



**West African Health Organization
(WAHO)**



Our Vision:
to be recognized by
the Member States
and the International
Community as a
proactive instrument
of regional health
integration that
enables high-impact
and cost-effective
interventions and
programmes.

STRATEGIC PLAN 2016-2020



WEST AFRICAN HEALTH ORGANIZATION (WAHO)



Strategic Plan 2016 - 2020



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Abbreviations

AFC	:	Administrative and Finance Committee
AHM	:	Assembly of Health Ministers
ARV	:	Anti-RetroVirals
BCG	:	Bacille de Calmette et Guérin
CVA	:	Cerebrovascular accident (stroke)
DOTS	:	Directly Observed Therapy
DPTA	:	Department for Planning and Technical Assistance
DTP3	:	Diphtheria-Tetanus- Pertussis (Whooping Cough) 3
EAHF	:	East African Healthcare Federation
ECOWAS	:	Economic Community of West African States
GAVI	:	Global Alliance for Vaccines and Immunisation
GDP	:	Gross Domestic Product
GNI	:	Gross National Income
HDI	:	Human Development Index
HHA	:	Health Harmonization in Africa
HIV/AIDS	:	Human Immuno-Deficiency Virus / Acquired Immuno-Deficiency Syndrome
IHP+	:	International Health Partnership
IHR	:	International Health Regulations
IMCI	:	Integrated Management of Childhood Illnesses
IMF	:	International Monetary Fund
IPC	:	Internal Planning Committee
IPCC	:	Inter-Governmental Panel on Climate Change
MDG	:	Millennium Development Goals
MNCH	:	Maternal, Newborn and Child Health
MOU	:	Memorandum of Understanding
MSM	:	Men who have sex with men
NCD	:	Non Communicable Diseases
NTD	:	Neglected Tropical Diseases
ODA	:	Official Development Assistance
PHC	:	Primary Health Care
PPP	:	Public-Private Partnerships
RBM	:	Results-Based Management
SDG	:	Sustainable Development Goals
STIs/HIV	:	Sexually Transmitted Infections / Human Immuno-Deficiency Virus
SW	:	Sex Workers
TM	:	Traditional Medicine
TMP	:	Traditional Medicine Practitioner
UHC	:	Universal Health Coverage
UNDP	:	United Nations Development Programme
USD	:	United States of America Dollar
WAHO	:	West African Health Organization
WHO	:	World Health Organization

▶ PREFACE



The socio-economic development of our region and regional integration advocated by the Founding Fathers of the Economic Community of West African States (ECOWAS) are largely based on an essential pillar that is “A healthy population”. Health depends largely on the level of functioning of our health systems and should be given a special attention for it to be able to prevent disease, restore health and contribute towards a state of complete well-being for all ECOWAS citizens. This is why the West African Health Organization (WAHO) was established by the Heads of State and Government to contribute to achieving this goal.

Since its inception, a first strategic plan (2003 - 2007) followed by a second one (2009 - 2013) have been developed, implemented and evaluated. The evaluation of the second strategic plan clearly revealed that some progress has been made in areas such as harmonization of health policies, legislation and standards; traditional medicine; epidemics management; and development of human resources to name the most significant.

However, despite these welcome developments, the region is faced with under the twin burden of communicable diseases and non-communicable diseases. Child and maternal mortality still remains very high. This situation highlights important gaps that the region must endeavour

to fill in areas as diverse as disease control and response to epidemics, malnutrition and nutritional deficiencies, enhanced hygiene and sanitation, access to quality medicines and vaccines and finally health sector financing.

Therefore, this 2016 – 2020 Strategic Plan of WAHO, which is consistent with the Community Strategic Plan reflects our vision for the health of our region by 2020. The underpinning objective of the developed plan is to find solutions to various health priority issues and above all contribute to reduced prevalence of certain diseases in mothers and children. It will serve as a reference framework for all synergistic health interventions and as the basis for the development and implementation of annual operational plans. The plan is indeed also intended to serve as guidance and integration instrument for all interventions of our technical and financial partners.

The plan focuses on three strategic goals and 13 priority programmes.

After the long process leading to the adoption of the plan, I would like to thank all those who, directly or indirectly, contributed to this work. My thanks go in particular to the Heads of State and Government, the Council of Ministers, the Assembly of Health Ministers, and the ECOWAS Commission for their continued support to WAHO for it to truly play its role as the regional health leader.

My thanks also go to the technical and financial partners and the various departments of WAHO for their significant contributions to this work.

Convinced that the implementation of this plan will improve the health indicators, health status of the populations of member States and of the region and strengthen regional integration, I hereby urge all health actors in the ECOWAS region to take ownership of this plan, to be inspired by it and to actively contribute to its implementation.

Dr. Xavier CRESPIN
WAHO Director General,



▶ EXECUTIVE SUMMARY

The ECOWAS Community has just developed a Strategic Framework for 2016-2020 in a bid to harmonize the contributions of various agencies and institutions towards the attainment of the new vision of an ECOWAS of peoples by 2020.

Actions in the field of health are enshrined in the Social Development Programme of the Community and designed to ensure the health of the population in the region. Under the contribution of health to regional integration, one can mention that the free movement of health professionals thanks to mutual recognition of diplomas and qualifications can help compensate for the shortage of human resources for health in some countries. Similarly medicines registration harmonization can help the pharmaceutical industries of various countries to benefit from a broader regional market. In addition, countries, through health cooperation, can promote regional health institutions for the training of human resources, research for health including the discovery of new vaccines, high-tech health care delivery to significantly reduce medical evacuations and other specialized consultations whose cost is too high for the region.

The 2016 – 2020 Strategic Plan, developed with the participation of Member States, the ECOWAS Commission, as well as Technical and Financial Partners, is part of the operationalization of the Community Strategic Framework.

It sets out the strategic guidelines and operational framework of the West African Health Organization for 2016 – 2020.

This Strategic Plan is developed in a context marked by a regional demographics resulting in a life expectancy at birth of 57 years, a total fertility rate of 5 children per woman, an annual rate of population growth of 2.7% and an urbanization rate of 44%¹. At the global level, over the 2016 – 2020 period, the ECOWAS region is expected to welcome an additional population of about forty-eight (48) million. This demographic trend is in addition to environmental concerns, including impacts of climate change with rising temperature and frequent floods. This situation has consequences on the persistence of some endemo-epidemic diseases such as meningitis, measles, malaria, emergence and resurgence of other diseases as well as food and nutritional insecurity.

