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

2017 ANNUAL REPORT

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GLOSSARY

AGM:	Annual Canaral Masting
AMRH:	Annual General Meeting African Medicines Regulation Harmonization
AMKH. AHM:	Assembly of Health Ministers
AREF:	Africa Excellence Research Fund
ARVs:	Anti-Retro Viral Drugs
WB:	World Bank
BMGF:	Bill and Melinda Gates Foundation
GMP:	Good Manufacturing Practices
GPH:	Good Practices in Health
BCC:	Behaviour Change Communication
ECOWAS:	Economic Community of West African States
UTH:	University Teaching Hospital
NACI:	National Advisory Committee on Immunization
CORDS:	Connecting Organizations for Regional Disease Surveillance
SMC:	Seasonal Malaria Chemoprevention
IDRC:	International Development Research Center
RCSDC:	Regional Centre for Surveillance and Disease Control
CTD:	Common Technical Document
DIHS2:	District Health Information System 2
DDEC:	Department of Disease and Epidemics Control
DTC3:	Diphtheria Tetanus Pertussis 3
DTCP:	Diphtheria Tetanus Pertussis Poliomyelitis
ECOWAS:	Economic Community of West African States
EQUIST:	Equitable Strategies to save lives
EQUIST: ERRRT:	ECOWAS Regional Rapid Response Team
FASFAF:	Federation of French-speaking Africa Midwives Associations
NITAG:	National Immunization Technical Advisory Group
HKI:	Helen Keller International
IATA:	
CBIs:	International Air Transport Association Community-based Interventions
IOTA:	•
IDTA: IPSAS:	Tropical Ophthalmology Institute of Africa
IRSP:	International Public Sector Accounting Standards
ISMEA:	Regional Institute of Public Health
	Institute of Applied Mathematical and Economic Sciences
ISO:	International Organization for Standardization
KFW:	German Financial Cooperation
RRLs:	Regional Reference Laboratories
AEFI:	Adverse Events Following Immunization
MEP:	Moving Evidence into Policy
LLIN:	Long Lasting Insecticide Treated Nets
MMC:	Modern Methods of Contraception
MoU:	Memorandum of Understanding
MPE:	Epidemic-prone Disease
MSM:	Men having sex with other men
MS Project:	Micro Soft Project
NCDs:	Non-communicable Diseases
NTDs:	Neglected Tropical Diseases
SDGs:	Sustainable Development Goals
MDGs:	Millennium Development Goals
WHO:	World Health Organization
UNAIDS:	Joint United Nations Programme on HIV/AIDS

WAHO:	West African Health Organisation
PAGE:	Scaling Up
GVAP:	Global Vaccine Action Plan
IMCI:	Integrated Management of Childhood Illnesses
PEPL:	Language and Professional Exchange Programme
EPI:	Expanded Programme on Immunization
FP:	Family Planning
SM/NTD:	Sahel Malaria/Neglected Tropical Diseases
NHDP:	National Health Development Plan
PPP:	Public-Private Partnership;
PLWHIV:	People living with HIV
RAD:	Regional Action through Data
WAHIDN:	West African Heath Information Documentation Network
SAGO:	African Society of Gynaecology and Obstetrics
AYH:	Adolescents and Youth Health
SAP:	Systems, Applications and Products
SDI:	IT Master Plan
SERSAP:	Society for Studies and Research in Public Health
AIDS:	•
IDSR:	Acquired immune deficiency syndrome Integrated Disease Surveillance and Response
MNCAYH:	Mother, Newborn, Child, Adolescent and Youth Health
NHMIS:	National Health Management Information System
EmONC:	Emergency Obstetric and Neonatal Care
SPAQ:	Sulfadoxine Pyrimethamine Amodiaquine
RH:	Reproductive Health
RH/FP:	Reproductive Health/Family Planning
SRH:	Sexual and Reproductive Health
SRHAY:	Sexual and Reproductive Health of Adolescents and Youth
S/W:	Semaine/Week
TB:	Tuberculosis
TORs:	Terms of Reference
ICT:	Information and Communication Technology
U5MR:	Under 5 Mortality Rate
SWs:	Female Sex Workers
TV:	Television
UA:	Unit of Account
UCPO:	Ouagadougou Partnership Coordination Unit
UEMOA:	West Africa Economic and Monetary Union
UNAIDS:	Joint United Nations Programme on HIV/AIDS
UNICEF:	United Nations Children's Fund
UNIDO:	United Nations Industrial Development Organization
USAID:	United States Agency for International Development
USD:	United States Dollar/American Dollar
HIV:	Human Immunodeficiency Virus
VSAT:	Very Small Aperture Terminal
WAHIT:	West African Health Informatics Team
WASH:	Water Sanitation and Hygiene
WHO:	World Health Organization

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INTRODUCTION

Two years into the implementation of WAHO's 2016 - 2020 Strategic Plan, comprising three (03) strategic thrusts and thirteen (13) priority Programmes, the Institution developed and implemented an approved Annual Work Plan with one hundred and two (102) activities, amounting to a total of 33 197 749 UAs.

This annual report is intended as a summary of the main achievements and outcomes of the implementation of the 2017 Action Plan. It revolves around the following items:

- Health status in the ECOWAS region;
- Implementation of the main recommendations of the18th session of the Assembly of Health Ministries of ECOWAS;
- Management-related activities;
- Achievements of Programmes implementation;
- Update on finance and administrative matters;
- Challenges.

I. ECOWAS REGION'S HEALTH STATUS IN 2017

This chapter aims to summarize the features of morbidity, mortality and risk factors that characterized the ECOWAS region in 2017. It focuses on communicable and non-communicable diseases. It also describes the health status of mother, newborn, child, and adolescents, young and elderly people. WAHO's main activities conducted in collaboration with Technical Partners and Countries are summarized in the Programme implementation section.

A. Communicable Diseases

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

1. Epidemic-prone Diseases

In 2017, ECOWAS countries grappled with recurring epidemics of cholera, meningitis, measles and Lassa fever. They also recorded outbreaks of emerging or re-emerging diseases² such as Dengue. The table below presents the overall situation of epidemic-prone diseases recorded in 2017.

Country	Cholera		Meningitis		Measles		Yellow fever		Lassa fever		Neonatal Tetanus	
č	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Benin	10	1	1103	79	327	3	193	0	7	5	13	3
Burkina Faso	0	0	2648	206	164	0	1117	19	0	0	2	2
Cabo Verde	0	0	38	0	0	0	0	0	0	0	0	0
Côte d'Ivoire	27	2	351	7	2142	5	1425	5	0	0	24	8
The GAMBIA	0	0	68	5	51	0	11	0	0	0	6	2
Ghana	4	0	1118	117	1678	0	840	5	0	0	11	2
Guinea	2	0	607	21	7141	18	359	4	0	0	178	60

Table 1: Cases (suspected or confirmed) and deaths related to the most recurrent epidemic-
prone diseases reported by ECOWAS countries in 2017

Country	Cholera		Meningitis		Measles		Yellow fever		Lassa fever		Neonatal Tetanus	
č	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Guiné-Bissau	0	0	7	0	8	0	0	0	0	0	0	0
Liberia	157	6	70	2	1808	2	172	1	65	19	22	4
Mali	0	0	584	4	272	0	183	2	0	0	7	2
Niger	4	0	3506	232	1500	7	98	3	0	0	7	4
Nigeria	4221	107	10043	617	21974	117	1256	6	733	71	53	1
Senegal	0	0	211	6	571	0	339	4	0	0	12	2
Sierra Leone	35	0	44	8	2744	1	50	0	84	23	43	12
Togo	0	0	599	47	389	0	470	2	0	0	13	2
Total ECOWAS	4460	116	20997	1351	40769	153	6515	51	889	118	391	104

Source: Country IDSR units/divisions 2017 (These are primary data submitted by Countries and does not reflect any subsequent in country changes).

Cholera

Eight (08) countries in the region (Benin, Côte d'Ivoire, Ghana, Guinea, Liberia, Niger, Nigeria and Sierra Leone) reported 4 460 cases of cholera including 116 deaths, representing a lethality rate of 2.6%. After a steady decline in the number of cases between 2014 and 2016, these figures indicate an increase in the number of cases of the disease in 2017 compared to 2016 (see diagram below). With 4221 people affected and 107 deaths recorded, Nigeria accounts for 95% of all cases of cholera in the ECOWAS region in 2017. One may note a very clear improvement of the situation of this disease in 2017 in Benin (10 cases in 2017 against 874 cases in 2016) and Ghana (4 cases in 2017 against 720 cases in 2016).

