

# AFRICAN REGION

**Requirements**  
**US\$ 544.9 million**

## Context

The WHO African Region faces the highest burden of public health emergencies globally. In many cases, such emergencies are preventable or controllable with proven public health interventions but, without essential support, they will continue to cost lives, overwhelm health systems and fuel socioeconomic disruption.

In early 2021, stringent public health measures helped buffer the effects of the COVID-19 pandemic. However, as of 11 February 2022, reported cases surpassed 7.9 million and aggressive new variants continue to threaten already fragile systems. Alongside COVID-19, the African Region faces parallel infectious disease outbreaks and complex humanitarian crises. In 2021, cholera cases and deaths rose fivefold across the Region compared with 2020. As of 10 December 2021, there were 117 803 cases and 3913 deaths reported due to cholera across 12 countries. Yellow fever is also a rising concern in West and Central Africa. It is a high-impact and complex disease with no known cure. Despite the existence of an inexpensive and highly effective vaccine – one dose gives a person immunity for life – outbreaks still exist. If uncontained, they have the potential to cause devastating consequences. An effective yellow fever outbreak response revolves around rapid detection of cases, reactive vaccination, good case management, vector control and community mobilization. In 2021, there were 1805 suspected cases and 98 confirmed cases across nine countries in Africa, coupled with the increasing risk of urban and international spread. Countries also faced nationally specific, multidimensional challenges. For example, the humanitarian crisis in the Tigray area of Ethiopia left millions without access to essential health services. The Democratic Republic of the Congo confronted the effects of a volcanic eruption and Ebola virus disease, and Mozambique grappled with floods and conflict.

Throughout 2021, WHO worked closely with countries and partners to prevent, detect, and respond to the Region's wide range of emergencies, with a dual focus on meeting the immediate health needs of crisis-affected populations and addressing the underlying causes of their vulnerability. These actions provided people with access to lifesaving care, controlled the spread of disease, and mitigated economic hardship.

On 14 February 2022, at a temporary shelter for people displaced by tropical cyclone Batsirai in Ampasimandrora district, WHO's Dr Koné Foussen speaks to the grandmother and mother of twins about the importance of vaccinating the infants. Since January 2022, multiple extreme weather events have damaged homes and public infrastructure in Madagascar, leaving over 760 000 people without access to health and displacing over 168 000 people.

© WHO / Henitsoa Rafalian





Health cluster partners together with water, sanitation and hygiene (WASH) cluster assess the potential risk factor for cholera in United Nations Mission in South Sudan (UNMISS) Tamping camp. © WHO / Pauline Ajello

### Results achieved in 2021

- **Implemented holistic actions to prevent, respond to, and mitigate the spread of COVID-19.** WHO strengthened the health workforce by deploying 809 experts and training 200 000 community health workers. Genomic surveillance was accelerated through the established hubs (Nairobi, Dakar and Cape Town) and capacity building at country level which rapidly doubled the number of viruses sequenced and worked with partners including the Africa Centres for Disease Control and Prevention to shore up readiness for vaccination.
- **Supported the control of multiple Ebola outbreaks,** including two in the Democratic Republic of the Congo, one in Côte d'Ivoire and one in Guinea. When Ebola emerged in Guinea, more than 100 WHO experts deployed immediately to coordinate key response functions including infection prevention and control, disease surveillance, testing, vaccination, and treatment using new drugs. WHO helped ship approximately 24 000 Ebola vaccine doses and supported the vaccination of nearly 11 000 people. The outbreak ended in June 2021, but WHO continues to support Guinea to remain vigilant.
- Established the West Africa Cholera Control Centre in Lomé, Togo, to manage the multicountry response to cholera. WHO **supported five countries in response to cholera outbreaks** and several other countries preparedness and response efforts. This included mobilizing US\$ 8.5 million, conducting risk assessments in seven countries, deploying 104 experts to 19 at-risk countries, and directing cholera as well as water, sanitation, and hygiene kits to the areas of greatest need. WHO's new hub will integrate and strengthen the continued fight against cholera.
- **Ensured access to lifesaving health care during complex humanitarian emergencies,** including protracted Grade 3 crises in the Democratic Republic of the Congo, Ethiopia, Nigeria, Sahel region, and South Sudan.

