means of protection/prevention;
- Generally, there is a very good understanding about the methods of contraception but their use is low.

The same analysis identified the major challenges to be addressed by the countries and ECOWAS through WAHO, namely:

- Positioning of adolescent health as a high priority for which substantial financial, human and material resources need to be allocated;
- Reduction in mortality, DALY and morbidity of adolescents and young people;
- Identification of evidence-based effective interventions that take into account all the sub-system components of adolescent and youth health;
- Intersectorial coordination (involvement of stakeholders from other sectors for the improvement of adolescent and youth health);
- Intersectorial coordination within the Ministries of Health at country level;
- Mitigation of threats relating to structural social determinants ;
- Mitigation of threats relating to proximal social determinants;
- Actual involvement of young people in the formulation, planning, implementation and evaluation of actions that are beneficial to them;
- Adoption of protective behaviours and healthy lifestyles by adolescents and young people;
- Combating addiction of adolescents and young people to ICT;
- Development of youth-friendly and integrated centres for young people;
- Development of appropriate and competent human resources for AYH, including AYSRH;
- Definition of precise consensus-based adolescent and youth health indicators
- Promotion of the culture of evaluating implementation strategies;
- Availability of data on adolescents and young people (gender and age-based disaggregated data);
- Harmonization of policy, strategy, planning, monitoring and evaluation documents.

1.3.2.3 Elderly Peoples' Health

According to Abdramane BERTHE, older people in Sub-Saharan Africa are a vulnerable population very often neglected in public policies, whereas Philip Antoine (IRD_CEPED) and Valérie Golaz (INED-CEPED) are of the view that by 2050, their proportion will have more than doubled in all the countries of the South who would have to face social problems related to rapid growth of the number of older people within a relatively short period of time, thus putting to test the capacity for adaptation of societies concerned as well as of health facilities to cater for them.

At this date, the population of older people who are over 60 years of age will be more than 200 million, i.e. close to 10% of the population.

An effective resolution of the social and health consequences of ageing calls for a better knowledge of the conditions of life of older persons, mobilized solidarity in a dependence situation and complex inter-generational relationships which accompany old age.

Most of the African States currently face serious challenges in addressing the social problems posed by the increasing waves of children, adolescents and young adults. Enrolment, care for orphans, integration of the youth into the job market mobilise a greater part of the attention of international organizations and the States. Generally, access to care for older persons is not addressed by any particular policies. Older persons face difficulties of accessing care inherent in the shortcomings of the health infrastructure of their country. Access to minimum income is far from being guaranteed. In Sub-Saharan Africa, only a few countries have put in place a non-contributory retirement system. Thus, in Mauritius, South Africa and in some Southern African States, all the citizens aged over 60 years have the right to enjoy minimum retirement, and this is applicable even where one does not make any contribution. On the rest of the continent, a greater majority of older persons do not enjoy retirement pension and must depend on their close relatives for assistance (family solidarity).

This situation is similar to what pertains in the ECOWAS Member States. In order to anticipate relevant interventions, WAHO has planned for the year 2017, a health situational analysis of these persons. This analysis will help to identify the priority health problems faced by older persons who often fall victim to chronic multi-morbidity, as well as the extent of these problems, the responses, arrangements and care facilities available including the gaps in order to plan appropriate interventions and subsequent support for the countries in the region.

II. REVIEW OF ACHIEVEMENTS IN 2016

This chapter is a report on the implementation of the recommendations of the 17th Session of the ECOWAS Assembly of Health Ministers; activities implemented by the Directorate-General of WAHO and present the main outcomes of the implementation of the priority programmes.

II.I Status of Implementation of the key recommendations of the 17th Session of the ECOWAS Assembly of Health Ministers

The seventeenth Ordinary Session of the ECOWAS Assembly of Health Ministers had made a total of four (4) recommendations; one (1) to the countries and three (3) to WAHO. The status of implementation of the said recommendations is summarized in the table below.