Diagram1: Annual trend in suspected/confirmed cases of cholera between 2013 and 2017 in the ECOWAS region (Source: Country IDSR/NHMIS) as collated by WAHO



Meningitis

In 2017, all countries of the Community reported at least one case of meningitis, which is still one the most rampant Epidemic-prone Diseases (MPE) in the region. Compared with the two previous years (16 901 cases including 1171 deaths in 2015; 12 508 cases including 991

deaths in 2016), 2017 signals an increase in the number of cases of death and affected countries.

A total of 20,997 suspected or confirmed cases and 1351 deaths (lethality of 6.4%) were reported. Nigeria (10,043 cases), Niger (3,506 cases) and Burkina Faso (2,648 cases) are the countries most affected by the disease. The sharp increase in cases was recorded between the first and second quarter of the year (Diagram 2) with a very high prevalence of the Nesseiria meningitidis C germ detected in about 80% of cases. Liberia recorded a case, which was quickly brought under control.





Measles

During the year 2017, fourteen (14) ECOWAS countries were affected by measles. Cabo Verde is the only country that did not report any case of measles. A total of 40,769 suspected or confirmed cases including 153 deaths were reported. Nigeria, Guinea and Sierra Leone are the most affected countries, with nearly 80% of reported cases of the disease. The overall trend of measles has been on the rise in recent years (see Diagram 3). Nevertheless, lethality remains low (0.4%). The resurgence of measles cases raises questions not only about the effectiveness of immunization systems, but also of countries' diagnostic capabilities. Indeed, laboratory testing carried out on samples of suspected cases of measles in Sierra Leone revealed that of a truth 77% of them are cases of rubella¹ and not measles.

¹ Sierra Leone Weekly Epidemiological Report Week 26, 2017



Diagram 3: Trend of measles cases notified by ECOWAS countries during the 2011-2017 period (Source: Country IDSR/NHMIS)

Yellow fever

Yellow fever is one of the epidemic-prone diseases targeted for elimination globally. Consequently, it is monitored in all the countries of the community. The risk of the disease outbreak remains high in the region as the vector is present in all countries.

During the year 2017, a cumulative number of 6 414 suspected cases, with 51 deaths was recorded in thirteen (13) countries except Cabo Verde and Guiné-Bissau (tab.1). All these cases are mostly cases of jaundice without a single confirmed case of Yellow fever. Burkina Faso, Côte d'Ivoire, Ghana, Nigeria and Togo are the countries that reported more suspected cases in 2017, accounting for more than 78% of all suspected cases in the region.

It should be noted that there is a sharp increase in the number of suspected cases of Yellow fever notified by the ECOWAS countries. It doubled between 2015 and 2017. This can also be explained through the strengthening of surveillance measures for the disease.

Lassa fever

Lassa fever epidemics persist in four (4) countries of the community. Liberia, Nigeria and Sierra Leone since 2010 and Benin since 2016. In 2017, these countries recorded cumulatively 889 cases including 118 deaths, a case-fatality rate of 13.3%. These figures are down from year 2016 when 1121 cases were recorded with a fatality rate of 16.4% (Diagram 4). Nigeria alone recorded about 82% of cases.

Diagram 4: Trend in cases of Lassa fever between 2016 and 2017 in affected countries Source: Country IDSR/NHMIS)



Neonatal Tetanus

With the exception of Cabo Verde and Guiné-Bissau, the thirteen (13) other ECOWAS countries reported cases of neonatal tetanus (tab.1) which is a disease targeted for elimination. The number of cases and deaths related to the disease is on the rise, from 265 cases including 89 deaths in 2016 to 391 case with 104 deaths in 2017. Guinea was the most affected country with 45% of the total number of cases and 57% of deaths.

Dengue

Three ECOWAS countries were affected by the dengue epidemic in 2017. These are: Burkina Faso, Côte d'Ivoire and Senegal. Burkina Faso continuously recorded cases of dengue throughout the year, with an outbreak of cases from the end of the third quarter (Diagram 5). Burkina Faso recorded about 15 000 cases with 52 deaths. Côte d'Ivoire meanwhile recorded about 1,200 cases primarily in the second and third quarter of the year. Senegal started reporting Dengue cases at the end of the second quarter and totaled 754 cases in late 2017. In recent years, Dengue has been affecting more and more countries in the region, Cabo Verde in 2009, Burkina Faso since 2016, Côte d'Ivoire and Senegal in 2017. This situation could also increase the risk of Yellow fever epidemics because both diseases have the same vector.

Diagram 5: Weekly trend of the number of cases of dengue in Burkina Faso, Côte d'Ivoire and Senegal in 2017 (Source: Country IDSR/NHMIS)



2. Other Communicable diseases

<u>Malaria</u>

Malaria remains one of the major public health problems in our region. The latest available estimates show that malaria incidence among at-risk populations in the ECOWAS region is among the highest in the world. In 2015, Mali was the most affected country with an estimated malaria incidence of 449 new cases per 1000 inhabitants. It was followed by Burkina Faso (389 per 1,000), Nigeria (381 per 1,000), Guinea (367 per 1,000) and Niger (356 per 1,000). Cabo Verde and Senegal are the least affected with incidence rates of 0.2 and 97 per 1000, respectively.

Overall, the incidence of malaria is decreasing in the community area. Between 2010 and 2015, it decreased by 15% while the disease-related mortality decreased by 29% in the same period. Compared with the situation in 2000, the death rate from malaria fell by more than 62% in the general population and by 69% among children under 5 years of age.

Many control Programmes are implemented to fight against malaria in the ECOWAS region, including prevention through the use of Long Lasting Insecticide-treated Nets (LLINs). Available data for 2012 and 2016 shows different levels of LLINs usage among children under 5, ranging from 26% in Guinea to 80.6% in Guiné-Bissau (Diagram 6). Efforts should continue for widespread use of LLINs that would contribute significantly to the reduction of malaria transmission according to the WHO surveys.

Diagram 6: Malaria incidence among the population at risk and use of LLINs among children under 5 years across ECOWAS countries (Data Source: WHO Global Health Observatory Data)



NB: The incidence data are from 2015 and data on the use of LLINs are from 2012 (Guinea, Niger, Côte d'Ivoire), 2013 (Gambia), 2014 (Benin, Burkina Faso, Guiné-Bissau, Senegal), 2015 (Mali, Nigeria) and 2016 (Ghana, Liberia, Sierra Leone). The interpretations to be made and conclusions to be drawn must be relativized according to the years of available data.

Tuberculosis (TB)

It also remains a major public health problem in the ECOWAS region. The World Tuberculosis Report indicates that this disease is among the top 10 causes of death in the world. Fifteen (15) African countries, including three from the ECOWAS region (Liberia, Nigeria and Sierra Leone) are ranked among the 30 countries with the highest burden of TB in the world. The estimated prevalence of the disease varies from 46 per 100, 000 inhabitants in Togo to 374 per 100, 000 in Guiné-Bissau in 2016, with ten (10) countries out of the 15 of the community having a level of incidence greater than 100 per 100, 000 inhabitants (diagram 7).

One of the targets of the global strategy "Ending Tuberculosis" is to reduce by 20% the prevalence of the disease between 2015 and 2020. In this perspective, the largest decreases in the prevalence of tuberculosis between 2015 and 2016 were observed in Togo (- 11.5%), Côte d'Ivoire (- 3.8%), Ghana (- 2.5%) and Niger (- 2.1%). Conversely, the prevalence increased in Guiné-Bissau (+0.3%) and Senegal (+0.7%).



Diagram 7: Tuberculosis incidence per 100, 000 inhabitants in ECOWAS countries (Data source: WHO Global Health Observatory Data)

HIV/AIDS

The latest UNAIDS statistics indicate that 36.7 million people were living with HIV in 2016, including 1.8 million newly infected people. In 2017, about 20.9 million people living with HIV were on antiretroviral therapy.

In the ECOWAS region, the number of people living with HIV/AIDS (PLWHIV) was estimated at about 5,000 000. The median HIV prevalence in the general population aged 15-49 years was 1.6% with variations across countries. Less than 1% in Burkina Faso, Cabo Verde, Niger and Senegal, between 1% and 2% in Benin, The Gambia, Ghana, Guinea, Liberia, Mali and Sierra Leone and more than 2% in Côte d'Ivoire, Guiné - Bissau and Togo. Women accounted for 58% of adults and 50% of all PLWHIV.

Since 2010, HIV prevalence in the ECOWAS region has stabilized in the general population (see table 2 below). Despite this trend towards stabilization, there are pockets of high prevalence among some key populations at higher risk of infection, including sex workers (SWs) and men who have sex with men (MSM). The various studies carried out show that prevalence rates are still higher than 15% in these key populations.