### Response strategy

As an accelerator to implement the strategy, the Regional Office's Emergency Preparedness and Response Cluster has designed three flagship projects led by Member States and supported by WHO. These focus on strengthening preparedness (Promoting Resilience of Systems for Emergencies, "PROSE"), detection (Transforming African Surveillance Systems, "TASS") and response (Strengthening and Utilizing Response Groups for Emergencies, "SURGE"). The Flagship's Monitoring and Evaluation Framework will be the tool to provide data for reporting, communication, and feedback to donors.

In 2022, WHO will continue working with partners at all levels to accelerate localized responses to COVID-19 and address other critical health emergencies. As of 14 February 2022, 137 events are being monitored, including six Grade 3 events: COVID-19; the humanitarian crisis and cholera in the Democratic Republic of the Congo; and the humanitarian crisis in Ethiopia, Nigeria and South Sudan. An additional 45 Grade 2 events are being monitored and supported, and include outbreaks of circulating vaccine-derived poliovirus type 2, yellow fever, cholera, meningitis and Ebola virus disease. Five Grade 1 events and 35 Ungraded events continue to be tracked.

Country-specific plans will continue to lay the foundation for response efforts. Global and regional frameworks – such as the 2005 International Health Regulation, Emergency Response Framework, and disease-specific strategies like the COVID-19 Strategic Preparedness and Response Plan 2022 – will help guide the response. The Region's Emergency Preparedness and Response Cluster will continue delivering rapid, predictable and comprehensive support to countries and communities as they prepare for, respond to, or recover from emergencies caused by human health hazards. The next iteration of the Cluster's Regional Strategy for Health Security and Emergencies, which will cover 2022–2030 and incorporate COVID-19 lessons learned, will guide this support. National leadership, regional coordination and global solidarity will be critical to success.



## Regional priorities

The WHO Regional Office for Africa will continue to augment national capacity and backstop government efforts in health emergency contexts, strengthening its support system by incorporating lessons learned from COVID-19, Ebola and other crises.

A key priority will be establishing the flagship project Strengthening and Utilizing Response Groups for Emergencies. Led by governments with technical assistance from WHO, this flagship project will integrate and strengthen existing national human resources for emergency response, such as Rapid Response Teams and Emergency Medical Teams. Initially implemented in select countries and scaled up regionally over the course of five years, the project will create a group of 3000 African Elite Emergency Experts who are equipped to respond quickly and holistically to a wide range of hazards that create health emergencies.

Regional priorities include supporting Member States to:

- Respond to emergencies through the deployment of additional experts to address the identified human resources gaps.
- Ensure the continuity of essential health services during outbreaks and humanitarian crises, as well as the provision of quality care to crisis-affected populations.
- Strengthen early warning systems, including scaling up event-based, pathogen and genomic surveillance activities.
- Develop and use comprehensive electronic health databases that aggregate as many data sources as possible.
- Promptly share data on emergencies as required by International Health Regulations (2005) and analyse data for decision-making.
- Strengthen and integrate the emergency workforce to ensure the availability of trained human resources at national and subnational levels.

- Strengthen response readiness and coordination to improve planning and cohesiveness across ministries, partner agencies and civil society organizations.
- Ensure efficient pre-positioning and deployment of emergency supplies at national and subnational levels.
- Enhance risk communication and community engagement to convey public health threats in a transparent, timely and coordinated manner through mechanisms built into National Action Plans for Health Security.
- Scale up emergency vaccination to end the acute phase of the COVID-19 pandemic.