The health situation is fraught with high morbidity and mortality rates, despite the progress recorded in maternal and child health in most ECOWAS Member States. On the epidemiological front the main causes of morbidity and mortality are malaria, tuberculosis, acute respiratory infections, diarrhoeic diseases, intestinal parasitosis, malnutrition, HIV/AIDS, eye conditions. This cause also includes non-communicable diseases such as high blood pressure, cerebrovascular accident (stroke) and ischaemic heart disease. Similarly, the region records annually recurring outbreaks of meningitis, cholera, yellow fever, measles and Lassa fever.

The performance of the region's health system is frustrated by many constraints ranging from governance issues, inadequate funding, lack of qualified and motivated staff and the short supply of medical products, to poor cooperation between Member States in the control and containment of cross-border epidemics.

¹ Population Reference Bureau -2014- World Population Data Sheet



Furthermore, challenges to address during the period of the Strategic Plan include the free movement of health resources among Member States, implementation of declarations on increased health budgets and disease control, flow of health information, involvement of communities and the private sector in providing health care to the people, poor coordination of partner interventions and improved health cooperation between Member States.

This Strategic Plan is being developed in a context of the post 2015 agenda and the existence of various strategies and initiatives including, the Sustainable Development Goals (SDGs) for 2030, the UN Secretary General's Global Strategy for Women's and Children's Health, the consensus on Universal Health Coverage (UHC) with Resolution A/67/L.36 of the United Nations General Assembly, the Abuja Declaration of 2001 by the Authority of Heads of State and Government on the will to increase budgetary allocations to health up to 15% of the total budget, the Declaration of the Conference of Health Ministers of the African Union held in April 2007 in Johannesburg on strengthening health systems for equity and development in Africa; the Resolutions of the WHO/ Afro Regional Committee and the World Health Assembly.

Taking cognizance of the items presented above, the mission, vision and objectives of WAHO, the 2016 – 2020 Strategic Plan is based on three (3) strategic goals and thirteen (13) priority programmes, namely :

Goal - 1: Promotion of priority health policies and programmes in the region

This goal comprises the following ten (10) priority programmes:

1. Health Information and Research for Health;
2. Disease control;
3. Epidemics and health emergencies;
4. Health Promotion;
5. Medicines, vaccines and other health products
6. Traditional Medicine;
7. Mother, child, adolescent, youth and older people's health;
8. Health infrastructure and equipment;
9. Health system governance
10. Human resources for health

Goal - 2: Strengthening strategic partnerships for health

This goal embraces two (02) priority programmes:

1. Technical assistance to Member States;
2. Technical and Financial Cooperation and policy harmonization.

Goal - 3: Building the institutional capacity of WAHO

This goal consists of the following priority programme:

1. Institutional capacity building of WAHO



Expected outcomes of the implementation of the Strategic Plan are as follows:

Outcome 1: Quality information on health is available throughout the ECOWAS region, easily accessible and utilized in planning and decision making.

Outcome 2: The prevalence of communicable and non-communicable diseases reduced.

Outcome 3: The capacities of countries and the region in the matter of preparedness and response strengthened.

Outcome 4: Health promotion interventions systematically integrated into development policies and health systems

Outcome 5: Access to essential medicines, vaccines and other health products improved

Outcome 6: Integration of Traditional Medicine in national health systems promoted

Outcome 7: Maternal, neonatal, infant, adolescent, juvenile and older people's health improved within the ECOWAS region

Outcome 8: Availability and quality of health infrastructures and equipment improved.

Outcome 9: Governance of the health system improved.

Outcome 10: Quality human resources for health available and utilized in the ECOWAS region.

Outcome 11: Coordinated technical assistance and meeting national and regional priorities

Outcome 12: Coordination of interventions improved and regional policies, norms and legislation implemented

Outcome 13: Institutional capacities of WAHO strengthened

The Strategic Plan will be implemented based on a developed five-year operational plan, and annual operational plans.

In addition to the annual implementation reports, mid-term and final evaluations of the implementation of the strategic plan will be conducted. The Implementation Framework of the Plan includes the institutional framework for planning, monitoring and evaluation mechanism and coordination mechanism.

Strategic Plan Financing

The combined cost the Strategic Plan is estimated at three hundred and twenty-three million five hundred and forty one thousand eight hundred and seventy-seven (323,541,877) US dollars, of which two hundred and twenty-nine million two hundred and sixty thousand three hundred and seventy-two (229,260,372) US dollars, that is 71% are to be mobilized. The balance is available thanks to financing agreements being executed with financial partners.



▶ INTRODUCTION

The 2016 – 2020 Strategic Plan of the West African Health Organization (WAHO) has been developed based on an evaluation of the second strategic plan (2009-2013), the ECOWAS Community Strategic Framework (CSF) and the current health situation in the region, which is characterized by high rates of morbidity and mortality. Although some progress has been made in improving maternal and infant health in most of the ECOWAS Member States, very few countries were able to attain MDGs 4 and 5. In addition, the health systems remain fragile, with very weak mechanisms for sharing health information and for performance monitoring, and there is a high prevalence of infectious diseases and chronic non-communicable diseases, as well as the continued recurrence of epidemics.

Specifically, the activities to be conducted by WAHO are based on the Community Social Development Programme and are aimed at ensuring improved health for the region's populations, as a key ingredient for economic development and regional integration. Indeed, a healthy population is a source of productivity and of production, and therefore of increased wealth creation. On the other hand, epidemics can compromise every effort made by ECOWAS to promote free movement of persons and goods, thereby jeopardizing the whole concept of regional integration.

The methodology used in developing this Plan was participatory and involved the following stages:

- WAHO's participation in the development of the ECOWAS Community Strategic Framework (CSF) through the Strategic Planning Coordination Committee;
- Establishment of an Internal Planning Committee (IPC) to lead the process;
- Compilation of the health priorities of the Member States through a questionnaire and interviews conducted in eight (8) countries (Burkina Faso, Côte d'Ivoire, Gambia, Guinea-Bissau, Niger, Nigeria, Senegal and Sierra Leone);
- Compilation of regional priorities through a questionnaire and interviews conducted with some major Partners of ECOWAS and WAHO;
- Consideration of the conclusions and recommendations of the final evaluation (internal and external) of the 2009 – 2013 Strategic Plan;
- Contributions of all the Technical Departments of WAHO;
- Contributions from Member States and Partners to the first draft of the 2016 – 2020 Strategic Plan;
- Organization of a regional technical validation workshop which brought together representatives of the ECOWAS Commission, Director Generals of Health, Directors of Planning of the Ministries of Health, WAHO Liaison Officers and Technical and Financial Partners;
- Adoption of the Strategic Plan by the Assembly of ECOWAS Health Ministers;
- Approval of the Strategic Plan by the ECOWAS Council of Ministers and by the Authority of the Heads of State and Government.