Table 5: Implementation of the recommendations of the 17th AHM

| Recommendations | Responsible | Actions taken |
|---|-------------|---------------|
| Continue and intensify advocacy for the substantial increase in the resources allocated to WAHO, domestically and | Countries | |

| | | |
|--|------|---|
| among partners, | | |
| Embark on a study on the mapping of partners and their respective areas of interventions in order to avoid duplications of actions | WAHO | Activity programmed in the 2017 WAHO budget |
| Plan to incorporate information on non-communicable diseases into future Directorate General's report. | WAHO | Information incorporated into the chapter on the health situation of this report |
| Ensure the coordination and harmonization of bulk purchase procedures of drugs. | WAHO | Experiment carried out as part of the Malaria and Neglected Tropical Diseases in the Sahel Project (M/NTDs) |

II.2 Activity Implementation

Just like in the previous years, in 2016, the Directorate-General of WAHO carried out activities to strengthen the positioning of the institution at the regional and international levels, of the advocacy on key health issues, the strategic partnership and resource mobilization. It is in keeping with these that the Directorate-General participated in statutory meetings of the Community and undertook visits to Member States' Political Authorities and to the technical and financial partners. The actions carried out include the following:

Statutory Meetings:

The Directorate-General participated in two Ordinary Sessions of the Authority of Heads of State and Government, two sessions of the Council of Ministers, one session of the Assembly of Health Ministers, the meeting of the ECOWAS Mediation and Security Council and the Committee for Administration and Finance meetings. The main results from these meetings are:

The adoption of texts relating to the establishment of the ECOWAS Regional Centre for Surveillance and Disease Control:

- Adoption of the "One Health" approach;
- Adoption of the 2017 WAHO programme budget;
- Adoption of the Strategic Plan on Health Research in the ECOWAS region;
- Strengthening of relations with other Community Institutions and Agencies.

Meetings with Political Authorities of the Member States:

The Directorate General of WAHO undertook visits to all the countries in 2016. During these visits, it met several political authorities (Heads of State, Speakers of Parliaments, Ministers, and Heads of Institutions...). The issues of concern during these meetings, among others, were:

- Discussions and compilation of policy guidelines on priority health issues of countries in the region ;
- Familiarization with newly-appointed Ministerial officials;
- Information on WAHO activities;
- Advocacy on essential health issues, including financing;
- Implementation of Community resolutions and decisions on health;

Meeting with technical and financial partners:

As part of the mandate to collectively and strategically find solutions to health problems in the region, WAHO continued and intensified its collaboration with technical and financial partners. The main achievements and results recorded in 2016 are:

- High-level advocacy on HIV/AIDS at the headquarters of the United Nations, co-organized with UNAIDS, with particular emphasis on access by the population to quality essential medicines;
- Review of cooperation with the main financial partners (the World Bank Group, USAID, KFW, AfDB) ;
- Review of cooperation with the main technical partners (United Nations Agencies and UEMOA) ;
- Signing of new financing agreements with the French Cooperation (DEMSAN and RIPOST Projects), the African Development Bank (Nutrition PRENFOS and Technical Assistance for Combating Epidemics Projects), USAID (WAHIT on Health Information Project) ;
- Signing of six (6) new Memoranda of Understanding (MoU) with CORDS, Palladium, UNIDO, UCPO, IRSP and WHO;
- Promotion of Public-Private Partnerships with the initiation of the pilot project between Orange Guinea and the Ministry of Health of Guinea on Information, Management of Health Information and between UNILEVER and the Ministry of Health in Ghana, on Hygiene and Sanitation;
- Negotiation of several new projects (RAD, BID Technical Assistance, Post-Ebola UNDP/JICA Project, KFW and GIZ Regional Programme for Combating Epidemics, Harmonization of Pharmaceutical Regulation Project-World Bank).

To date, WAHO has been able to negotiate and obtain nineteen (19) projects from the Partners with a total budget of more than One Hundred and Fifty Million (150.000.000) USD, eleven (11) of which are already being implemented while eight (8) will be launched in the course of 2017.

II.3 Status of Programme Implementation in 2016

This section focuses on the main results achieved through programme execution in 2016. These results include those of projects implemented with partner funding in support of the strategic plan implementation.