## COVID-19 response

COVID-19 will continue to circulate in the African Region in 2022 and likely longer. Countries must plan to *live with the virus* for the upcoming two years and beyond, and simultaneously mitigate risks by protecting the most vulnerable and those responsible for maintaining essential services. WHO identified the following priorities:

- Reinforce COVID-19 surveillance capacities and scale up COVID-19 testing and genomic/variant surveillance capacities.
- Define and implement adapted community-based response actions.
- Increase oxygen supplies and other COVID-19 case management and treatment capacities.
- Increase vaccination uptake through community engagement, advocacy and ownership, and update vaccination strategies and targets based on the evolving epidemiological scenario and emerging evidence of the performance of vaccines and their effectiveness against variants.
- Reinforce COVID-19 monitoring and evaluation, data collection and use.
- Maintain and reinforce critical human resource capacities in WHO country offices and Member State countries to respond to the upsurge of COVID-19 cases.
- Augment medical and non-medical supplies and other materials and equipment.
- Reinforce and diversify collaboration and coordination with existing and new partners.
- Reinforce and scale up operational research to guide response actions.
- Progressively transition COVID-19 response capacities to the formal health system.

On 11 June 2021 a woman is provided with cholera vaccine during a vaccination campaign in the Tigray region of Ethiopia. © WHO / Mulugeta

## Focus countries

### Cameroon



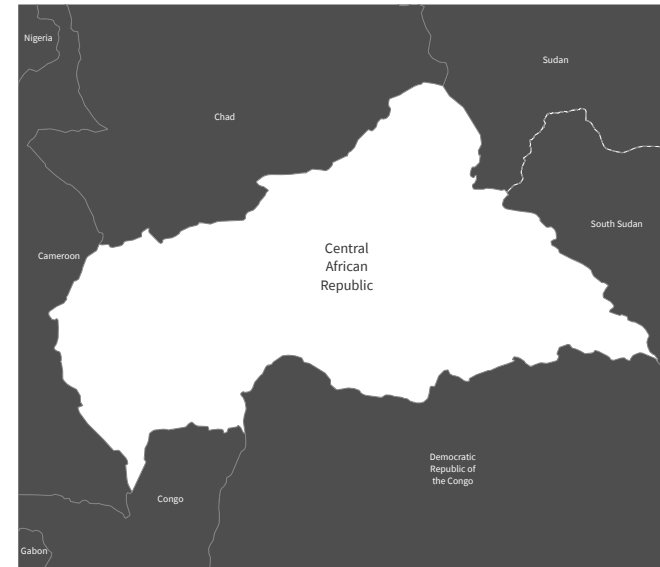
- People in need: 4 million
- People targeted: 2.8 million
- Requirements (US\$): 12.31 million

Cameroon continues to experience humanitarian and health consequences from ongoing security crises, which affect seven of the 10 regions in the country. As of October 2021, there were an estimated 461 642 Central African and Nigerian refugees, 1 052 591 internally displaced persons, and

466 578 returnees or former internally displaced persons who returned to the main regions affected by armed conflicts and terrorist attacks.

WHO is committed to ensuring equitable access to quality health services in the context of these security crises. The Organization's response priorities include deploying mobile clinics to provide essential health care, including reproductive health services. Support will be offered for dignified and safe deliveries for 322 503 vulnerable women and gender-based violence cases will be referred to the protection sector. Focus will be placed on establishing an early warning and rapid response mechanism to epidemics for regions in crisis, as well as strengthening the management of physical and psychological trauma for people affected by crises. WHO will also prioritize resilience through community education, awareness-raising and empowerment.

### Central African Republic

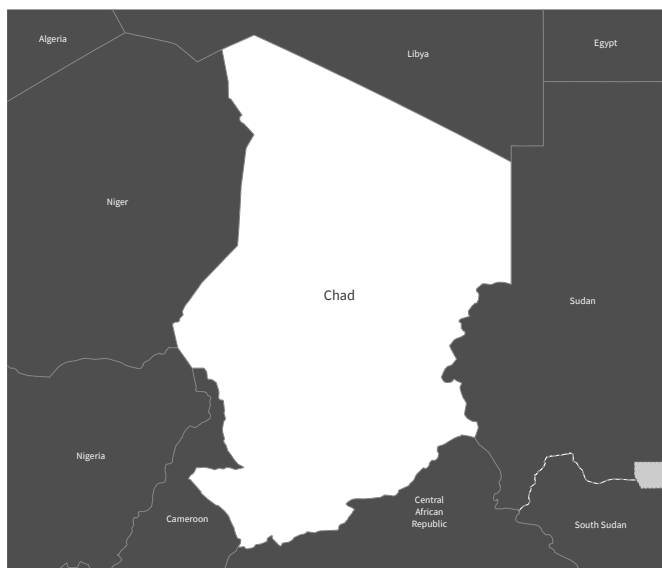


- People in need: 3.1 million
- People targeted: 2 million
- Requirements (US\$): 11.50 million