The Strategic Plan consists of three (3) strategic goals and thirteen (13) priority programmes, namely:

Goal - 1: Promotion of priority health policies and programmes in the region

This goal comprises of ten (10) priority programmes:



1. Health Information and Research for Health;
2. Disease control;
3. Epidemics and health emergencies;
4. Health Promotion;
5. Medicines, vaccines and other health products;
6. Traditional Medicine;
7. Maternal, child, adolescent youth and older people's health;
8. Health infrastructure and equipment;
9. Health system governance;
10. Human resources for health.

Goal - 2: Strengthening strategic partnerships for health

This goal consists of two (2) priority programmes:

11. Technical assistance to Member States;
12. Strategic partnerships and policy harmonization.

Goal - 3: Building the institutional capacity of WAHO

This goal consists of only one (1) priority programme:

13. Institutional capacity building.



I. BACKGROUND AND JUSTIFICATION

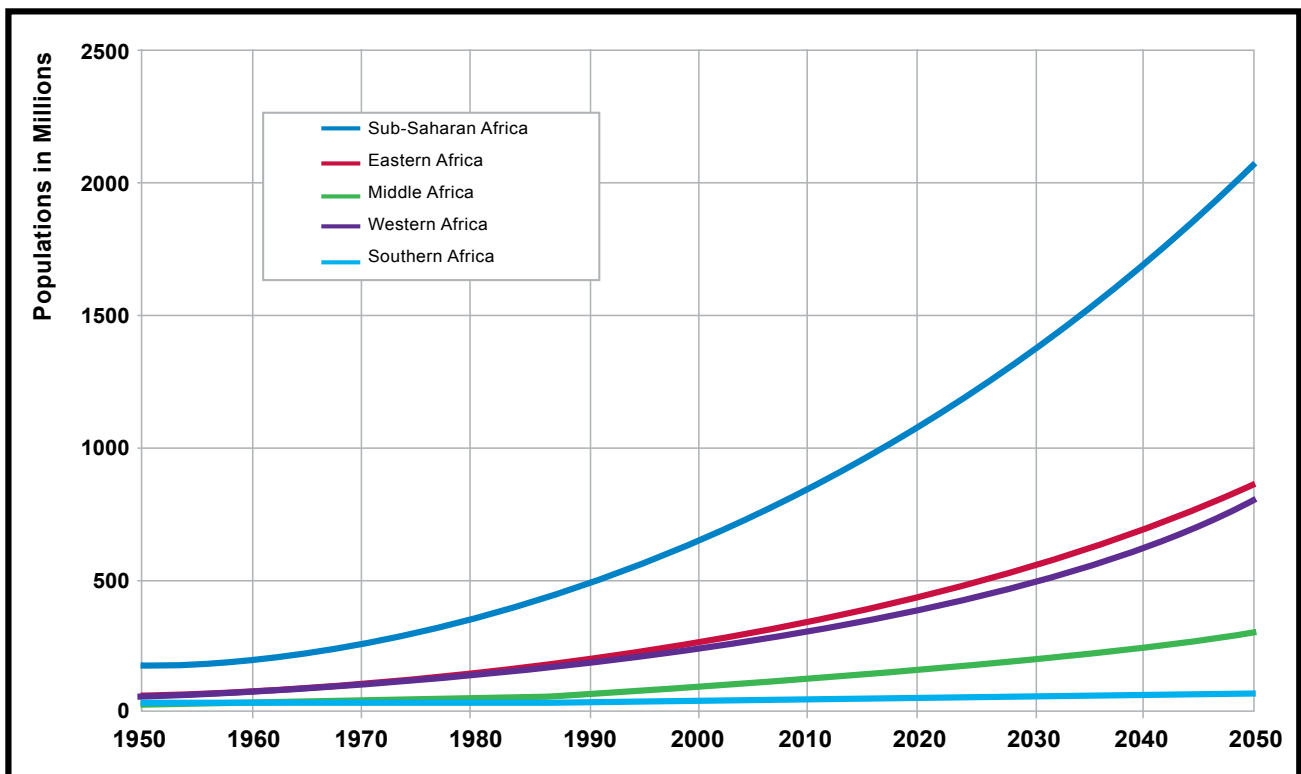
I.1. Socio-economic characteristics of the ECOWAS region

Established on 28 May 1975, the Economic Community of West African States (ECOWAS) is one of the African Regional Economic Communities (REC). It occupies a geographic space of about 5,079,400 km², consisting of fifteen (15) Member States: Benin, Burkina Faso, Cabo Verde, Côte d'Ivoire, The Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone and Togo. The ECOWAS region has English, French and Portuguese as the three working languages.

The mission of ECOWAS is to promote cooperation and development in all fields of economic activity, abolish restrictions on trade and the free movement of persons, goods and services and to harmonize regional policies.

In 2014, the ECOWAS population was estimated at about three hundred and thirty-five (335) million inhabitants, with an annual growth rate of 2.7%. At this rate, the region's population is expected to increase by about forty-eight (48) million to three hundred and eighty-three (383) million by 2020 (Fig 1).

Fig 1. Population growth in Africa per region from 1950-2050



Source: Health Systems Strengthening Strategy Working draft developed by UNICEF WCARO – Version April 2015, updated



Based on the WHO estimate of one (1) doctor per 10,000 inhabitants and one (1) nurse per 5,000 inhabitants, this additional population will require about 4,800 doctors, 9,600 nurses and a significant investment in health infrastructure.

The other characteristic feature of the ECOWAS region in 2013 are a life expectancy of 57 years, a compound fertility index of five (5) children per female and an urbanisation rate of 44%.² Moreover, each year the region faces some recurring epidemics, while health financing remains inadequate.

In 2014, the economic situation of ECOWAS was marked by a GDP growth rate of 6%. Over the period 2010-2014, the region recorded a real GDP, ranging from 8.8% in 2010 to 6% in 2014 with a lower growth rate of 5% in 2011 and 2012. Projections for 2015 and 2016 estimate a growth of 4.6% and 5.3%³ respectively. However, thirteen (13) countries of the Community recorded a low Human Development Index (HDI) ranging from 0.337 for Niger to 0.504 for Nigeria. Only Cabo Verde and Ghana recorded an average HDI of 0.636 and 0.573 respectively.⁴

With regards to the literacy levels of the population, over the period 2005 - 2012 the adult literacy rate ranged from 25.3% in Guinea to 84.9% in Cabo Verde, with eight (8) countries recording a rate lower than 50%.