Health Information and Research Programme

The general objective of the programme is to improve production, dissemination, use of information and health research in the ECOWAS region. Actions carried out in the community in 2016 enabled us to achieve the following results:

- Effective use of the regional health information platform by all countries to transmit data on Epidemiological-Prone Diseases;
- Production and distribution of forty-nine (49) weekly epidemiological bulletins;
- Production and dissemination of three (3) quarterly epidemiological newsletters on the situation of EPDs;
- Award of two (2) scholarships to two (2) young researchers (Benin and Senegal);
- Support Côte d'Ivoire in drawing up National Policy and National Health Research Strategy;
- Creation of the West African National Ethics Committees Network;
- Supporting NEWAHE in identifying research priorities in five areas (health system, health research, emerging diseases, communicable diseases, non-communicable diseases);
- Identifying priority research topics in the field of Malaria and Neglected Tropical Diseases (20 Malaria topics and 20 NTD topics);
- Promoting best health practices through strengthening the capacities of stakeholders in seven (7) countries (Cabo Verde, Senegal, Liberia, Sierra Leone, Ghana, Guinea, Guinea-Bissau) on scaling up identified practices;

- Organizing the 2nd Regional Forum on Best Health Practices;
- Support Nigeria in disseminating outcomes of research on primary health care in the twenty-five (25) Local Governments Areas (LGAs) of Delta State;
- Support Nigeria in organizing an exchange meeting between researchers and decision-makers on maternal and child health;
- Capacity building for fifty-nine (59) researchers and decision makers in knowledge transfer/translation in Bauchi State, Nigeria.

Progress is being made in the production of health information regarding epidemiological-prone diseases. However, additional efforts have to be deployed to put together comprehensive health data.

II.3.1 Disease Control Programme

The programme objective is to reduce the prevalence of communicable and non-communicable diseases. Activities carried out as part of this programme focused mainly on regional co-ordination and strengthening capacities in the countries on disease control in respect of HIV/AIDS, Malaria, Tuberculosis, Neglected Tropical Diseases and non-communicable diseases. The interventions carried out have helped to achieve the following deliverables:

Concerning communicable diseases:

- Strengthening capacities of Officials from the Ministries of Justice and Territorial Administration of Guinea-Bissau in order to implement the Dakar Declaration on access to ARV treatment for key populations;
- Payment of participation expenses for the youth from ECOWAS countries who attended the Pan-African Youth Leaders' Summit held in Libreville in preparation for the United Nations HIV Summit in New York, where two ECOWAS youth sponsored by WAHO read a statement on behalf of the Youth Organizations from countries of the Community;
- Organizing four (4) synchronized campaigns of seasonal malaria chemoprevention and mass distribution against Neglected Tropical Diseases (NTDs) (schistosomiasis, filariasis, soil-transmitted helminthiasis, trachoma, onchocerciasis) in forty-five (45) health districts, of Mali, Burkina Faso and Niger, as part of the M /NTD Project.
- Capacity building in entomology for officials of the National Malaria Control Programmes as part of vector control;
- Organizing the annual review of National Malaria Control Programmes for ECOWAS countries, which helped to strengthen the programme implementation;
- Organizing a Regional Workshop for Health Communication Specialists with a view to harmonizing communication tools for the control of Malaria and Neglected Tropical Diseases;
- Organizing the annual review of National Tuberculosis Control Programmes.

With regard to non-communicable diseases:

- Drawing up a regional plan for the control of non-communicable diseases;
- Supporting Niger and the Gambia in preparing their National Plans for sustainability and revitalization of micronutrient supplementation;
- Organizing the mid-term review of the Nutrition Forum;
- Organizing the annual VISION 2020 Forum for monitoring eye healthcare in the ECOWAS region.