With 5.5 million inhabitants, the Central African Republic has confronted a sociopolitical and military crisis for eight years, generating a chronic humanitarian crisis with acute episodes linked to armed conflicts and floods. This has led to population displacement, reduced health system capacity

and epidemic outbreaks. The country is threatened by several epidemics, including measles, monkeypox, rabies, malaria, acute bloody or watery diarrhoea, bacterial meningitis, Ebola virus disease and COVID-19. The Health Cluster estimates that 2.7 million people will need emergency health assistance in 2022. WHO's interventions will support humanitarian partners and the Ministry of Health in priority areas for the provision of emergency health services. These interventions will focus on the 11 pillars of the response to crises and epidemics.

## Chad

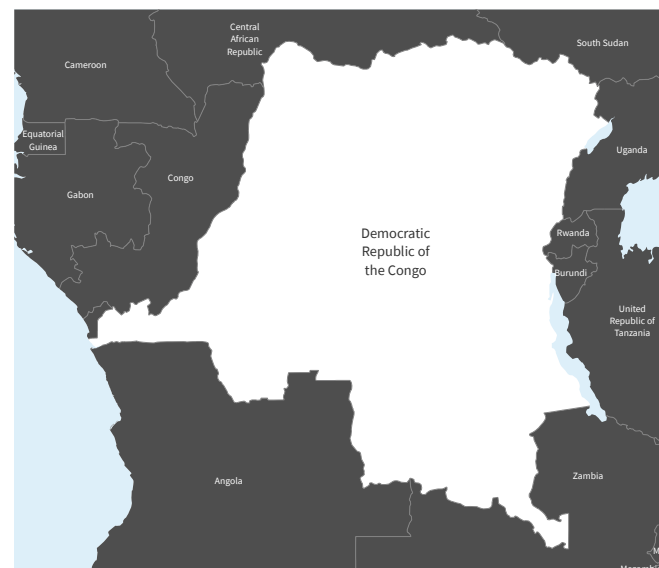


- People in need: 5.5 million
- People targeted: 3.5 million
- Requirements (US\$): 6.40 million

Multiple factors contribute to the humanitarian crisis in Chad, including ongoing conflicts between non-State armed groups and the Chadian army; economic fragility; a precarious health context; and the impacts of climate change, floods, acute food insecurity, and associated infectious disease epidemics.

Chad is currently experiencing a protracted crisis with more than 500 000 refugees. Health emergencies are marked by the occurrence of epidemics (measles, COVID-19, cholera, leishmaniasis, chikungunya, meningitis, poliomyelitis and influenza) and other diseases and health issues (e.g. malaria and Guinea worm). Factors affecting the delivery of health services include long geographical distances from health facilities, lack of human resources, and inadequate essential drugs for basic health care. Health services are supported by national and international nongovernmental organizations, faith-based organizations and United Nations agencies.

## Democratic Republic of the Congo Grade 3 Emergency



- People in need: 27 million
- People targeted: 8.8 million
- Requirements (US\$): 42.79 million

The epidemiological situation in the Democratic Republic of the Congo is marked by the emergence and re-emergence of several communicable diseases with epidemic potential. A number of epidemic outbreaks have occurred in the past decade – including cholera, bubonic plague in Ituri province,

Ebola virus disease, meningitis, yellow fever, polio and measles. From 3 January 2020 to 17 February 2022, there were 85 834 confirmed cases of COVID-19 reported to WHO, with 1316 deaths. A fourth wave of COVID-19 is now taking place against a backdrop of recurring armed conflict in the east of the country; population movements; poor access to basic services; and weak screening capacity. WHO's response strategy will focus on the following components: COVID-19, the humanitarian crisis, and cholera. In addition WHO will also continue to support readiness and response for the Ebola virus disease, measles, yellow fever and meningitis. WHO will support the continued provision of essential health services – including in response to gender-based violence, mental health and psychosocial challenges. The Organization will focus on strengthening the health system while rapidly responding to acute health emergencies through the development of local capacities.