Environmentally, the impact of climate change is evident in rising temperatures and increasing flooding. This has implications for the persistence of some endemic and epidemic diseases such as meningitis, measles, malaria, the emergence and resurgence of other diseases (haemorrhagic fever, etc.), as well as food and nutrition insecurity. Climate forecasts indicate that this trend will continue. According to the 2013 report of the Inter-Governmental Panel on Climate Change (IPCC): “Cumulative emissions of CO₂ largely determine global mean surface warming by the late 21st century and beyond. Most aspects of climate change will persist for many centuries even if emissions of CO₂ are stopped. This represents a substantial multi-century climate change commitment created by past, present and future emissions of CO₂.”⁵

In politics, democracy and administrative decentralization to local governments have become features in the ECOWAS Member States, resulting particularly, in the transfer of some health-related administrative tasks to local governments. This situation must be taken into account in developing strategic approaches to address to health problems.

In 2011, the net Official Development Assistance (ODA) received by countries ranged from 0.1% of the Gross National Income (GNI) in Cabo Verde and Benin to 53.6% in Liberia, with eight (8) countries recording rates lower than 7%.

Other socio-economic characteristics of the region which are of importance to health and are increasingly being used in the region are Information and Communication Technologies.

²Population Reference Bureau-2014- World Population Data Sheet

³IMF- Regional Economic Outlook 2015 - Africa –April 2015 and calculated data.

⁴PNUD: Report on Human Development - 2014

⁵GIEC: Rapport du groupe d'experts intergouvernemental sur l'évolution du climat en 2013 - résumé à l'intention des décideurs, page 27



1.2. Lessons Learned from the 2009 – 2013 Strategic Plan

The WAHO 2009 - 2013, Strategic Plan focused on issues of policy coordination/harmonization, health information, research for health, promotion of good practices, development of human resources for health, medicines and vaccines, traditional medicine and health financing.

It appears from the internal and external evaluation that overall, the programmes were well executed as originally planned. Nevertheless, results differ for each programme. Thus, some progress was made in the following areas: harmonization of regional health policies, standards and legislation; promotion of operational health research; implementation of traditional medicine policies and legislation; WAHO institutional capacity building, development of the human resource for health capacities of member states, and improved availability and access to medicines, particularly ARVs.

Other areas of the plan, which need to be consolidated, are implementation of the strategies already developed for reducing maternal and infant mortality, development of health information systems, HIV/AIDS control, surveillance and response to epidemics, control and eradication of malaria, promotion of health research, development of e-health and strengthening of the capacities for local production and supply of medicines.

In terms of weaknesses, development of the regional health policy is yet to be completed and resource mobilization remains weak.

In order to consolidate the gains made, the evaluations (internal and external) made the following recommendations:

- Harmonize and align the priorities and activities of WAHO on regional priorities, focusing more on the guiding principles of harmonization, facilitation, regulation, coordination and advocacy to contribute to the attainment of the overall results for the Community;
- Diversify sources of funding in order to improve the volume, predictability and sustainability of funding;
- Strengthen WAHO's communication policy;
- Promote cooperation with other Institutions and Specialized Agencies and strengthen regional solidarity within the ECOWAS region;
- Establish a prevention and early response system for epidemics and health emergencies and ensure the creation of a Regional "Centre for Disease Control";
- Develop a functional health information platform which provides real time reports on countries;
- Promote the local production of essential medicines within the ECOWAS region by supporting the pharmaceutical industry.

1.3. Some information on the International Context

This Strategic Plan has been developed based on the post-2015 Development Agenda and several important international obligations, strategies and initiatives, which include:

- The Sustainable Development Goal (SDG) for 2030 targetting food and nutrition, health and well-being, water, hygiene and sanitation and gender balance;



- The Global Technical Strategy for Malaria 2016–2030;
- The Global Strategy on Maternal, Infant and and Young Child Nutrition, 2012-2025;
- SENDAI Framework for Disaster Risk Reduction 2015- 2030;
- Global Strategy for Women’s, Children’s and Adolescent’s Health 2016-2030
- The consensus on Universal Health Coverage (UHC) with Resolution A/67/L.36 of the United Nations General Assembly, of 6 December 2012;
- The Abuja Declaration of 2001 by the Authority of Heads of State to increase budgetary allocations to health by 15% of the total budget;
- The Lusaka Declaration of the summit of Heads of State and Government declaring 2001-2010 as the decade of African Traditional Medicine, renewed for 2011-2020 as the second Decade; the World Health Assembly Resolution WHA/67.18 on the new Global Strategy of Traditional Medicine 2014-2023;
- The Declaration of the Conference of Health Ministers of the African Union held in April 2007 in Johannesburg on strengthening health systems in Africa for equity and development;
- Scaling up the “programme” approach in the health sector to promote greater efficiency in the use of Official Development Assistance (ODA) resources in line with the Paris Declaration of March 2005;
- The Kampala declaration of March 2008 on the development of human resources for health;
- The International Partnership for Health (IHP+);
- The Health Harmonization in Africa (HHA) Initiative;
- The Global Alliance for Vaccines and Immunization (GAVI) Financing;
- The Fund for affordable medicines ;
- The 90–90–90 initiative for HIV/AIDS control;
- The Resolutions of the WHO Regional Committee and the World Health Assembly.

1.4. Contribution of Health to Regional Integration

Considering the contribution of health to regional integration raises the question as to whether it is in the interest of the Regional Economic Community to invest in health. To answer this question requires an analysis of potential negative and positive externalities that health can have in building the economic community as a whole. In this regard, ECOWAS has already undertaken some activities to move towards the Economic Union of West Africa. Thus, the free movement of persons and goods has been facilitated with the abolition of visas, construction of communication infrastructure, harmonization of documents for transportation and travel, among others.

However, the recent outbreak of the Ebola Virus Disease led to travel restrictions on some Member States with the closure of some borders, which interrupted commercial and tourist activities within the region and with the rest of the world. These restrictions brought into question the issue of the survival and sustainability of regional integration itself. An estimated loss of revenue and income due to this epidemic will certainly help decision makers of the Community.

A quantitative estimate of the shortfall caused by the epidemic would certainly help decision makers of the Community to appreciate the importance of investing in health.



How do we prevent health problems, and in particular epidemics, from compromising all the efforts made by the Community to promote regional integration? In terms of the positive contribution health can make to regional integration, several elements can be developed. For example, it can be mentioned that the free movement of health professionals through the reciprocal recognition of diplomas and qualifications can help address the human resource for health shortage in some countries by recruiting citizens from countries with surplus health workforce. Similarly, medicines registration harmonization can help the pharmaceutical industries of the member states to benefit from a larger regional market. In addition, since regional integration helps to pool resources, countries can promote regional health institutions for the training of human resources, research for health including the discovery of new vaccines, health care delivery using high technology to significantly reduce medical evacuations and other specialized consultations that are too expensive in the region. For example, it is estimated that every year, 25,000 to 30,000 Nigerians travel abroad for treatments at a total cost of about 0.9 billion US dollars. Regarding regional health institutions, some initiatives are already underway, such as the recent decision of the Heads of State and Government to create the Regional Centre for Disease Prevention and Control based in Nigeria.