Efforts have been made to improve these populations' access to HIV screening (<5% in 2013 and between 22.2 and 74% depending on the country in 2015). The knowledge of their HIV status among people living with HIV varies from 24% to 81% depending on the country. The goal is to get 90% of people living with HIV to know their status.

Despite the improvement in the prevention of mother-to-child transmission, coverage ranging from 28% to 95% is still far below the target of a Programme that aims to eliminate this mode of HIV transmission. In addition, HIV positive mother's newborns' access to early diagnosis of HIV infection remains very low, ranging from <1% to 51%, reflecting quality issues in care giving (care continuum and integration of delivery services).

The coverage of ARV treatment varies from 19% to 60% depending on the country and the rate of adherence to treatment is not more than 75% (diagram 8). The rate of people living with HIV on ARVs who have an undetectable viral load is usually less than 60%.

Tuberculosis remains the main opportunistic infection and is the cause of death in an average of 30% of cases.

Country	2011	2012	2013	2014	2015	2016
Benin	1.1	1.1	1	1	1	1
Burkina Faso	1	1	0.9	0.9	0.9	0.8
Cabo Verde	0.8	0.8	0.8	0.8	0.8	0.8
Cote d'Ivoire	3.6	3.4	3.2	3	2.8	2.7
Gambia, The	2	2	1.9	1.9	1.8	1.7
Ghana	1.8	1.8	1.7	1.7	1.6	1.6
Guinea	1.6	1.6	1.6	1.6	1.5	1.5
Guinea-Bissau	4.2	3.9	3.7	3.5	3.3	3.1
Liberia	1.8	1.8	1.7	1.7	1.6	1.6
Mali	1.2	1.2	1.1	1.1	1	1
Niger	0.6	0.6	0.5	0.5	0.5	0.4
Nigeria	3.3	3.2	3.1	3.1	3	2.9
Senegal	0.6	0.6	0.5	0.5	0.5	0.4
Sierra Leone	1.7	1.7	1.7	1.7	1.7	1.7
Тодо	2.8	2.6	2.5	2.3	2.2	2.1

 Table 2: HIV prevalence in ECOWAS countries between 2011 and 2016

Diagram 8: HIV antiretroviral treatment coverage rate in the ECOWAS region in 2016 (Data source: UNAIDS, estimates 2017)



B. Non-communicable diseases

Non-communicable diseases (NCDs) are today the leading causes of death in the world. According to estimates of the global burden of disease made by WHO, NCDs kill about 40 million people a year and make up 70% of the causes of death worldwide. This proportion ranges from an average of 37% in low-income countries to 88% in high-income countries.

In the ECOWAS region, it is on average 29.5% of deaths that are due to non-communicable diseases in 2015, which is about 1.1 million deaths. The proportion of deaths due to NCDs varies from 25.9% in Nigeria to 67.6% in Cape Verde.

Diagram 9 below shows that cardiovascular diseases are by far the leading cause of deaths among non-communicable diseases (425, 000 deaths). They are followed by digestive diseases (153 000 deaths) and cancers (144 000 deaths).

While overall mortality has decreased significantly in all countries, the number of deaths due to NCDs increased by 37% between 2000 and 2015. The largest variations are observed in Benin, Côte d'Ivoire and Ghana where the variation is greater than 60% over the same period.

To cope with the increasing incidence of NCDs in the region, WAHO developed a Regional Strategic Plan for NCDs in 2016. The four main pillars of the plan are awareness-raising on NCDs and their risk factors, promoting surveillance of NCDs and their risk factors, support for NCDs response capacity development, and promotion of governance and leadership in non-communicable disease control.



Diagram 9: Number of deaths from non-communicable diseases in the ECOWAS region (x1000, Data source: WHO Global Health Observatory Data)

According to STEPS surveys, diabetes prevalence among adults in the region ranges from 7% to 11%. Niger and Guinea have the lowest rates, while The Gambia and Cabo Verde record

the highest rates. These data are corroborated by WHO estimates in 2014. They also show that prevalence is higher among men than women in almost all countries except Ghana (see diagram 10 below).



Diagram 10: Prevalence (%) of adult diabetes in 2014 (Data source: WHO Global Health Observatory Data)

According to the 2015 estimates by the WHO, the highest prevalence of hypertension in ECOWAS is in Niger (35.8% among the adult female population, 31.1% among men), while the prevalence estimated to be the lowest was found in Ghana (22.8% female, 24% male) and Nigeria (25% men, 22.7% women). On average, the prevalence of hypertension is higher among women than men in most ECOWAS countries, unlike the situation in many regions outside Africa (diagram 11).

Diagram 11: Prevalence (%) of hypertension among adult populations in ECOWAS countries, compared to other regions of the world in 2015 (WHO Global Health Observatory Data)



According to a WHO estimate, 182,000 new cases of cancer, excluding non-melanoma skin cancer, are recorded each year in West Africa. The age-standardized incidence rate for cancer is 95 per 100,000 population. The most common cancers in the region are breast, cervical, prostate, liver, colorectal and lymphoma cancers.

C. Mother, Newborn, Child, Adolescents, Youth and Elderly Health

1. Mother and Child Health

• Maternal deaths

In 2017, fourteen (14) ECOWAS countries, with the exception of Cabo Verde, reported a total of 5,084 maternal deaths in health care settings. Although underestimated due to insufficient reporting, the number of maternal deaths is much higher than the total number of deaths caused by all epidemic-prone diseases in the region. These data show that maternal deaths remain one of the major public health problems in the region.

According to data from the Demographic and Health Surveys, maternal mortality in ECOWAS countries remains high. Most countries have a ratio greater than 300 deaths per 100, 000 live births. Liberia, Côte d'Ivoire and Guinea have the highest maternal mortality rates.

• Neonatal deaths

Neonatal mortality remains high in the ECOWAS region. Nevertheless, there is a trend towards improved survival of new - born in all countries. Between 2011 and 2016, the largest decline of neonatal mortality occurred in Sierra Leone (Table 4) where, according to UNICEF data, it dropped from 39 per 1 000 live births in 2011 to 33.2 in 2016. It also dropped from 43.7 to 38.2 in Guiné-Bissau over the same period. If we consider the average rate of change

per year during the same period, Senegal showed the largest decrease in neonatal mortality and Benin the lowest (Diagram 18).

Table 3 : Reduction of neonatalmortality (per 1,000 live births)between 2011 and 2016

Diagram 12: Average annual reduction in neonatal mortality between 2011 and 2016



Source: UNICEF

• Immunization coverage in the region

Immunization coverage has generally been stagnant or even declining in the last decade. Only five countries in the ECOWAS region (Burkina Faso, Cabo Verde, The Gambia, Ghana and Senegal) have been able to reach the immunization target of at least 90% assigned by the Global Vaccine Action Plan (GVAP) 2011-2020. At the same time, the quality of data, endogenous immunization funding and the introduction of new or underused vaccines remain very low.



Diagram 13: Coverage of pentavalent vaccine DTP3 in ECOWAS Member States in 2016 (Data source UNICEF

Diagram 14: Trend in immunization coverage in DTP3 from 2012 to 2016 (Data source: UNICEF

	2012		2016	Ppt. Difference
Sierra Leone	91		84	-7
Guinea	62		57	-5
Niger	71	$\overline{}$	67	-4
Gambia	98		95	-3
Liberia	80		79	-1
Guinea-Bissau	87		87	0
Burkina Faso	90	\checkmark	91	1
Ghana	92	\checkmark	93	1
Benin	80		82	2
Cabo Verde	94	\sim	96	2
Mali	66	\frown	68	2
Senegal	91	\sim	93	2
Cote d'Ivoire	82	\sim	85	3
Togo	84		89	5
Nigeria	42		49	7

2. Update on Child Health

According to the most recent data available (October 2017, WHO), some 5.6 million of under-fives died in 2016, translating to 15,000 children dying a day worldwide.

More than half of these deaths are due to diseases that can be prevented or treated with simple and inexpensive interventions. Complications associated with premature births, asphyxia at birth, pneumonia, diarrhoea and malaria are the leading causes of death in children under 5 years of age. In sub-Saharan Africa, the probability of children dying before the age of 5 is 15 times greater than in high-income countries.

Despite remarkable progress in reducing infant and child mortality in 1990 and 2015 (44% vs. 67%) thanks to the MDGs, too many children are still dying of needless deaths in the WHO African region and More efforts should be made to reach the targets of the Sustainable Development Goals (SDGs) by 2030.