**Ethiopia** Grade 3 Emergency

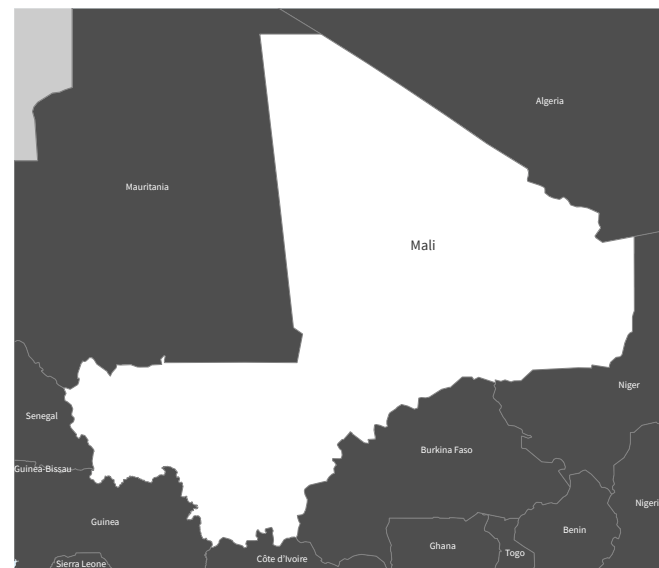
- People in need: 25.9 million
- People targeted: 22.3 million
- Requirements (US\$): 61.93 million

The humanitarian situation in northern Ethiopia remains complex. The conflict in Tigray, which also affects the Amhara and Afar regions, coupled with access constraints and chronic food insecurity, are hampering the health and well-being of millions of civilians, causing internal displacement, and heightening the risk

of disease transmission. Disrupted health delivery systems and overstretched health services in towns and cities hosting internally displaced persons, have put the most vulnerable people at increased risk of disease and death from common causes of illness, such as pneumonia and diarrhoea. Acute malnutrition is a significant public health concern. Poor nutrition coupled with food insecurity, disease outbreaks, and weakened immunity and vulnerability have increased the risk of morbidity and mortality. The situation for internally displaced persons is further compounded following more than one year in overcrowded and substandard living conditions. WHO's response strategy has three components:

- 1 Contribute to the maximum achievable reduction in morbidity and mortality of the northern Ethiopia population affected by the ongoing conflict.
- 2 Strengthen the country's response to COVID-19, including epidemiological surveillance.
- 3 Expand the implementation of prevention and management measures for disease outbreaks.

Activities will benefit the whole country, with a particular focus on the conflict-affected regions (Tigray, Afar and Amhara). They will be harmonized with ongoing United Nations, national and local partners' interventions, and continue to be aligned with the Health Cluster's strategy.

**Mali**

- People in need: 6.3 million
- People targeted: 4.8 million
- Requirements (US\$): 11.02 million

The health situation in Mali continues to deteriorate. In a country marked by droughts and seasonal floods, COVID-19 and persistent conflict-related insecurity are increasing the complexity and scale of the humanitarian situation. Many health needs of the most vulnerable populations remain unmet

due to poor access to, and use of, quality basic health services. For example, there was a considerable drop in monthly vaccination coverage in 2021; more than 5% of health structures are not functional; gender-based violence cases are increasing; and epidemic-prone diseases are emerging.

WHO priorities include building the capacity of health care workers through training and technical supervision, and reinforcing access to quality health care – including monitoring the Minimum Package of Activities and Complementary Package of Activities. Mobile clinics will be strengthened, in addition to information and referral systems, and greater support offered to conducting vaccination sessions for children targeted under the Expanded Vaccination Programme. WHO will also strengthen preparedness and response for disease outbreaks, including for COVID-19, measles and other diseases. WHO will work to ensure that populations, especially those impacted by gender-based violence, have access to psychosocial support services.