Economically, it has been shown that a healthy population is a source of higher productivity and production, thus creating more wealth for the country and the wider community. Health also helps to ensure a balance between population and development.

Finally, analysis of the Community Strategic Framework 2016-2020 shows that health interventions will contribute to the achievement of the three (03) major goals below:

Goal 1: Socio-economic development through Theme 2 relating to social development which prescribes the importance of a population in good health;

Goal 2: Economic and monetary integration through Theme 4 relating to the integration of the labour market, including the component on health professionals;

Goal 3: Cohesion and political participation through Theme 4 relating to human rights and the rights of minorities, an integral part of human rights recognized by the constitutions of the different ECOWAS Member States.

Thus, it can be reasonably concluded that health contributes in many ways to regional economic integration and the attainment of community goals, and therefore deserves consistent investment of community resources.



II. ABOUT WAHO

II.1. Mission

As a Specialized Institution of the Economic Community of West African States (ECOWAS) responsible for health issues, the West African Health Organization was created by Protocol A/P2/7/87 of 9 July 1987 signed in Abuja by the Heads of State and Government. WAHO's Headquarters is located in Bobo-Dioulasso in Burkina Faso. Article III of the Protocol establishing WAHO stipulates that "the objective of the West African Health Organization shall be the attainment of the highest possible standard and protection of health of the peoples in the sub-region through the harmonization of the policies of the Member States, pooling of resources, and cooperation with one another and with others for a collective and strategic combat against the health problems of the sub-region».

Thus, by its founding protocol, WAHO is entrusted with a political mandate by the Heads of State and Government to ensure coordination of regional health interventions within the ECOWAS region.

II.2. Vision

As part of the overall vision of the Community to move from ECOWAS of States to ECOWAS of peoples in 2020, WAHO's Vision is to be recognized by the Member States and the International Community as a proactive instrument of regional health integration that enables high-impact and cost-effective interventions and programmes.

II.3. Objectives

The overall objective of WAHO is, together with the other Community Institutions, to contribute to the attainment of the ideal of the creation of an Economic Union of West Africa, in accordance with Article 3 of the Revised ECOWAS Treaty.

Specifically, the main objectives of WAHO are those described in its founding protocol, namely:

- Promote research into the major endemic diseases in the region and undertake activities aimed at controlling these diseases and their eradication;
- Promote the training of medical specialists and of paramedical personnel and where necessary support the training of future medical graduates ;
- Collect and disseminate technical information, epidemiological and others related to health research and training in Member States;
- Assist in the establishment of technical information centres in Member States;
- Promote and harmonize the establishment of laboratories for the production of vaccines, medicines manufacturing and quality control in the region;
- Encourage cooperation in the control and eradication of drug dependency and abuse in the region;
- Promote exchange of personnel and health technologies among Member States;
- Provide advice on all health related aspects of development projects to Member States;
- Support the strengthening of health services and infrastructures of Member States;
- Provide assistance to Member States to resolve health problems in the event of emergencies following natural disasters;



- Collaborate with sub-regional, regional and international organizations to address health problems in the region;
- Promote cooperation between scientists and professionals groups contributing to health development;
- Propose conventions, agreements, regulations and recommendations on regional health issues and undertake tasks entrusted to the Organization in this regard.

II.3. WAHO's decision making bodies

For the implementation of its mission, WAHO has the following decision-making bodies:

- The Authority of Heads of State and Government of ECOWAS, the Supreme Decision-making Body;
- The Council of ECOWAS Ministers, comprising of the Ministers of Regional Integration, Finance and Planning, the Body which takes decisions for the approval of the Authority;
- The Assembly of Health Ministers, which brings together the fifteen (15) Ministers of Health, the Body responsible for health issues at the technical level.

II.4. Comparative Advantages

Deriving its authority from the Heads of State and Government, WAHO has the following comparative advantages:

- Political mandate;
- Existence of a direct line of communication with the political decision-makers of Member States;
- Capacity to propose to Member States for adoption conventions, agreements and regulations expected to regulate some precise aspects of health in the region;
- Ability to advocate at the highest level for the adoption and implementation by Member States of resolutions relating to health approved at the international level;
- Capacity to facilitate the ratification of agreements and other conventions relating to health among Member States and Strategic Partners;
- Ability to facilitate exchange of resources between countries, and to harmonize health policies,
- Ability to collect, manage and disseminate health information specific to West Africa to guide future health interventions;
- Ability to promote health interventions that specifically address the needs of West African countries;
- Ability to leverage on its membership of ECOWAS to mobilize resources.