Although ECOWAS countries have made significant progress, they still post infant-to-child mortality rates or under-five mortality rate (MMR5) ranging from 24.5 deaths per 1000 live births in Cabo Verde to 120.4 deaths per 1000 live births in Sierra Leone. It should be recalled that the averages are 42.5 deaths per 1000 live births globally, while the WHO African region posts 81.3 deaths of children under 5 years per 1000 live births, a figure almost double of the average.

This is due, among other things, to the low coverage of recognized high impact priority interventions on child health, such as exclusive breastfeeding for up to 6 months (39% only), the third dose of the vaccine DTCP (87%), administration of two doses of vitamin A (88%), the proportion of children under 5 years sleeping under an insecticide-treated mosquito net (38%), the quest for pneumonia care (54%), first-line anti-malaria treatment (34%), treatment of diarrhoea with oral rehydration salts (39%). The same is true for the Integrated Management of Childhood Illness (IMCI), a strategy acclaimed to be efficient for the reduction of infant and child mortality. Indeed, the proportion of health districts with at least 60% health workers trained in IMCI varies from 0% in Mali and Togo to 73% in Benin, an average of 36% (against a desired target of 80% or more) according to a study conducted by WAHO and WHO through a questionnaire sent to the 15 ECOWAS countries, 11 of which completed the said questionnaire for the 2012 Annual Review of National Mother and Child Health Programmes. According to the same study, the proportion of District Health facilities implementing clinical IMCI varies from 12% in Côte d'Ivoire to 100% in Burkina Faso, Ghana, Guiné-Bissau and Niger.

As IMCI is a cost-effective strategy for the reduction of infant and child morbidity and mortality, WAHO has been supporting countries of the region for its promotion both in health workers' training facilities and institutions (Basic IMCI) and during continuing education (IMCI on-the-job training).

Thus in the WHO African Region, including ECOWAS countries, greater efforts will have to be made by countries and their development partners to raise the annual reduction rate of child mortality from 3.9% to 70%, through the scaling up of these high-impact strategies and interventions, in order to meet the target of 25 deaths of children under 5 per 1000 live births as set by the SDGs by 2030. Similarly, basic determinants such as access to safe drinking water, sanitation and hygiene (WASH) as well as education especially for women and girls, decent employment, women's empowerment are crucial to achieving the desired progress.

II. REVIEW OF 2017 ACHIEVEMENTS

This chapter aims to report on the implementation of the recommendations of the 18th Session of the Assembly of ECOWAS Health Ministers, management-related activities conducted by WAHO General Directorate and present the main achievements from implementation of priority Programmes.

A. Implementation of the main recommendations of the 18th session of the Assembly of Health Ministries (AHM) of ECOWAS

The eighteenth Ordinary Session of the Assembly of Health Ministers of ECOWAS held in June 2017 in Abuja made six (06) recommendations to WAHO. The status of implementation of these recommendations is summarized in the table below:

	Recommendations	Entity in Charge	Activities undertaken		
1.	Continue and intensify cooperation with Universities within the region in training and research	WAHO	Process for the establishment of three regional centres of excellence for training / retraining of trainers of health professionals (nurses, midwives) training institutions; process underway to develop priority research topics in the field of malaria and NTDs ; training of epidemiologists with the Universities of Ghana, Ouagadougou and IRSP of Ouidah ;		
2.	Conduct a regional evaluation of expanded Programmes on immunization ;	WAHO	Not carried out		
3.	Develop education and communication Programmes;	WAHO	In progress; TORs developed; recruitment of consultant underway.		
4.	Consider the possibility of bulk procurement of anti-cancer drugs including breast cancer and prostate cancer for countries in the region;	WAHO	Not carried out However, WAHO has been facilitating bulk procurement of SPAQ medicines in the context of SMC campaigns for three countries in the region.		
5.	Define tracer indicators that can be used to monitor and evaluate, at appropriate intervals, the progress of the impacts of WAHO's interventions on the health of populations in the region.	WAHO	Underway Achieved but indicators not yet validated.		
6.	Advocacy with countries to set up Multisectoral Committees within the framework of implementation of interventions for local drug manufacturing	WAHO	Underway Actual implementation planned for 2018 in collaboration with UNIDO.		

B. Management activities conducted by the Directorate General

As was the case in previous years, the Directorate General of WAHO in 2017 conducted activities to strengthen the position of the institution regionally and internationally, advocate on key health issues, leverage on strategic partnership and resource mobilization. It is against this background that the Directorate-General participated in the statutory meetings of the Community and undertook visits to the Political Authorities of the Member States and the Technical and Financial Partners. The actions carried out are as follows:

4 Statutory meetings:

The Directorate General participated in all the regular sessions of the Authority of Heads of State and Government, the Council of Ministers, the Assembly of Health Ministers, the meeting of the Mediation and Security Council of ECOWAS and the sessions of the Administration and Finance Committee.

4 Meetings with the Political Authorities of the Member States:

The Directorate General of WAHO visited all countries in 2017. During the visits, they met with several political authorities (Heads of State, Speakers of Parliament, Ministers, Heads of Institutions ...). The foci of those meetings were inter alia:

- Discussions and gathering of opinions and policy direction on priority health issues of countries in the region;
- Contacting newly appointed Ministers;
- Information on WAHO's activities;
- Advocacy on key health issues, including funding;
- Implementation of Community resolutions and decisions on health.

4 Meetings with Technical and Financial Partners:

In furtherance of its mandate aimed at strategically and collectively finding solutions to the health issues of the region, the Directorate General of WAHO intensified collaboration with Technical and Financial Partners. The main achievements and results recorded in 2017 relate to securing financing for six (6) projects: (West Africa Medicine Regulatory Harmonisation -WB-; Strengthening of the Epidemiological Services and Health Care Systems in the ECOWAS Region –KFW-; Regional Action Through Data –USAID-Countdown 2030 Regional Initiative for Strengthening Analysis and Evidence for Reproductive, Maternal, Newborn, Child and Adolescent's Health in West and Central Africa –USAID- Sexual and Reproductive Health of Adolescents and Youth -Netherlands-; Investment in youth engagement and family planning for adolescent sexual and reproductive health in ECOWAS region –BMGF-) which will start in 2018 and the signing of three (4) MoUs with CORDS, *Equilibre et Population* and UCPO, for partnership strengthening.

C. Review of 2017 Programmes Implementation

This section focuses on key achievements of Programmes implementation in 2017. The annual work plan included one hundred and two (102) activities for a budget of UA 26 366

803 with a physical implementation rate of 80% (82 activities out of 102) and a financial implementation rate of 73 %, ie UA 16 775 428 spent.

1. Health Information and Research:

The implementation of this Programme aimed at improving the production, dissemination and utilization of health information and research within the ECOWAS region. Activities conducted in the community for 2017 yielded the following results:

With regard to health information

- Updated and added to the list of Epidemic-prone Diseases including Zoonotic diseases to be monitored in the region according to the "One Health" approach. In perspective, data on priority animal diseases will be collected in the regional information sharing platform from 2018;
- All 15 countries pass on regular and timely weekly data from epidemiological surveillance of epidemic-prone diseases (MEP) (100% reporting rate);
- The completeness of the weekly reports as of January 15, 2018 for 2017 is 100%. Four quarterly epidemiological bulletins on the update on epidemic-prone diseases in the ECOWAS region were produced and published;
- Weekly feedback bulletins on the update on priority epidemic-prone diseases are published and available on the website every week.

Progress is being made in the production of health information on epidemic-prone diseases. However, efforts remain to be made in order to have comprehensive health data.