## Mozambique



- People in need: 1.5 million
- People targeted: 1.2 million
- Requirements (US\$): 13.41 million

Mozambique faces a complex humanitarian situation due to the ongoing conflict in the Cabo Delgado province. The conflict is placing considerable pressure on a weak health system already overstretched by natural disasters, recurrent cholera outbreaks, and COVID-19. Despite efforts,

there are gaps in coordination and leadership and limited operational funds to support surveillance, contact tracing, case management, and vaccination. Additional challenges include inadequate capacity to manage severe cases at the subnational level, low testing capacity, slow vaccination rollout, noncompliance with public health and social measures, limited partners, and a shortage of drugs and supplies. Moreover, one-third of the health facilities are not functional due to damage or vandalization.

WHO will employ several strategies to address the health problems of internally displaced persons and strained host communities as part of the Cabo Delgado humanitarian crisis response. The Organization will support the delivery of primary health care services, scale-up of vaccination, and distribution of drugs and supplies for the timely treatment of the most common causes of morbidity and mortality. WHO will also provide medicines, supplies, and manpower to temporary clinics to ensure the continuity of essential health services in the accommodation and resettlement centres. WHO will provide community-based surveillance for disease detection and the timely response to outbreaks, and will continue to strengthen its response to COVID-19 across all response pillars.

## Niger



- People in need: 3 million
- People targeted: 2.1 million
- Requirements (US\$): 16.91 million

Niger is experiencing complex and protracted emergencies. The security situation remains precarious and volatile in the border areas of Burkina Faso, Mali and Nigeria, marked by an upsurge in attacks by non-State armed groups. The country also experiences natural disasters in a cyclical fashion due to its

geographical environment. In 2021, Niger experienced four epidemic-related health crises in the context of the COVID-19 pandemic, in addition to a flood-related disaster and the risk of emerging and re-emerging diseases. The critical needs identified by Rapid Response Mechanism teams include shortages of essential drugs, poor access to basic health care and services, and lack of quality care provision. Referral and triaging of emergency cases to adequate facilities has been extremely challenging. The lack of functional health facilities with 24/7 availability, and the absence of an early warning system for the rapid detection of epidemics and other health events, have also been identified as major gaps.



**Nigeria** Grade 3 Emergency

- People in need: 8.3 million
- People targeted: 5.4 million
- Requirements (US\$): 63.50 million

Nigeria is highly vulnerable to the global economic disruption caused by COVID-19, especially due to the decline in oil prices. This is a contributing factor to suboptimal management of disasters and public health events, resulting in high levels of mortality, ill health, destruction of properties and infrastructure,

environmental degradation, and massive displacement of populations. WHO's response strategy will focus on four components:

- 1 COVID-19
- 2 The humanitarian response in North-East Nigeria
- 3 Circulating vaccine-derived poliovirus type 2
- 4 Cholera

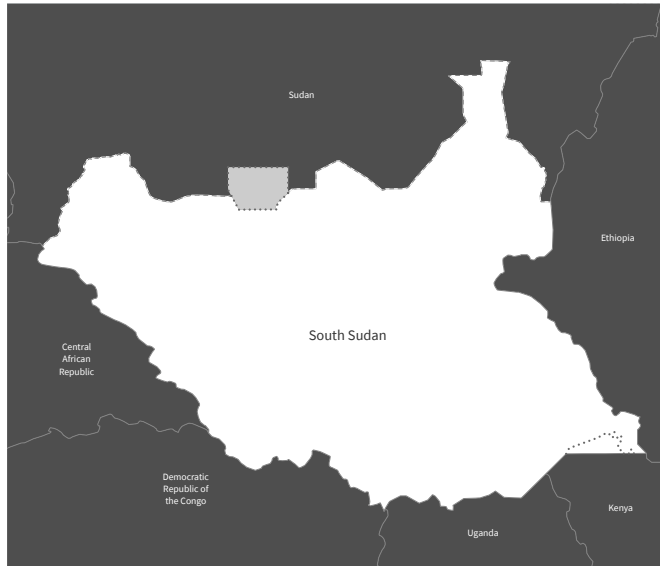
WHO's response to the crisis in North-East Nigeria will follow the Thirteenth General Programme of Work and will promote Sustainable Development Goal 3, Good Health and Well-Being, with cross-cutting links to other Sustainable Development Goals such as Sustainable Development Goal 6, Clean Water and Sanitation. WHO will support the continued provision of essential health services – including gender-based violence, mental health, and psychosocial support – and will strengthen the health system while rapidly responding to acute health emergencies through the development of local capacities. WHO's response to the crisis in North-East Nigeria will complement the overall humanitarian response, addressing health needs as detailed in the Humanitarian Response Plan and WHO's annual Response Plan.