II.3.2 Epidemic and Health Emergencies Programme

The programme objective is to strengthen capacities for surveillance, disease prevention, response and resilience to epidemic shocks and emergencies. The activities carried out in 2016 focused on setting up the ECOWAS Regional Center for Disease Surveillance and Control (RCDSC) and support for countries in combating epidemics. The results achieved include:

Establishment of the ECOWAS Regional Center for Disease Surveillance and Control (RCDSC):

The Regional Center is the structure for surveillance, early warning and response, defined in the Regulations approved by ECOWAS Heads of State and Government at the Accra Summit in May 2015. Its headquarters is in Abuja and its national liaison officers are the National Co-ordinating Institutions (NCIs) for Disease Surveillance and Control. The activities of the Regional Center are geared towards four (4) main areas of intervention, namely: (i) surveillance and early warning; (ii) laboratories; (iii) rapid response team; and (iv) training and research. The main results relating to setting up ECOWAS/ RCDSC are:

- Approval of the organizational chart of the ECOWAS / RCDSC by ECOWAS decision-making bodies;
- Adoption of the Protocol establishing the ECOWAS Rapid Response Team and the modalities of its deployment;
- Setting up the ECOWAS / RCDSC Board of Directors and naming the countries to serve on it for the first two years, namely: Senegal, Côte d'Ivoire, Ghana, The Gambia, Guinea-Bissau and Guinea;
- The President of ECOWAS Commission appointed an Interim Executive Director of the ECOWAS / RCDSC;
- Signing the Protocol defining the modalities of co-operation between WAHO and the Minister of Foreign Affairs of the Federal Republic of Nigeria for implementation of the ECOWAS/RCDSC including the provision of the headquarters for the Center;
- Setting up the NCI Network and signing a protocol for co-operation between CORDS (International NGO) and WAHO with a view to monitoring and strengthening the network's capacities;
- Developing the NCI Network Manual of Procedures;
- Establishing the Regional Rapid Response Team (RRRT or White Helmets of ECOWAS) and strengthening capacities of the team members;
- Creation of a formal framework for collaboration between RRRT and the various implementing partners (IFRC, WADPI, WHO / EMT, USAID, CDC-US, E-CDC);
- Preparation of a reference document for evaluation of laboratory systems in ECOWAS countries with financial support from KFW;
- Preparation of ECOWAS / RCDSC Internal Regulations and Work Plan for the period 2016 - 2017;
- Establishing the ECOWAS diagnostic laboratories network;
- Establishing a “One Health” Regional Framework, focusing on four specific activities (i) assessing health risks in the region, (ii) establishing an integrated system for information sharing, (iii) strengthening the capacities of the regional laboratory network, (iv) organizing joint (multi-sector and multidisciplinary) simulation exercises for investigation, prevention and response to epidemics. This framework is based on the following institutional anchor:
 - o Sector Assemblies of ECOWAS Ministers (for political co-ordination);
 - o The Regional Center for Disease Surveillance and Control and the Regional Animal Health Center of ECOWAS (for technical and operational aspects at regional level);

- The National Co-ordinating Institutions at ECOWAS Member States' level (for the technical and operational aspects at the level of each country).

Support for countries in epidemic situations

Different forms of material and / or financial support have been provided to member countries in epidemic situation. They include:

- Donation of medicines and materials to Togo to deal with the meningitis epidemic;
- Support to Burkina Faso for supervision of meningitis prevention and control activities;
- Donation of materials to Benin for prevention and control of the Lassa fever disease epidemic;
- Support to Niger to cover the operational costs of implementing the measles vaccination campaign;
- Support to Guinea-Bissau for the prevention and control of the Zika virus epidemic;
- Support to Cabo Verde for vector-borne disease control;

In addition, WAHO conducted several visits to countries affected by epidemics to inquire about the situation and support the authorities.

II.3.4 Medicines, Vaccines and other Products Programme

The programme aims to increase access to essential medicines, vaccines and other medical products. The interventions carried out during the year have helped to achieve the following results:

- Signing a technical and financial agreement with UNIDO for drawing up the road map on best pharmaceutical manufacturing practices, in order to strengthen and promote local production of quality medicines;
- Drawing up the list of raw materials, equipment and medicines to be exempted from tax as part of implementation of CET in the ECOWAS region;
- Assessing the capacities of national pharmaceutical regulatory authorities in 7 countries and drawing up roadmaps for ISO 9001 certification;
- Assessment of the regional ARV safety stock to improve the supply and distribution system;
- Organizing annual meeting of National Officials from quality control laboratories in the 15 ECOWAS member countries, leading to drawing up a roadmap for National Medicine Quality Control Laboratories (NMQCLs) to access ISO 17025 certification and WHO pre-qualification;
- Support for National Medicine Quality Control Laboratories (NMQCLs) with a view to achieving ISO 17025 accreditation / WHO Certification.