In research:

Research activities were about providing support to countries to strengthen the regulatory framework for research, developing policy papers and research priorities, support for research training and implementation of the MEP project (support dialogue between researchers and decision-makers, training in knowledge translation, organization of the ISMEA initiative midterm international workshop, support to research teams). The key achievements are as follows:

Publication of seven (7) scientific papers on the MEP project activities focusing on (i) An assessment of national maternal and child health policy-makers' knowledge and capacity for evidence-informed policy-making in Nigeria; (ii) Improving maternal and child health policymaking process in Nigeria: an assessment of policymakers' needs, barriers and facilitators of evidence-informed policymaking; (iii) Promoting research to improve maternal, newborn, infant and adolescent health in West Africa: the role of West African Health Organisation; (iv) Spanning maternal, newborn and child health (MNCH) and health systems research boundaries: conducive and limiting health systems factors to improving MNCH outcomes in West Africa; (v) An assessment of policymaker's engagement initiatives to promote evidence informed health policy making in Nigeria; (vi) Equitable Impact Sensitive Tool (EQUIST) and Knowledge Translation to promote evidence to policy link in maternal and child health: Report of first EQUIST training workshop in Nigeria; (vii) Promoting evidence informed policy making in Nigeria: a review of the maternal, newborn and child health policy development process; (viii) Assessment of policy makers' individual and organizational capacity to acquire, assess, adapt and apply research evidence for maternal and child health policy making in Nigeria;

- Calls for research projects developed in Mali, Burkina Faso, Niger on four identified priorities, namely : (i) What are the factors that influence adherence to 2nd and 3rd doses of SMC ; (ii) Evaluation of behaviour change and community mobilization activities in the control of malaria and NTDs and their associated factors in the project area; (iii) What are the best incentive strategies of community distributors and ownership of NTDs control by the community ; (iv) What are the missed opportunities for the 4 rounds of SMC in the health districts covered by the SM/NTD project in Burkina Faso, Mali and Niger ;
- Launch of the IDRC-supported Special Issue of the Health Policy System Research with four (4) articles from Team WAHO on (i) WAHO's experience in promoting research to improve maternal and child health ; (ii) Stakeholders' capacity and needs to use evidence ; (iii) Health systems strengthening project's outcomes in four countries (Liberia, Sierra Leone, Guiné-Bissau, Mali), (iv) Experience in setting up of steering committees to strengthen health systems through research ;
- Production of evidence-based data that enhanced implementation of health Programmes in four countries (Burkina Faso, Senegal, Nigeria and Sierra Leone):
 - ✓ Burkina Faso's Ministry of Health has taken ownership of the new Health Districts Performance Assessment Tool developed by SERSAP;
 - ✓ In Nigeria, the Delta State Ministry of Health leveraged the results of the CPED study to improve health service delivery, including (i) establishment of an essential medicines monitoring committee to coordinate the provision, distribution and use of essential medicines in health centres; (ii) establishment of a committee to monitor water supply and sanitation in health centres; (iii) integration of free maternal and child health care Programme in health facilities and (iv) introduction of a pilot project at a Local Government by creating a fund to renew and train staff in the use of health care;
 - ✓ In Sierra Leone, setting up a mechanism for training of more skilled birth attendants at the Makeni Midwifery School; implementation of ambulance services in the district headquarter towns and rehabilitation of cold chain in health facilities;
 - ✓ In Senegal, strategically, the study report spurred policy makers into setting up a National Think-tank Committee on issues of financing, equity and efficiency of health services.

2. Disease Control

This Programme aims at reducing the prevalence of communicable and non-communicable diseases activities conducted in this framework focused mainly on regional coordination and capacity strengthening of countries in the control of HIV/AIDS, malaria, tuberculosis, neglected tropical diseases and non-communicable diseases. Interventions conducted yielded the following results:

4 With regard to Communicable diseases:

• HIV/AIDS

- Formulation of recommendations for HIV/AIDS control to enable countries to further their efforts, particularly in terms of access to prevention, treatment and care for key populations, in accordance with the Dakar Declaration signed in 2015;

 Development of a roadmap for the implementation of the Dakar Declaration signed in 2015 by twelve (12) ECOWAS countries (Benin, Burkina Faso, Cabo Verde, Côte d'Ivoire, The Gambia, Guinea, Guiné-Bissau, Liberia, Niger, Senegal, Sierra Leone, Togo).

• Tuberculosis control

- Held the annual meeting of National Tuberculosis Control Programmes, which provided a platform to review TB control interventions and chart strategic direction for better synergy between ECOWAS countries' actions and partners' to improve the cure rate in the management of tuberculosis.

4 Control of Malaria and Neglected Tropical Diseases

- Held the annual meeting of National Malaria Control Programmes, which reviewed the interventions for malaria control in the 15 ECOWAS countries and charted strategic directions for better synergy between countries interventions, ECOWAS' and partners' towards the elimination of malaria in 2030.
- Identified seven (7) good practices in the control of malaria and neglected tropical diseases in Mali, Burkina Faso and Niger, namely : (i) setting up of a regional consultation framework for monitoring SM/NTD project activities; (ii) establishment of a mechanism for annual joint planning of activities among SM/NTD project countries; (iii) establishment of a mechanism for bulk procurement of medicines for seasonal malaria chemoprevention campaigns; (iv) introduction of cross-border meetings between regions and neighbouring health districts; (v) independent monitoring of SMC coverage through household surveys; (vi) community targeting of hydrocele carriers for surgical treatment; (vii) community sweep for home detection and treatment of cases of trichiasis.
- Identified and took on board in countries' work plans the need to strengthen the functionality of sentinel malaria and neglected tropical diseases surveillance sites in Mali, Burkina Faso and Niger.
- Organized mass treatment campaigns for neglected tropical diseases and seasonal malaria chemio prophylaxis in Mali, Burkina Faso and Niger with the ensuing rate of coverage below :
 - Seasonal Malaria Chemio prophylaxis: 97.7%
 - Lymphatic filariasis (Niger and Mali) 86.7%
 - Helminthiases : 90.9%
 - Schistosoma : 89.9%
 - Onchocerciasis (Burkina Faso and Mali) : 87.3%
 - Trachoma (Niger) : 61.9%
- Conducted four (4) hydrocele surgery camps in Niger, Mali and Burkina Faso, which made it possible to operate four hundred and eighteen (418) hydroceles.
- Produced and disseminated information/education/communication aids on the control of malaria and neglected tropical diseases.

4 Non-communicable Diseases

- Adoption by the Assembly of Health Ministers of the Regional Plan on Non-communicable Diseases (NCDs).
- Development of a Regional Strategic Plan on Mental health for 2018-2025 (on-going).

4 Nutrition

- Technical validation of the 2018-2025 Regional Plan on Nutrition.
- Organized the 15th ECOWAS Forum on Nutrition, under the theme "Nutrition Surveillance: Towards Improved Planning and Evidence-Based Decision Making on Food and Nutrition Security in West Africa".
- Developed tertiary training Programmes for autonomous courses in nutrition as well as training modules for the training of doctors, midwives and nurses.

3. Epidemics and Health Emergencies

The objective is to build the capacities for surveillance, disease prevention, response and resilience to epidemics and emergencies.

- Thus, activities carried out in 2017 focused on the implementation of the ECOWAS Regional Centre for Surveillance and Disease Control (RCSDC) and preparedness of the region for the prevention and control of epidemics and other emergencies, with the following results: The Regulation establishing and stating operating procedures of the ECOWAS Regional Centre for Surveillance and Disease Control was approved.
- The ECOWAS Regional Centre for Surveillance and Disease Control was provided with an office building to serve as its "legal domicile" and "administrative address".
- The Headquarters Agreement was signed between the President of the ECOWAS Commission and the Federal Minister of Foreign Affairs of the Federal Republic of Nigeria, thus strengthening the legal status of the ECOWAS Regional Centre for Surveillance and Disease Control.
- The Board of Directors of the Centre was constituted and its rules of procedure approved;
- The Board of Directors approved the recruitment of a minimum of twelve (12) professional officers, with a good number of them already recruited, while the process leading to recruitment of others is underway.
- The 2017-2018 work plan of the Centre was approved.
- All fifteen (15) ECOWAS countries have designated their National Coordinating Institutions that have been evaluated. Harmonized capacity building plans have been offered.
- Regional Reference Laboratories have been adopted by ECOWAS Authorities and networked to cover the region's biological diagnostic needs.
- Official induction of the ECOWAS Regional Rapid Response Team (ERRRT).
- The Regional "One Health" Policy Coordination Platform was set up and a 2017-2018 roadmap adopted towards its operationalization.
- Technical validation of the terms of reference and operating mechanisms of the regional bio-bank.
- Set up a multidisciplinary experts committee for the operationalization of the regional biobank.
- Technical validation of the regional strategic plan for laboratories and the capacity enhancement plan for reference laboratories of ECOWAS member countries.
- Technical validation of the ECOWAS Regional Platform for Reference Laboratories Networking.
- Validation of roadmap for accreditation of Regional Reference Laboratories (RRL) according to ISO 15189 standards.
- Technical validation of the terms of reference of the regional buffer stock of medicines and strategic inputs for epidemics control and health emergencies.

- Develop roadmap for operationalization of the regional buffer stock of medicines and strategic inputs for epidemics control and health emergencies.
- Technical validation of a data management system on experts available for deployment in Africa.
- Set up an online database on WAHO website to collect additional nominations for members of the Regional Rapid Response Team.
- Developed a training module for national rapid response teams in ECOWAS countries.
- Drafted a report on regional update regarding risk communication.
- Technical validation of a list of medicines and inputs for epidemics control and health emergencies.

Moreover, to support countries affected by epidemics and natural disasters, WAHO conducted several missions with a view to contributing to the response.