A young boy is treated for malaria and symptoms of what appears to be yellow fever at the central hospital in Owa-Alero, Delta State, Nigeria. His mother accompanies him.

WHO supported the Nigeria Centre for Disease Control and health authorities in the states of Delta and Enugu to respond to an outbreak of yellow fever that was confirmed in early November 2020. WHO and partners assisted with case investigation, case management, and community engagement, among other activities. © WHO / Noor / Benedicte Kurzen

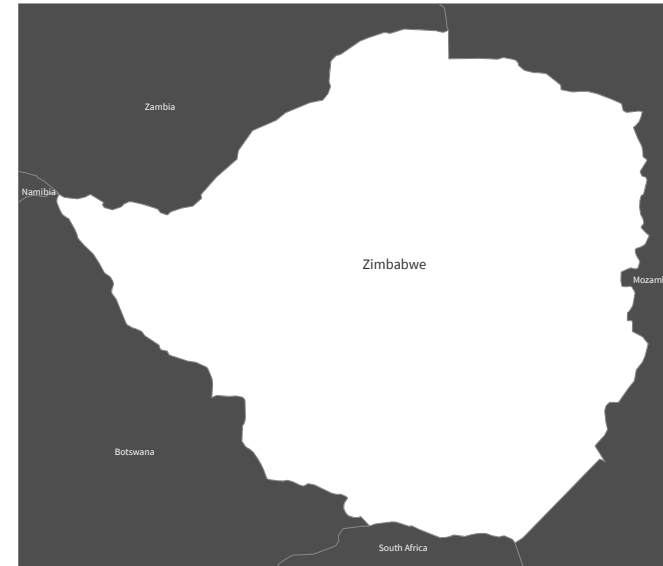


**South Sudan Grade 3 Emergency**

- People in need: 8.4 million
- People targeted: 6.7 million
- Requirements (US\$): 20.64 million

South Sudan is experiencing a protracted humanitarian crisis resulting from prolonged political conflict, recurrent subnational violence, flooding, acute food insecurity, and associated infectious disease outbreaks. This has left an estimated 8.4 million people in need of urgent

humanitarian assistance, 6.7 million of whom need health services. The health system is overburdened due to continual shocks and limited health financing by the government. WHO's response strategy will focus on supporting the 64 Humanitarian Response Plan partners and the Ministry of Health to provide for urgent needs while ensuring that current investments will build a resilient health system. WHO will provide responding partners with Interagency Emergency Health Kits to support uninterrupted access to essential medicines in the affected locations, and during acute emergencies. WHO will also leverage its 10 field offices and network of in-country surveillance officers to support disease surveillance activities and partner coordination.

