14.2 WHO’s work in health emergencies - Strengthening WHO’s global emergency preparedness and response and Strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005)

1. Chairperson, Botswana is pleased to deliver this statement on behalf of the Africa Region Member States. We welcome the report on Public Health Emergencies and Response. The Region acknowledges the progress made and commend the WHO for responding to 60 graded emergencies of which eight were WHO Grade 3 and United Nations Inter-Agency Standing Committee Level 3 emergencies. These included two public health emergencies of international concern: the outbreak of Ebola virus disease in eastern Democratic Republic of the Congo and the global pandemic of coronavirus disease during the period 01 January and 31 August 2020.

2. We also commend the WHO for the management of emergencies through the WHO Incident Management System because it has allowed for the rapid establishment of structures at country, regional and headquarters levels as well as supported the quick release of funds within 24 hours through the Contingency Fund for Emergencies. This has translated into the support of national governments to increase the quality and coverage of health services; strengthen primary health, secondary health and hospital care by deploying mobile teams and reinforcing health facilities; improve surveillance and early warning systems; conduct vaccination campaigns; distribute medicines and supplies; and train health workers.
3. As reported, our Region experiences the majority of the WHO higher-graded public health emergencies, thus, we request the WHO to prioritise allocation of resources to improve capacities to enable Member States to detect events early, and for emergency preparedness and response. We welcome the WHO benchmarking tool to support building core capacity under the International Health Regulations.

4. Chairperson, our Region notes that the quest to deliver quality health services during health emergencies especially in the Africa region continues to be hindered by limited funding, humanitarian and human resource capacities, mass population movements during such crises and on-going insecurities. This calls for the need for WHO to engage political leadership in countries, the Africa Union and all major relevant stakeholders so that control and containment of health emergencies in challenging environments can be achieved.

5. We thank the WHO Regional Director for the support of the Member States in the IHR (2005) Joint External Evaluation exercises and submission of the self-assessment annual report on monitoring and evaluation. As reported all States Parties are performing better than in the previous reporting period in key capacities such as surveillance, laboratory, coordination and IHR National Focal Points functions. However we request the Secretariat to continue to improve the human resources capacity which did not show improvement in the reporting period.

6. Our Region also looks forward to the roll out and expansion of the national resource mapping and impact analysis on health security investment with WHO’s tool to identify all financial and technical resources available for capacity-building for the Regulations and for implementation of COVID-19 preparedness and response plans, in line with recommendations and priority actions arising from monitoring and evaluation of fulfilment of the Regulations.

7. Finally, the Africa region welcomes the second progress report of the Independent Panel for Pandemic Preparedness and Response and thank the Panel’s Secretariat for their work. We look forward to the next report to
be presented at the 74th World Health Assembly on the progress and lessons learnt from the international response of the COVID-19.

I thank you for your kind attention.