4. Health Promotion

This Programme's aim is to contribute to strengthening health promotion in development policies in the Member States. Through its implementation, the following results were garnered in 2017:

- National Behaviour Change Communication (BCC) strategies of the 15 member countries were evaluated, the results of which led to the development of regional strategic thrusts for institutional capacity building in BCC;
- Developed regional orientation guidelines for national policy on Community-based Interventions (CBIs);
- Produced Brochures on Good Practices in Health (GPH) from the 2nd Edition of the Forum.

5. Medicines, Vaccines and Other Pharmaceuticals

This Programme aims at enhancing populations' access to essential medicines, vaccines and other pharmaceuticals. The interventions carried out during the year yielded the following results:

- Launched the roadmap on "Good Manufacturing Practices (GMP)" to support the local production of medicines; Developed plans for strengthening capacity of six (06) National Medicines Quality Control Laboratories (Burkina Faso, Côte d'Ivoire, Mali, Niger, Mauritania and Chad).
- Validation of ECOWAS/UEMOA's Common Technical Document (CTD) on medicines regulation harmonization.
- Identified indicators for monitoring harmonization of pharmaceutical Regulation interventions in the Global Framework of Africa Medicines Regulation Harmonization (AMRH).
- Project on Harmonization of Medicines Regulation in West Africa, which covers the fifteen countries of the ECOWAS region was launched.

6. Traditional Medicine

The Programme's objective is to promote the integration of Traditional Medicine into health systems with a view to enhancing its contribution towards attainment of universal health coverage in the region. Consequently, below is the achievements recorded:

- Preparation of a Harmonized Manual on the Protection and utilization of Traditional Medical Knowledge resulting on collaboration between traditional medicine practitioners and conventional medicine practitioners promoted;
- Development of the 2nd ECOWAS Pharmacopoeia, Accra-Ghana, enabling the experts to assess the progress each had made, and to propose solutions to prevailing challenges;
- Organizing the Congress of Traditional Medicine Practitioners and Conventional Medicine Practitioners by evaluation of the traditional medicine activities undertaken over the last 10 years, the achievements made and the challenges encountered in the process and the assessment of the level of development of traditional medicine in the countries.

7. Mother, Child, Adolescent, Youth and Elderly Health

The Programme's objective is to promote maternal, neonatal, infant, adolescent, youth and elderly health within the ECOWAS region. Achievements under each field are as follows:

4 Maternal and Neonatal Health

- Evaluation of activities of Emergency Obstetric and Neonatal Care (EmONC) Teams from Benin, Burkina Faso, Côte d'Ivoire, Guinea, Mali, Senegal and Togo as well as sharing of experience on implementation of EmONC Champions' activities ;
- Update on the status of legislation, policies and strategies in the field of reproductive health in Niger, Mali, Togo, Benin, Senegal, Burkina Faso, Guinea and Côte d'Ivoire with a view to strengthening them;
- Transfer of two hundred thousand (200 000) units of Jadelle from Benin to Togo and Burkina Faso and three hundred and fifty thousand (350 000) Microgynon units from Benin to Niger, thereby avoiding stock-outs and overstocking in these countries ;
- Organization of a large-scale mobilization campaign for family planning and HIV/AIDS screening along Noé (Côte d'Ivoire) Eloubo (Ghana) border hub, which provided an opportunity to carry out five thousand two hundred and seventy-four (5274) HIV screening tests, attend to three hundred and eighty-seven (387) women users of Modern Methods of Contraceptive (MMC) and distribute ninety-nine thousand four hundred (99 400) condoms.

4 Mother, Child, Adolescent, Youth and Aged People's Health:

- Official establishment of National Immunization Technical Advisory Group (NITAG) of Togo and orientation for its members on their roles and responsibilities coupled with training on the methodology for evidence-based opinions and recommendations formulation;
- External assessment of NITAGs of Benin, Burkina Faso and Côte d'Ivoire ;
- Publication and dissemination of Adolescents and Youth Health Guidelines (AYH) and pamphlet on the "Dakar Appeal for enhanced adolescents and youth health in the ECOWAS region";
- Organization of the annual review of the National Maternal, Newborn, Child, Adolescent and Youth Health (MNCAYH) Programmes in ECOWAS Member States.

8. Health System Governance

The Programme's objective is to contribute to the improvement of Health Systems Governance.

Activities implemented produced the following results:

- Evaluation of the functionality and management of referral hospitals of member countries, this enabled WAHO to devise relevant strategic intervention thrusts to support ongoing hospital reforms efforts in countries ;
- Evaluation of teaching and supervision skills of nursing and midwifery training institutions and internship sites in Burkina Faso, Côte d'Ivoire, Mali and Niger for regulation and accreditation purposes;
- Validation of action plans for accreditation of midwifery training schools and internship sites and charting course for same;
- Organization of an annual review meeting for sharing experiences of Midwifery training schools in Burkina Faso, Côte d'Ivoire, Mali and Niger;
- Organization of study tours and exchange of experiences for midwifery regulatory bodies of Burkina Faso, Côte d'Ivoire, Mali and Niger to enable them understand the regulatory system of nursing and midwifery practices in English-speaking countries;
- Short-listed three (3) Centres of Excellence for Master Training in Nursing and Obstetrics;
- Structures and mechanisms for the governance and regulation of Pharmacy practice in Francophone ECOWAS Countries identified and documented ;
- Ad hoc Committee constituted to drive plan for establishment of national pharmaceutical associations in Francophone ECOWAS countries;
- Collaborative support of WAHO, UNAIDS and USAID to twelve (12) countries (Benin, Burkina Faso, Cabo Verde, Côte d'Ivoire, The Gambia, Guinée, Guiné-Bissau, Liberia, Niger, Senegal, Sierra Leone and Togo) for the implementation of the Dakar roadmap on key populations.

9. Human Resources for Health

The aim of this Programme is to facilitate the training, utilization and free movement of health professionals in the ECOWAS region, so that quality human resources for health are available and utilized in the ECOWAS region. The implementation of activities for 2017 achieved the following results:

4 Under training:

Training/capacity building activities undertaken by WAHO in 2017 are summarized in the table below:

Table 5: Training and capacity building for human resources for health

No	Theme :	Number of trainees	Targets	Observation
1.	Field Epidemiology	50	ERRRT	
2.	Epidemics / health emergencies preparedness and response	42	ERRRT	From team Côte d'Ivoire
3.	Antibiotic therapy	20	ERRRT	To obtain DIU
4.	Risk Communication	800	Communication Officers	
5.	Risk Communication	30	National Head/Managers for communication	
6.	Infections prevention and control	30	ERRRT	
7.	International Infectious Samples Transportation According to IATA Standards	42	 40 officials in charge of transport of infectious substances from national reference laboratories; 2 Freight officials of airlines including Air Cote d'Ivoire and Air Burkina 	Classification, packaging, labelling and documentation
8.	Use of harmonized training tools and guides for nurses and midwives	121	Teachers of nursing and midwifery training institutions	Burkina Faso, Côte d'Ivoire, Mali, Niger
9.	Harmonized Code of Professional Conduct and Regulatory Texts	40	Officials of Nursing and Midwifery councils and Professional Associations	
10.	Inspection of Pharmaceutical Units/Divisions	10	Pharmacist-Staff of Pharmacist Councils and Health Ministries	Health Ministries of Anglophone ECOWAS member Countries
11.	DHIS2	47	Officials of Ministries of Health	Burkina Faso, The Gambia
12.	IMCI	40	National Trainers	Benin
13.	Data quality control	23	Officials of Ministries of Health	Burkina Faso and Benin.