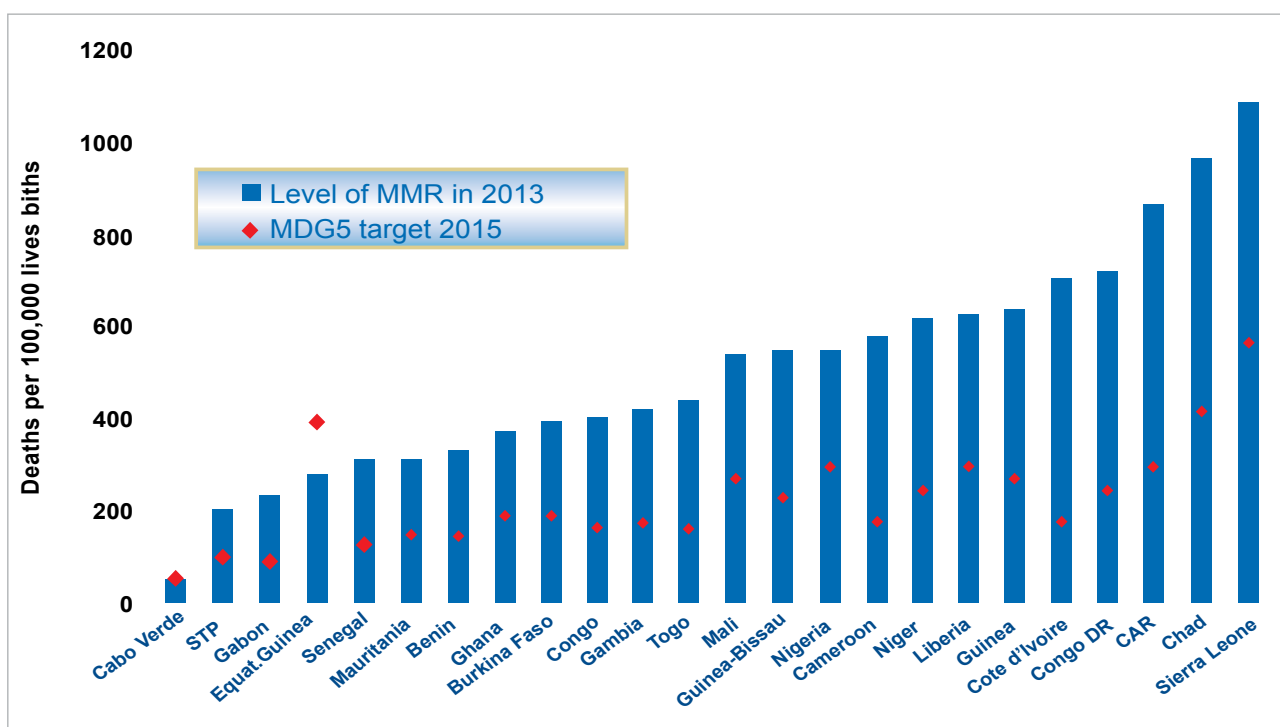
III. REGIONAL HEALTH SITUATION

III.1. General Overview of the Health Situation

In general terms, in 2013, the health situation in the ECOWAS region was marked by a life expectancy at birth ranging from 45 years in Sierra Leone to 75 years in Cabo Verde, giving an average of 57 years for the entire region. Infant mortality rates ranged from 24‰ in Cabo Verde to 94‰ in Guinea-Bissau, and mortality among children under five (5) years varied from 22‰ in Cabo Verde to 182‰⁷ in Sierra Leone. These two indicators at the regional are estimated to be 63‰ and 98‰ respectively. The maternal mortality ratio was reported to be 510 deaths per 100,000 live births for the ECOWAS region, with a variation of 79 deaths per 100 000 live births in Cape Verde, to 890 deaths per 100,000 live births in Sierra Leone. The average for Africa is 339 deaths per 100,000 live births.

In addition, adult (persons aged between 15 and 60 years) mortality rate in 2011, was between 184‰ in Cabo Verde and 448 ‰ in Sierra Leone, making an average rate of 310‰ for ECOWAS.

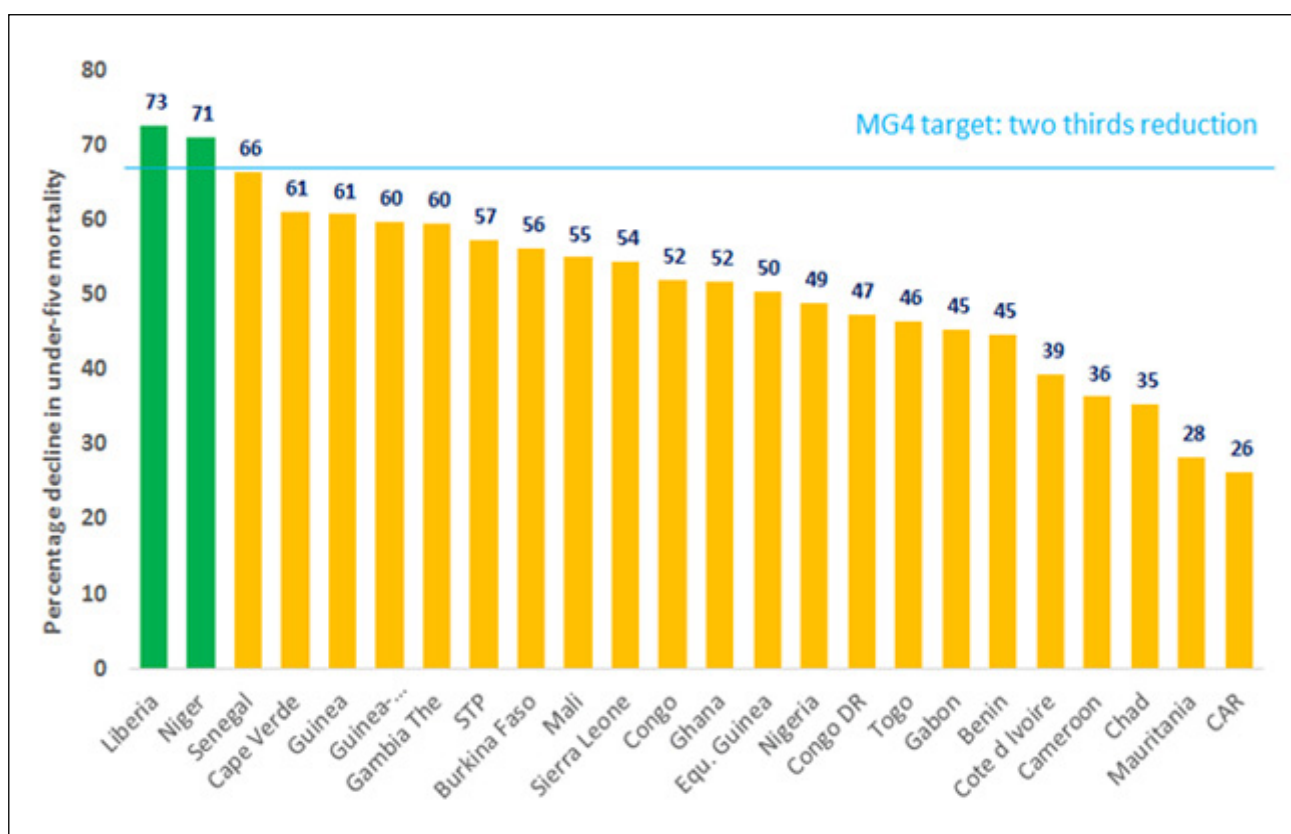
Fig 2: Levels of Maternal Mortality Ratio in 2013 and 2015 target per countries in West and Central Africa



Source: Health Systems Strengthening Strategy Working draft developed by UNICEF WCARO – Version April 2015, updated

Some progress were made in maternal and infant health, HIV/AIDS control, malaria and Tuberculosis. According to the 2014 MDG report, child mortality rate fell from 177 per thousand to 98 per thousand in sub-Saharan Africa (a decrease of about 50%), while the maternal mortality rate decreased from 990 to 510 per 100,000 live births (a decrease of 45%) between 1990 and 2013.

⁷Atlas of African Health Statistics 2014 – Health Situation Analysis of the African Region, WHO

Fig.3. % decline in under-five mortality rate by countries in West and Central Africa, 1990-2015


Source: Health Systems Strengthening Strategy Working draft developed by UNICEF WCARO – Version April 2015, updated

Regarding vaccinations, immunization coverage increased sharply between 1990 and 2013. Coverage rates reached over 80% of the population in 2012, with an even larger increase for vaccines against measles, poliomyelitis, tetanus, BCG and DTC3.

