

DRAFT STATEMENT ON BEHALF OF THE 47 MEMBER STATES OF THE AFRICAN REGION

14.1 The Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme

14.2 Implementation of the International Health Regulations (2005)

15.1 Strengthening WHO preparedness for and response to health emergencies (Document A76/10) • Strengthening the global architecture for health emergency preparedness, response and resilience

15.2 WHO's work in health emergencies (Document A76/11 only)

1. Statement delivered on behalf of the 47 Member States of the Africa Region on Agenda Items 14.1, 14.2; 15.1 and 15.2, and thanks the Director-General for the reports on the three agenda items
2. With regard to Agenda item 14.1, the African Member States note the multiple public health emergencies experienced during the reporting period such as the drought and food insecurity in the Greater Horn of Africa, cholera outbreaks, floods and other humanitarian crises.
3. We take note of the field mission to Malawi and welcome the attendant unlocking of financial resources and mobilization of the Organization-wide surge capacity in response to the new grading of cholera as a global emergency. We call for greater equity in access to emergency related health products and technologies and welcome the Committee's commitment to review WHO's role in managing global shortage and allocation in collaboration with partners.
4. We take note of the committee's recommendations with respect to roles and responsibilities. We recommend that any modifications to the Framework should respond to the lessons learned since 2016 and avoid creation of fragmented or parallel systems within WHO. We therefore strongly urge WHO to sustain the ongoing strengthening of human resource capacity at regional and Country levels to enhance timely response to emergencies.
5. Regarding item 14.2 The Region welcomes the report and appreciate the collaboration with WHO and other IHR stakeholders in building IHR core capacities. The IHR capacity score for the African Region has increased however many African countries are below the global average score.

6. The continent continues to experience the highest incidence of public health emergencies annually and is recovering at slow pace from the COVID -19 pandemic partly due to low access to pandemic countermeasures, overburdened and underfunded health systems. These effects require global solidarity and sustained longer term strategies even at the time when COVID 19 is no longer a public health emergency of international concern and as we prepare for the next pandemic.
7. We would like to recommend on the importance of partnership and collaboration for increased investment in Research and Development, transfer of technology, review of international legal frameworks, which are barrier to global trade and access to countermeasures.
8. We would further recommend that, Agencies like GAVI, GLOBAL FUND, UNICEF and others to see the possibility of portioning at least 30% of their funds to procure from regional /domestic manufactures so as to enhance sustainability and growth of the Regional pharmaceutical industries and improve on the equity.
9. We call upon WHO to continue supporting Member States in those IHR Core capacities that need support as per the findings from the Annual SPAR Tool as we transition to endorsement of the new IHR instrument
10. Regarding item 15.2, the Africa Region welcomes the acknowledgement that equity should be in the centre of future global health architecture as both a principle and a goal to protect the most vulnerable.
11. We note with appreciation progress made on global health architecture, and how the process has shaped up from the white paper to the current ten proposals. However, as expected, there are still a number of pieces of work that needs to reach finality ad be pooled to the finalisation of the global architecture for health emergency.
12. Africa Region note with concern that the changes to the that the current ten proposals seem to have lost some of the key aspects that the DG outlined in the white paper. One key such issue is the critical importance of systems to ensure equitable access to health products or medical countermeasures that featured as critical to be discussed. Our concerns are based on the fact that such does not feature in the current document.

13. The Africa Region reiterate the importance of aligning the DG Document with the ongoing WHO Member States led processes currently underway, to avoid confusion as the areas outlined in the DG document (10 proposals) are also key issues to be addressed in the two member states led processes.
14. Some of the proposals are also key for both instruments and would be important to be discussed as such, ad these would include financing and implementation mechanism. The governance mechanism is should ensure equitable representation of voices from the North and the South, otherwise we undermine principles inclusivity will not be realized as evidenced by vaccine inequity. Financing will ensure sustainability not just for the public health response but for the critical multi-sectoral approaches required for pandemic preparedness and response.
15. Regarding 15.2, the African Region takes note of the report on WHO action in health emergencies, and thanks the Secretariat for this valuable information on all the support actions of the WHO around the world.
16. The African Region remains particularly vulnerable to these emergencies because of the weakness of prevention, detection and response capacities despite the efforts made by our various countries. The COVID-19 pandemic has, doubtfully, further weakened our health systems and sufficiently demonstrated our challenges to be covered for the future.
17. Despite the use of WHO emergency Funds, global mobilization is necessary to strengthen the capacities of countries to meet 7-1-7 requirements with substantial funding national action plans for health security (NAPHSs).
18. We note with satisfaction that the Secretariat has continued to improve the monitoring and evaluation capacities under the International Health Regulations (2005) of countries with the SPAR self-assessment tool.
19. We therefore encourage the sharing of information through the outbreak information bulletins.
20. Furthermore, we suggest a large-scale sharing of the results of the genomic surveillance of pathogens with pandemic and epidemic potential and hope that efforts will be maintained to strengthen the laboratory capacities of countries in this area.
21. To conclude, the African Region calls upon WHO to continue its support to Member States through the strengthening of country funding for the

implementation of the NAPHSs, the establishment of a monitoring and evaluation mechanism for the NAPHSs, and support for the cross-border epidemic control.

I thank you