No	Theme :	Number of trainees	Targets	Observation
14.	Knowledge translation on the use of EQUIST tool	40	Researchers and decision- makers	Nigeria
15.	Maintenance of bio-medical equipment	15	Officials of Ministries of Health	Nigeria
16.	Management of Routine Health Information Systems	12	Health Professionals	Anglophone countries
17.	Hydroceles surgery	7	Health district Doctors	Konni, Aguié, Téra, Say, Bougouni, Kolondieba and Banfora, in Niger, Mali and Burkina Faso
18.	E-Learning	40	Nursing and midwifery teachers	Guinea, Togo
19.	Policy briefs writing and use of social media	59	Officials from Ministries, Researchers and NGOs	Burkina, Mali, Nigeria, Senegal
20.	Using the Rhinn0 platform for online evaluation of research protocols	59	Members of ethics committee	Guinea, Niger, Sierra Leone
21.	PEPL (Language)	7	Health Professionals	Benin, Burkina Faso, Côte d'Ivoire Liberia, Niger, and Togo,
22.	Ophthalmology	12	Ophthalmologists - trainers UTH -IOTA Bamako	Mali
23.	Gender mainstreaming in the implementation of research projects	2	Bajenu Gox Research Team	Senegal
24.	Introduction to evidence-based decision-making	40	Officials from Ministries, Researchers and NGOs	Burkina, Mali, Nigeria, Senegal
25.	Health Research Methodology	10	Young researchers from research institutes members of WAHRNET	Benin, Burkina Faso, Cabo Verde, Côte d'Ivoire, Ghana, Guinea, Nigeria, Niger
26.	Resource mobilization	38	Champions Networks for Adequate Health Financing	Burkina Faso, Côte d'Ivoire, Niger
27.	Procurement and Management of	35	Logisticians, RH Commodities	15 ECOWAS Member

No	Theme :	Number of trainees	Targets	Observation
	Reproductive Health Commodities		supply-chain of Ministries of Health and Social Marketing Agencies	Countries
	TOTAL NUMBER	1713		

4 In the field of harmonization of training curricula:

Reproduction and distribution at country levels (Burkina Faso, Côte d'Ivoire, Mali, Niger) of six hundred (600) copies of each of the following publications : Harmonized Code of Practice (Nursing and Midwifery); Standards for Nursing and Midwifery Practices; Accreditation Criteria for Nursing and Midwifery Practices; Training Manual on Gender –based Violence against Women, including the related tools; Training Module on the Management of Menstrual Hygiene, Curriculum for Specialist Training for Nursing and Midwifery; Curriculum for Basic Training for Nursing and Midwifery; and Trainers' Manual in the Use of the Training Curriculum.

10. Technical Assistance to member States

The Programme aims to contribute to the improvement of management and logistic capacities of Member States.

It should be noted that WAHO's technical assistance to Member States is based on requests from countries, apart from its intervention during epidemics outbreaks or disasters. The following table summarizes the interventions carried out in support to countries for the year 2017.

No	Country	Type of Support			
1.	 Financial support for procurement of terminals, hydroalcoholic and alcohol-based hydro allergenic foam; Financial support for implementation of RH/FP capacity build activities; Technical support for evaluation of quality management system National Medicines and Other Pharmaceuticals Regula Authorities; Financial support to CNCV-Benin for the development or recommendation note on the introduction of hepatitis B vaccin birth in the country's Expanded Programme on Immunization. 				
2.	Burkina Faso	 Financial support for the response to Lassa fever cases; Financial support sequel to terrorist attacks; Financial support for implementation of activities of the dengue epidemic preparedness and response plan; Financial support to enhanced access to cervical cancer screening and management; Technical support for identifying areas of PPP in health; Financial support for implementation of RH/FP capacity building activities; Technical and financial support for implementation of the Dakar roadmap on Key Populations; Technical support to SM/NTD Project Management Unit in Monitoring and Evaluation, Financial Management and Procurement; Technical and financial support for scaling up (PAGE) of Good Practices in Health (GPH); 			

Table 6: WAHO's interventions in support to countries

No	Country	Type of Support		
		 Technical support for evaluation of quality management systems of National Medicines and Other Pharmaceuticals Regulatory Authorities; Financial support for implementation of NITAG's 2017 Annual Plan. 		
3.	Cabo Verde	 Financial support for institutional capacity building and technical support to the National Institute of Public Health ; Financial support for development of the Strategic Plan on Active Ageing. 		
4.	Côte d'Ivoire	 Finance the plan to strengthen the epidemiological surveillance of dengue fever; Technical and financial support for implementation of the Dakar roadmap on Key Populations; Technical support for evaluation of quality management systems of National Medicines and Other Pharmaceuticals Regulatory Authorities; Financial support to NITAG for a study on non-EPI vaccines. 		
5.	Ghana	 Procurement of ten (10) Suzuki TF 125 motorbikes to support monitoring and advocacy in mental health ; Financial support for implementation of RH/FP capacity building activities; Financial support to the Traditional Medicine Research Centre for sharing of experience between practitioners of traditional and modern medicine; Capacity-building for WAHIDN librarians of Ministries of Health documentation units. 		
6.	Guinea	 Financial support for procurement of medicines (ARVs and others); Financial support for the country's profile of resources for health research; Technical support for identifying areas of PPP in health; Capacity-building for WAHIDN librarians of Ministries of Health documentation units. 		
7.	Guiné-Bissau	 Financial support for implementation of RH/FP capacity building activities; Technical support for evaluation of quality management systems of National Medicines and Other Pharmaceuticals Regulatory Authorities; 		
8.	Liberia	 Financial support in meningitis outbreak; Financial support for procurement of pediatric ARVs; Ongoing construction of a Health Centre along the border with Sierra Leone; Financial support provided to holding the 2017 Annual General Meeting (AGM), <i>inter alia</i> at the Study Centre for the College Exams. 		
9.	Mali	 Technical support to SM/NTD Project Management Unit in Monitoring and Evaluation, Financial Management and Procurement; Technical and financial support for scaling up (PAGE) of Good Practices in Health (GPH); Technical support for evaluation of quality management systems of 		

No	Country	Type of Support			
		National Medicines and Other Pharmaceuticals Regulatory			
10.	Niger	 Authorities; Financial support for training on communication on health risk management ; Financial support for procurement of infra-red camera; Financial support for funding of a research project on leptospirosis; Technical support for identifying areas of PPP in health; Financial support for implementation of RH/FP capacity building activities; Technical support to SM/NTD Project Management Unit in Monitoring and Evaluation, Financial Management and Procurement; Technical support for evaluation of quality management systems of National Medicines and Other Pharmaceuticals Regulatory Authorities; Technical and financial support to conduct a situation analysis of educational materials, AYSRH messages and "Pair Education" in schools. 			
11.	Nigeria	 Financial support to enhanced access to cervical cancer screening and management; Support for dialogue between researchers and decision makers on three projects of the Initiative : Innovating for Maternal and Child Health in Africa (IMCHA); Technical support for validation of research findings on the use of maternal health services in rural settings in Benin City; Support for establishment of National Champions Networks for Adequate Health Financing. 			
12.	Sierra Leone	 Financial support sequel to the natural disaster (flood, landslides) Supply of laboratory equipment to Bai Bureh Hospital in Lungi. 			
13.	Senegal	 Support for dialogue between researchers and decision makers on three projects of the Initiative : Innovating for Maternal and Child Health in Africa (IMCHA) ; Technical support for evaluation of quality management systems of National Medicines and Other Pharmaceuticals Regulatory Authorities; Technical and financial support for introduction of MenAfriVac into the routine EPI; Technical and financial support for external assessment of NITAG's functionality. 			
14.	The Gambia	 Technical and financial support for scaling up (PAGE) of Good Practices in Health (GPH); 			
15.	Togo	 Setting up a national external evaluation system for medical laboratories quality; Supply of ophthalmic equipment to Sylvanus Olympio CHU (University Teaching Hospital); Technical support for identifying areas of PPP in health; Technical and financial support to develop Monitoring and Evaluation plan of the 2016-2020 NHDP; Technical and financial support for implementation of the Dakar 			

No	Country	Type of Support			
		roadmap on Key Populations;			
		- Technical and financial support for scaling up (PAGE) of Good			
		Practices in Health (GPH);			
		- Technical support for evaluation of quality management systems of			
		National Medicines and Other Pharmaceuticals Regulatory Authorities;			
		- Provided a resource person to support NITAG's introduction of new vaccines.			