From an epidemiological point of view, the main causes of mortality and morbidity are malaria, Tuberculosis, acute respiratory infections, diarrhoeic diseases, intestinal parasitosis, malnutrition, HIV/AIDS, eye disorders, meningitis, cholera, yellow fever and measles.⁸

Malaria is the primary cause of consultation in the ECOWAS region (except for Cabo Verde) with an incidence rate of over 27,000 cases per 100,000 inhabitants as against an average of 21,000 cases in Africa and 4,000 cases per 100,000 inhabitants worldwide in 2010. However there was a notable reduction in the disease. For example, a recent WHO report indicates that the malaria mortality rates fell by 54% in Africa, where about 80% of all malaria cases occur. The five (5) main countries where malaria carries a high burden of disease in the region are Nigeria, Ghana, Burkina Faso, Côte d'Ivoire and Niger.⁹

Acute respiratory infections mainly affect children under five years, and are the second cause of consultations in ECOWAS countries. They represent in 2011, between 35% in Côte d'Ivoire and 74% in Sierra Leone and are one of the major causes of death in general (3%) and of death in children (17%).

⁸ WAHO : Annual Activity Report

⁹ Atlas of African Health Statistics 2014 – Health Situation Analysis of the African Region, WHO



Diarrhoeal diseases are a frequent cause of pediatric consultations. According to the WHO, they were the fourth cause of death (11%) among children under 5 years in Africa in 2010. The mortality rate due to other diarrhoeal diseases was 16% in West Africa.¹⁰

Intestinal parasitoses are also very common as they cause more than 15% of consultations among the general population and affect children under 10 years.

HIV/AIDS prevalence in the region has stabilised in the general population since 2010. In 2011, it was estimated at 1.7% among adults aged 15 to 45 years. The prevalence rate is above 2% in Nigeria, in Togo and in Côte d'Ivoire. In 2013, there were 4,533,500 people were living with the disease in the ECOWAS region, with only 47% receiving anti-retroviral (ARV) treatment, well below the African average of 57%. In addition, there were pockets of high prevalence rates within certain key at-risk populations, in particular Sex Workers (SW) and men who have sex with men (MSM). Mortality rates due to HIV/AIDS vary from 1 to 50% in most ECOWAS countries.

Tuberculosis is still widespread and the annual risk of infection is 178 cases per 100,000 population in the ECOWAS region. This risk varies from 54/100,000 population in Burkina Faso to 674/100,000 population in Sierra Leone. The cure rate of tuberculosis in the region is on average 82%.

In addition, every year the ECOWAS countries are confronted with epidemics including meningitis, cholera, yellow fever, measles, Lassa fever and a communicable diseases which alone accounts for over 55% of deaths. It is also worth noting the emergence in 2009 of Dengue fever in Cabo Verde and of the Ebola Virus Disease since 2014, which affected six (6) countries within ECOWAS (Guinea, Liberia, Sierra Leone, Nigeria, Senegal, Mali) with over 27,000 cases and more than 11,000 deaths. Between 2009 and 2014, there was an increase in the number of countries reporting cases of epidemic-prone diseases.

The other causes of morbidity and mortality are non communicable diseases and malnutrition. Indeed, non-communicable diseases such as high blood pressure, cerebrovascular accidents and ischaemic cardiac diseases are among the top ten causes of death in most of the countries in the region. In many cities in West Africa, the prevalence rate of high blood pressure among adults is over 30%. The prevalence rate of diabetes is alarming, reaching 18% among workers in Dakar. Moreover, neglected tropical diseases (NTDs) are still common in many countries and hinder the socio-economic development of the affected communities. The most common NTDs in West Africa are leprosy, lymphatic filariasis, schistosomiasis, soil-transmitted helminthiasis, trachoma, trypanosomiasis, Buruli ulcer, and Guinea worm (dracunculiasis). In addition, diseases such as bucco-dental disorders, otho-rhino-pharyngitis and mental disturbances, also exist.

Nutrition remains both a global and regional health concern. In fact, malnutrition is a major problem in the ECOWAS region, where over 50% of deaths of children under five years are attributable to undernutrition. The prevalence of wasting is between 2.8% in Liberia and 18.7 % in Niger. The practice of exclusive breast feeding is quite variable, ranging from 12% in Côte d'Ivoire and 67% in Guinea-Bissau. In addition, studies conducted by WAHO and its Partners (Sodjonou et al, 2013) showed a low capacity for training and nutrition interventions in ECOWAS countries, calling the strengthening of nutrition capacity in countries.

Health care delivery is provided by the public and private sectors. But, among rural populations in particular, the first line of health care continues to be Traditional Medicine, which practically all ECOWAS countries are making efforts to better organize. The public sector faces several challenges, in particular weak governance (in terms of management and maintenance of existing

health infrastructure, organization of referral and counter-referral systems, judicious allocation and utilization of financial resources, etc.), limited water and energy supply, inadequate biomedical equipment, and poor maintenance culture. On its part, the private sector plays an increasingly major role in overall health care delivery. For example in 2011, it provided over 60% of health care delivery in Nigeria, 40% in Côte d'Ivoire and 60% in Benin. This sector makes a very large contribution to the production, supply and distribution of pharmaceutical products. Nevertheless the private health sector encounters enormous difficulties in its development such as the failure of governments and partners to recognize its role and its potentials, the constraints of the regulatory environment, difficulties in accessing credit and the weak internal organization of the sector.

With regards to Traditional Medicine, 70-80% of the population of the ECOWAS Member States use it. However, traditional medicine is not properly organized in many countries of the region. Statistics on the number of traditional healers are unreliable and many of them work in the informal sector. In terms of the demand for care, countries are showing commitment to achieving Universal Health Coverage (UHC) through the introduction of Universal Disease Coverage (UDC), social health insurance, community health insurance, subsidised care, free medical care, etc. The main challenge at this level is the scaling up of the different ongoing experiences.

Moreover, West Africa, particularly the Sahel is one of the regions most exposed to the consequences of climate change. Flooding and drought are very frequent with an impact on health systems, the health of the populations, and therefore on the demand for health services.

The other challenges confronting the region include:

- Inequitable distribution of health services;
- Lack of access to medicines for some sectors of the population;
- Proliferation of counterfeit medicines;
- Weakness of health information system and of health research;
- Skewed distribution of qualified health workers at all levels and particularly at the district;
- Growing unemployment of health workers in many countries leading among others to brain drain;
- Lack of harmonization of the nomenclature of health facilities, employment package and standards of personnel and equipment;
- Inadequate cooperation among ECOWAS Member States;
- Weak public private partnerships (PPP) in the health sector.

Moreover, one of the essential characteristics of the health situation in the ECOWAS region is the lack of coordination of partner interventions at national and regional levels.