II.3.5 Traditional Medicine Programme

The programme objective is to promote the mainstreaming of Traditional Medicine into health systems in order to increase its contribution to achieving universal health coverage in the region. Consequently, the following results were achieved after implementation of planned activities in 2016:

- Establishing a Committee of Experts in charge of developing herbal pharmacopoeia for treatment of new emerging diseases;
- Training Directors of National Traditional Medicine Programmes on intellectual property of products and traditional medicine practices;
- Support to Guinea-Bissau in organizing its first congress to strengthen collaboration between traditional medicine practitioners and conventional medicine practitioners;

- Support to Burkina Faso for implementation of its Traditional Medicine Strategic Plan;
- Organizing the Scientific Congress of Traditional Medicine Practitioners and Conventional Physicians to promote collaboration between the two medicine practices.

II.3.6 Maternal, Child, Adolescent, Youth and Elderly People's Health Programme

The programme objective is to promote maternal, neonatal, child and adolescent, youth and older people's health in the ECOWAS region. Under each segment, the following results were achieved for the year 2016:

Maternal and Neonatal Health

- Training a pool of twelve (12) trainers (a gynaecologist-obstetrician, a pediatrician and a midwife) in Obstetric and Neonatal Emergency Care (ONEC) in three (03) countries: Burkina Faso, Côte d'Ivoire, Togo;
- Support to three (3) countries to replicate Best Practices. These are Burkina Faso for RapidSMS, Mali for Schools for Husbands and Côte d'Ivoire for Intra-Uterine Contraceptive Device (IUD) during Post Partum;
- Advocacy for Family Planning (FP) in collaboration with Ouagadougou Partnership and FP2020;
- Organizing Regional Consultation with other partners (WHO, UNFPA, etc.) on the delegation of tasks in providing RH/FP services and harmonization of the Nomenclature and Anchoring of the Directorates in charge of RH/ FP;
- Training sixteen (16) trainers from six countries (Benin, Burkina Faso, Mali, Niger, Senegal and Togo) on the management of Menstrual Hygiene, in collaboration with UN Women;
- Providing contraceptive products in five (5) countries (Benin, Burkina Faso, Guinea-Bissau, Ghana, Niger);
- Organizing an awareness campaign on family planning and HIV / AIDS screening at the border between Benin and Togo;
- Organizing the annual review of National Maternal, Neonatal and Child Health Programmes.

Child, Adolescent, Youth and Older People's Health:

- Development and technical validation of the orientation guidelines for development and implementation of strategies for Adolescent and Youth Health (AYH);
- Support to Niger for review of its National AYH Strategy;
- Technical and financial support provided to Senegal to train 48 healthcare providers on computerized IMCI (ICATT);
- Support to Burkina Faso to organize the workshop on care for older persons;
- Support to Benin for the running of National Consultative Committee on Immunization (NCCI / GTCV);
- A scholarship for training in inter-university degree in vaccinology awarded to twelve (12) candidates from four (4) countries (Burkina Faso, Côte d'Ivoire, Niger and Togo).

II.3.7 Health System Governance Programme

This programme aims at contributing to improving governance of health systems.

The following results were achieved through the activities carried out:

- Development and technical validation of the Regional Orientation Guidelines on Developing a National Policy on Community-Based Interventions (CBI);
- Development and technical validation of the Operationalization Framework for Twelve (12) Action Points resulting from the Regional Conference on Health District;

- Technical and financial support provided to the Ministry of Health of Burkina Faso to organize the National Stakeholders' Conference on hospitals.