11. Strategic Partnership and Policy Harmonisation

This Programme aims to strengthen strategic partnership and harmonization of policies and with time should improve interventions coordination and facilitate the implementation of regional policies, standards and legislation. Highlights of achievements for 2017 are as follows:

- ECOWAS' Annual Meeting of Health Planners held;
- Guidance Document on Universal Health Coverage was developed ;
- The Strategic Framework for Public Private Partnership in Health in the ECOWAS region was adopted by the 18th AHM;
- Roadmap to enhance Private Health Sector Regulation was developed;
- Organized in conjunction with the National Assembly of Burkina Faso a High Level Meeting of Parliamentarians from ECOWAS, Mauritania and Chad on Adequate Health Financing, Demographic Dividend and Population and Development Policies. The outcome of which was the declaration of the Speakers of Parliaments;
- A roadmap was developed to follow-up the implementation of the various commitments of the meeting of the Speakers of the ECOWAS Parliaments, Mauritania and Chad;
- Negotiated and secured the USAID-funded "Regional Action Through Data (RAD)" project, whose aim is to strengthen WAHO's capacity in the production and the dissemination of health information in the ECOWAS region. Negotiated and secured the USAID-funded "Countdown 2030 Regional Initiative for Strengthening analysis and evidence for Reproductive, Maternal, Newborn, Child and Adolescent's Health in West and Central Africa" project, and which also covers health information;
- Organized a post-Ebola high-level meeting in Liberia to draw lessons for health systems strengthening to prevent epidemics;
- Revised Memoranda of Understanding between WAHO and its nutrition partners, including HKI and the FAO Regional Office for Africa;
- Signed MoU with *CORDS*, *Equilibre et Population* and review of the agreement with UCPO;
- Signed a financing agreement for the new regional Programme "Strenghtening of epidemiological services and health care systems in the ECOWAS region" with KFW for 10 million Euros and that of phase IV of the Regional Programme on Reproductive Health and HIV Prevention in the ECOWAS Region for 15 million Euros;
- Signed a financing agreement to the tune of \in 6. 94 million with the Netherlands for a project on the AYSRH for the benefit of member countries ;
- Signed a financing agreement amounting to 2.6 million USD for the Bill and Melinda Gates-funded project: "Investment in youth engagement and family planning for adolescent sexual and reproductive health in ECOWAS region";

- Technical and financial support to the African Society of Gynaecology and Obstetrics (SAGO) for the revision and adoption of the Strategic Plan, statutes and internal regulations and the identification of avenues for collaboration with WAHO;
- Financial support to the West African College of Nursing and the Federation of Midwives' Associations of Francophone Africa (FASFAF) for on-the job capacity building of nurses and midwives.

12. WAHO Institutional Capacity Building

The objective of this Programme is to build WAHO's institutional capacity to address challenges related to insufficient human and financial resources, institutional communication deficit, the use of information and communication technology and finally the coordination of interventions at regional level. The implementation of this Programme produced the following results:

- Two (2) professional officers were recruited to strengthen management and analysis capability of the regional platform and regular dissemination of information;
- Four (4) IT experts were recruited to form the regional health informatics team (WAHIT);
- Eighteen (18) WAHO professional officers were introduced to knowledge translation strategies and tools;
- Capacity building for nineteen (19) WAHO staff in the use of the "MS PROJECT" a project management software;
- Organised WAHO 2018 Programmes Committee Meeting;
- Got WAHO 2018 budget adopted;
- Organized two half-yearly internal reviews of WAHO's Programmes and projects to appraise the implementation of activities.

D. Update on administration and finance

1. Update on WAHO's administrative matters

The year 2017 featured the continued strengthening of WAHO's administrative, financial and human resource management capabilities. Achievements from activities implemented are as follows:

4 Administration

During the year under review, WAHO continued renovating its buildings to address the issue of inadequate workspace. As a matter of fact the workplace is made up of dilapidated buildings dating back to colonial era. In addition, all roofs are riddled with asbestos and obsolete electrical installations.

Thus, the extension work of the administrative block of the headquarters of the institution and the rehabilitation of the ground floor of the building housing the Department of Disease and Epidemics Control (DDEC) were executed.

Moreover, several IT equipment and office furniture were acquired for the staff.

WAHO implemented several cost reduction measures to further improve the efficient use of resources. WAHO signed, among other things, bipartite agreements (WAHO/Satguru and Wellinde Travel Agencies) and tripartite agreements (WAHO / Satguru Travel Agency - Air Côte d'Ivoire and Asky) with air transport companies and travel agencies to benefit from

preferential rates aimed at reducing the cost of air tickets. Contract for Road transport between Bobo-Dioulasso and Ouagadougou was equally awarded.

🖊 Human Resources

WAHO has eighty-five (85) staff members, including two (2) Statutory appointees, five (5) Directors, thirty-two (43) Professional staff and thirty-five (35) support staff. This staff consists of ten (10) staff recruited in 2017, including four (4) long term consultants and six (6) project contract staff.

The institution sponsored training for most of its staff in several fields. The table below provides more details: these field include health systems management, crisis and emergency management, sustainable development and project management, reproductive health and family planning policy, public-private partnerships management.

TITLE OF TRAINING	NUMBER OF PARTICIPANTS
MS Project:	19
Knowledge translation in health research	18
Health systems management	1
Production of TV Programme, computer graphics and Community management	1
IPSAS	2
Secretariat management and coaching	7
Stock Supply Management	1
Techniques of Administrative Writing	8
Human resources management	1
Sustainable development and project management in the 21st century / Project management / crisis and emergency management	6
Health systems management	3
Advanced dynamic office management & administration	1
Contemporary public administration management	1
Introduction to Windows 10 & Internet	8
Security Management	2
Use of Amadeus Software	2
SAP certification training for phase II implementation	2
Reproductive Health/Family Planning Policy	1
Public-Private Partnership Management	1
TOTAL	85

Table 7: Update on Staff Training

An SAP consultant was equally recruited to provide on-site support to the Finance Unit to strengthen their capacity for better use of the following SAP modules: Financial reporting, Auditing, and Fund Management currently used at WAHO since April 2015 when SAP went live.

4 ICT and Documentation

WAHO enjoys a more stable Internet connection thanks to the new VSAT contract, the fibre optic cable and the technique put in place for efficient bandwidth management. In addition, WAHO has a new website in testing that combines modernity and security while providing a real gateway to the organization's various web platforms, including health-related ones.

During the year 2017, WAHO developed a new IT Master Plan (SDI) on the basis of which new projects are being defined. Institutional and personal data are better protected following the acquisition of new software and computer applications as well as the ensuing various configurations.

Based on staff needs, health promotion and disease control activities, publications and an annual subscription to electronic resources "*Medline Complete*" were acquired for libraries in Member States' ministries of health.

2. Financial Status

The 77th Ordinary Session of the Council of ECOWAS Ministers approved a balanced budget of UA 33, 197,749 for WAHO in respect of the 2017 financial year. A total of UA 17, 791,418 representing 54% from the Community levy, UA 15 391 937 or 46%, from development partners and UA 14 394 from other sources of income. A total of UA 26 366 803, or 79%, was allocated to the Programmes and UA 6 830 946, ie 21% for the activities of the governing bodies and administration. The detailed situation is as shown in Tables 8 and 9 below.

In terms of funding received as at 31 December 2017, the situation was:

Description	2017 Approved Budget (UA)	Implemented as at 31 December 2017 (UA)	% Implemented
ECOWAS Community Levy	17 791 418	11 545 555	65%
Arrears of Contributions		0	0
Income from Services	14 394	2 261	16%
External Funding	15 391 937	11 545 313	75%
Total	33 197 749	23 093 129	70%

Table 8: Funding received

The status of the Budget implementation as at 31 December 2017 can be summarized as follows:

Table 9: Budget implementation

Description	2017 Approved Budget (UA)	Implemented as at 31 December 2017 (UA)	% Implemented
Governing Bodies	659 452	247 167	38%
Administration	5 652 878	3 009 457	54%

Programme Staff Costs	3 321 487	2 120 005	64%
Programme Activities (incl Ext			
Funding)	23 045 316	16 775 428	73%
Contingency	518 616	0	0
Total	33 197 749	22 152 037	67%

III. CHALLENGES IN 2017

Despite the efforts made during the year 2017, several challenges remain to be met:

- The burden of epidemics in the region. Indeed countries of the region continue to face epidemics such as cholera, meningitis, measles, Lassa fever and dengue fever;
- The worrisome situation of Sexual and Reproductive Health (SRH), maternal, new-born, child, adolescent and youth health : (i) the maternal mortality ratio in the ECOWAS region is still high (510 deaths per 100,000 live births); (ii) the region is still the world's largest contributor to child mortality (1 in 12 children dies before their fifth birthday); (iii) adolescents and young people in our region remain affected by their poor knowledge of issues related to their health, including their sexuality and the lack of intergenerational communication and appropriate facilities for management of their sexual and reproductive health problems;
- WAHO is not adequately staffed, hence cannot carry out effectively its mission;
- Difficulties in implementing Programmes financed by the Community Levy due to the late disbursement of financial resources by the ECOWAS Commission;
- Dilapidated buildings and poor working environment:

CONCLUSION AND PROSPECTS

During the year 2017, WAHO implemented important activities that led to the results presented in this report.

For 2018, with funding from the Community Levy and the implementation of the financing agreements signed in 2017, WAHO intends to address the challenges with a view to enhancing the health status in the region, through the implementation of priority interventions contained in the 2016 - 2020 Strategic Plan, in particular:

- Support for countries' health systems strengthening;
- Further implementation of ECOWAS—RCSDC (recruitment of additional staff, official launch);
- Further implement institutional reform (application of the new organization chart and recruitment of additional staff);
- Mid-term evaluation of the 2016-2020 Strategic Plan ;
- Upholding and consolidating strategic partnership;
- Building on the achievements.