**Zimbabwe**

- Requirements (US\$): 13.79 million

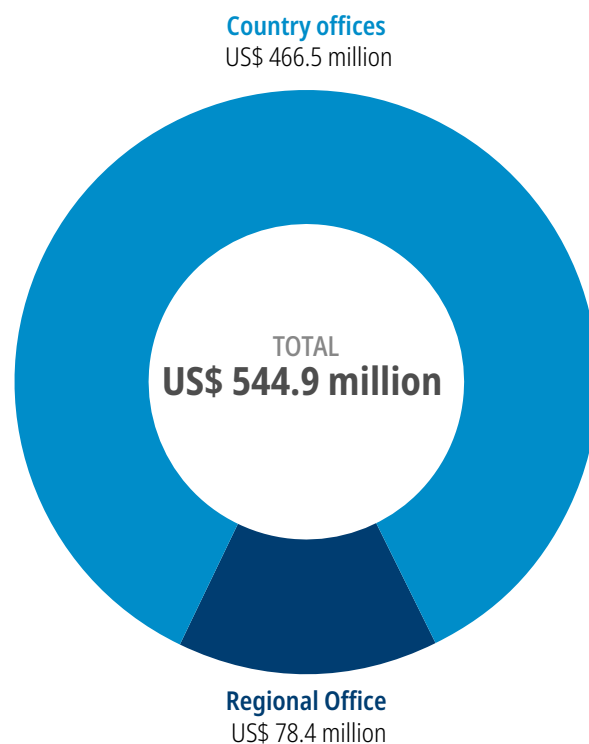
Although Zimbabwe's appeal focuses only on the COVID-19 response, the country has faced multiple threats over the past few years, like other countries in southern Africa. These include the growing climate crisis – with tropical storms accompanied by heavy rains, flooding and landslides, with damage to properties, infrastructure and livelihoods. The locust outbreak has had a negative impact on maize harvests and threatened food

security, especially for this essential food product. Zimbabwe also faced multiple deadly cholera outbreaks in the past. The resilience of the country and subregional solidarity enabled populations to cope with these crises.

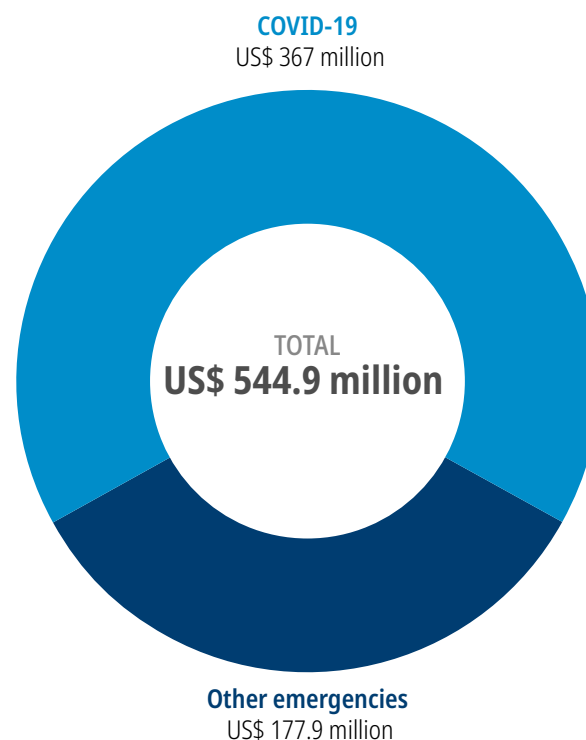
In the response to the COVID-19 pandemic, laboratory diagnostics using antigen rapid diagnostic tests have been scaled up. However, the country needs more commodities – such as oxygen concentrators, lab diagnostics, personal protective and other medical equipment – to manage COVID-19 cases, adhere to infection prevention and control procedures and quell the spread of the virus. The response strategy includes scaling up testing, case management support, risk communication and community engagement, and COVID-19 vaccination.

## Financial requirements

Overall regional funding requirements



Overall regional funding requirements for COVID-19 and other emergencies



Overall regional funding requirements by pillar (US\$ million)

Pillar	Total
P1. Leadership coordination planning and monitoring	62.3
P2. Risk communication and community engagement	29.7
P3. Surveillance case investigation and contact tracing	72.2
P4. Travel, trade, points of entry and mass gatherings	16.3
P5. Diagnostics and testing	38.9
P6. Infection prevention and control	34.9
P7. Case management and therapeutics	57.4
P8. Operational support and logistics	97.7
P9. Essential health systems and services	64.2
P10. Vaccination	56.1
P11. Research innovation and evidence	15.3
<b>Total</b>	<b>544.9</b>

### For more information

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