II.3.8 Health Sector Human Resources Programme

This programme is intended to facilitate the training, use and free movement of health professionals in the ECOWAS region, so that quality health human resources are available for use in the ECOWAS region. The implementation of the activities during the year 2016 has helped to achieve the following results:

- Strengthening of capacities in management, public health and language, of fifteen (15) young professionals from ECOWAS countries;
- Further studies for fifteen (15) medical specialists from Cabo Verde in Brazil;
- Harmonization and technical validation of regulations for the practice of pharmacists in the ECOWAS region;
- Harmonization of nursing and midwifery training curriculum of English-speaking colleges;
- Harmonization of the code of ethics for fourteen (14) professional categories in health-related disciplines;
- Developing a Manual on "Gender in the Private Health Sector";
- Harmonization of the specialized training curriculum for pharmacists;
- Finalization of the harmonized curriculum for training in dental surgery in the ECOWAS region;
- Training thirty (30) managers from the eight (8) French-speaking countries in rules and best practices for storage of health products and personal protective equipment.

II.3.9 Technical Assistance Programme for Member States

This programme aims at contributing to improving management and logistical capacities of Member States. The results of the interventions carried out include:

- Granting two (2) vehicles to Niger, including an ambulance for Diffa health region with large numbers of victims of repeated attacks by the Boko Haram group;
- Support to Sierra Leone in strengthening laboratory capacities of a hospital (Bai Burei);
- Support to Guinea-Bissau for the take-off of its new Health Development Strategic Plan;
- Research support was granted to four (4) applications on the Evolution of medical laboratories in West Africa from 1960 to 2000, the codification of traditional medicine, onchocerciasis and trypanosomiasis between 1960 and 2012, and Dengue / arbovirus;
- Support to the African Gynaecological and Obstetrical Society (AGOS) to organize its annual congress.

II.3.10 Strategic Partnership and Policy Harmonization Programme

This programme aims at strengthening strategic partnership and policy harmonization, and ultimately it should help improve co-ordination of interventions and facilitate implementation of regional policies, standards and legislation. The salient results achieved in 2016 are as follows:

- Technical validation of the orientation guidelines for developing, implementing universal health coverage and monitoring its progress;
- Organizing the first annual meeting on health planning in the ECOWAS region, which led to the institutionalization of the meeting in order to review progress on health in the ECOWAS region and also help ensure better planning of WAHO activities;

- Organizing the mid-term review of the WARDS Project, which helped make decisions to accelerate project implementation;
- Preparation of a joint WAHO-UNICEF Action Plan for 2016;
- Development of several projects, such as REDISSE, Demography and Health, as well as several concept notes as part of Community Development Programme (CDP) and the 11th EDF, Regional Indicative Programme component;
- Sponsoring the creation and establishment of the West African Private Health Sector Federation and the African Private Health Sector Federation.
- Creation of three (3) Champions Networks for Adequate Health Financing (CNFAHF) (The Gambia, Ghana, Sierra Leone);
- Support to the CNFAHF of four (4) countries (Burkina Faso, Côte d'Ivoire, Niger and Togo) to strengthen advocacy for health financing and repositioning family planning;
- Establishing a framework for dialogue and exchanges between the Networks of Burkina Faso, Côte d'Ivoire, Niger and Togo as part of the demographic dividend.

II.3.11 WAHO Institutional Strengthening Programme

The programme objective is to strengthen the WAHO institutional capacities in order to overcome the challenges of insufficient human and financial resources, lack of institutional communication, use of information and communication technology, and co-ordination of interventions at regional level. Implementation of this programme has helped to achieve the following results:

- Printing and dissemination of the WAHO 2016-2020 Strategic Plan;
- Finalizing the 2016-2020 Operational Plan ;
- Preparation of WAHO 2017 Programme Budget;
- Organizing two (2) half-yearly internal reviews of WAHO programmes and projects, which enabled us to assess the implementation status of projects and programmes and give guidance;
- Organizing the 17th Ordinary Session of the Assembly of ECOWAS Health Ministers;
- Regular dissemination of information on WAHO's programmes on the WAHO website, social networks, the media;
- Involving the media in the country to disseminate information through four (4) special advertising features on WAHO programmes: (AMS, Best Practice Forum, Launch of Malaria and Neglected Tropical Diseases Project in the Sahel and launch of REDISSE Project);
- Setting up health communicators' networks to enable interaction between communicators from ECOWAS countries and WAHO for information sharing, better visibility of interventions by Ministries of Health and interventions by WAHO and better co-ordination of awareness in the countries;
- Setting up and or revamping of the Project Management Unit with the recruitment and installation of new consultants who joined the Unit;
- Purchase of 3 Generators, a vehicle, a bus, office supplies, computers and IT utility software for the staff, provision of videoconferences for ECOWAS countries;
- Some works of construction, renovation and painting for maintenance of buildings;
- Two stabilized and secured Internet connections (fiber optic and VSAT);
- Development of new modules and improvement of the WAHO website;
- Acquisition of IT equipment for staff, acquisition of equipment to standardize and secure the local network and Internet, acquisition of teleconferencing equipment for meeting rooms;
- Training on the use of the integrated document management software (SIGB / PMB) made it possible to understand how this software works as it has now become the tool to manage the library catalog <http://pmb.wahooas.org/>;

- A Library policy document which is in line with the mission of the library has been drawn up. A library committee has been set up, a questionnaire to collect personnel documentation needs is available, a scope of work of the library committee, a 2017-2020 Action Plan and an Operational Plan for 2017 have been drawn up, security measures and conditions of access to the library have been proposed;
- Strengthening the capacities of forty-four (44) WAHO staff members in several areas, including: ECOLink system, International Public Sector Accounting Standards (IPSAS), Human Resource Management; Management of a secretariat and coaching, contemporary driver and golden rules of first aid.

III. STATUS OF FINANCIAL EXECUTION

The status of the Budget implementation as at 31 December 2016 can be summarized as follows:

| Description | 2016 Approved Budget (UA) | Implemented as at 31 December 2016 (UA) | % Implemented |
|---|---------------------------|---|---------------|
| Governing Bodies | 654.478 | 537.709 | 82% |
| Administration | 4.649.828 | 2.727.838 | 59% |
| Programme Staff Costs | 2.572.408 | 1.526.307 | 59% |
| Programme Activities (incl Ext Funding) | 16.062.067 | 7.564.772 | 47% |
| Contingency | 381.261 | 0 | 0 |
| Total | 24.320.043 | 12.356.626 | 51% |

In terms of funding received as at 31 December 2016, the situation was:

| Description | 2016 Approved Budget (UA) | Implemented as at 31 December 2016 (UA) | % Implemented |
|--------------------------|---------------------------|---|---------------|
| Community Levy | 15.136.246 | 10.682.729 | 71% |
| Arrears of Contributions | 473.148 | 0 | 0 |
| Income from Services | 22.307 | 2.585 | 12% |
| External Funding | 8.688.341 | 5.877.497 | 68% |
| Total | 24.320.043 | 16.562.811 | 68% |

IV. CHALLENGES IN 2016

Like in 2015, there were several challenges in 2016, namely:

- Persistence of epidemics and consequently their management;
- Difficulty in implementing programmes financed by the Community Levy as the ECOWAS Commission was late in making financial resources available;
- Non-recruitment to key vacant positions within the institution;
- Insufficient human resources;
- Poor justification of funds made available to certain countries.

CONCLUSION

In 2016, despite financial difficulties encountered in the first two quarters, WAHO implemented significant activities and achieved the results presented in this report.

Regarding 2017, with financing from the Community Levy and the implementation of financing agreements signed in 2016, WAHO is committed to addressing the various

challenges in order to improve the health situation in the region through implementation of the priority interventions contained in the 2016-2020 Strategic Plan, in particular:

- Control epidemics through effective establishment of the Regional Center for Disease Surveillance and Control (ECOWAS/RCDSC);
- Interventions in the field of local production of medicines;
- Strengthening the strategic health partnership with Member States, other Community institutions and partners, including the private sector;
- Strengthening health systems in member countries.