Finally, over the last few decades the health sector has faced difficulties in resource mobilization despite a clear demonstration of political will. Health financing remains generally inadequate in ECOWAS even though some progress has been made. In 2010, health expenditure ranged from 8 to 77 USD per capita as against the minimum of 40 USD recommended by the WHO. Most countries have not met the recommendation to allocate 15% of the national budget to the health sector. Furthermore, some major health-related issues such as nutrition, hygiene and sanitation are funded by contributions from external partners. This shows the importance of continuing efforts for the effective implementation of the Abuja Declaration of Heads of State and Government. The contributions of the populations remain high (on average 43% of direct expenditure is borne by households), and for some social groups this is an extremely heavy burden, hence the need to support ongoing efforts in the Member States to scale up UHC.



▶ IV. DEFINITION OF PRIORITY INTERVENTIONS OF THE STRATEGIC PLAN

Given the current level of maternal and child mortality ratios, the recurrence of epidemics and other communicable diseases, the increasing prevalence of non-communicable diseases, difficulties accessing essential medicines and inadequate coordination of health interventions and of financing of the health sector, the priority interventions of the Strategic Plan are as follows:

- Improvement in maternal, infant, adolescent and youth health;
- Older people's health;
- Control of communicable diseases, non-communicable diseases and neglected tropical diseases;
- Control of malnutrition and nutritional deficiencies;
- Control of epidemics and management of health emergencies;
- Improvement in life style and in particular hygiene and sanitation;
- Research for health;
- Health information;
- Improvement in availability and access to medicines and vaccines;
- Strengthening Traditional Medicine;
- Strengthening health infrastructure and equipment and their maintenance;
- Development of human resources for health;
- Harmonization of policies, legislation and standards;
- Coordination of health interventions;
- Strengthening strategic partnerships and financial resource mobilization;
- Improvement in access to finance for quality healthcare and services.

▶ V. STRATEGIC FRAMEWORK

V.1. Objectives of the Plan

The principal objective of the Plan is to contribute to the reduction of mortality and morbidity associated with the main diseases and other health problems in the ECOWAS region. The Plan also aims to promote partnerships for resource mobilization, harmonization of regional interventions and building WAHO's capacity to play its leadership role in health in the ECOWAS region.

V.2. Strategic Goals

Considering the priority interventions mentioned above, three (3) strategic goals and thirteen (13) priority programmes have been defined:

Strategic Goal 1: Promotion of priority health policies and programmes in the region, which consists of ten (10) priority programmes:



- Health Information and Research for Health;
- Disease control;
- Epidemics and health emergencies;
- Health Promotion;
- Medicines, vaccines and other health products;
- Traditional Medicine;
- Maternal, infant, adolescent , juvenile, and older people’s health;
- Health infrastructure and equipment;
- Health system governance;
- Human resources for health.

Strategic Goal 2: Strengthening strategic partnerships for health which comprises of two (2) priority programmes:

- Technical assistance to Member States;
- Technical and financial partnerships and policy harmonization.

Strategic Goal 3: Building the institutional capacity of WAHO which consists of one priority programme:

- Institutional capacity of WAHO.

V.3. Priority Programmes

Priority Programme 1: Health Information and Research for Health

Background

During the implementation of the second strategic plan, the programmes health information and research made gains, which included the adoption of a regional policy and strategies for health information, development of a platform for health information sharing and management, networking of several health documentation centres and libraries within ECOWAS as well as some research institutions. In addition, WAHO supported the establishment of a regional scientific journal, improvement of research management, training in research and funding of research projects. Despite these achievements, some shortfalls were noted. These include:

- Inconsistent use of the existing platform for health information, delays in the transmission of epidemiological surveillance and routine information, the low capacity of production and timely dissemination of the epidemiological profiles (health bulletins and directories);
- Lack of research policies and strategies in some countries, weak capacity of ethics committees and research institutions, inadequate research financing, low utilisation of research results and weak coordination of research activities;
- Absence of documentation management policy, and lack qualified human resources.



Problem Statement

The inadequate production and management of health information, of research and documentation hinder planning and decision making.

Programme Objective

Improve the production, dissemination and utilization of health information and research within the ECOWAS region.

Programme Outcomes

Quality information on health is available, easily accessible and utilized in planning and decision making throughout the ECOWAS region.

Programme Components

- Health Information;
- Health research;
- Documentation.

Specific Objectives

- Strengthen production of health information;
- Promote the dissemination, sharing and utilisation of health information;
- Strengthen the research capacities of the countries.

Major Interventions

- Development of strategic documents for health information and research;
- Strengthening the capacities of National Health Information Systems, National Research Systems and Documentation Services;
- Development of mechanisms for regular dissemination and utilization of knowledge, evidence and information in health.

Intermediate Outcomes

- Policies, legislation and strategic plans (health information, research and documentation) developed;
- Capacities of countries and WAHO in health information, research and documentation strengthened;
- Regional platform in health information functional and utilised.

Priority Programme 2: Disease Control

Background

The epidemiological profile of the region is marked by persist communicable diseases including neglected tropical diseases, increasing prevalence of non-communicable diseases and problems of nutrition. Among the communicable diseases, malaria represents the primary cause of morbidity and mortality. Tuberculosis continues to be of concern especially with the emergence of multi-resistance and co-infection tuberculosis/AIDS, which is the leading cause of death among persons living with HIV. Neglected Tropical Diseases, like trachoma, lymphatic filariasis, schistosomiasis, soil-transmitted helminthiasis, African human trypanosomiasis, and onchocerciasis are still common in the ECOWAS region. With regards to non-communicable diseases (NCD), the most common in West Africa are high blood pressure, diabetes, cerebrovascular accidents (CVA) and ischaemic heart disease. Furthermore mental and ocular disorders, road accidents and malnutrition continue to be major public health problems within the ECOWAS region.



Problem Statement

Mortality and morbidity linked to communicable and non-communicable diseases are very high in Member States with serious socio-economic consequences.

Programme Objective

Reduce the prevalence of communicable and non-communicable diseases.

Programme Outcomes

The prevalence of communicable and non-communicable diseases reduced.

Programme Components

- Control of communicable diseases;
- Control of neglected tropical diseases;
- Control of non communicable diseases;
- Control of nutritional imbalances;

Specific Objectives

- Attain the epidemiological threshold for the pre-elimination of malaria;
- Reinforce the DOTS (directly observed therapy) strategy in tuberculosis control;
- Improve the prevention, screening and access to HIV/AIDS treatment;
- Reduce morbidity and complications due to neglected tropical diseases;



- Reduce the principal common factors of risk modifiable in non communicable diseases;
- Reduce malnutrition prevalence;
- Build the capacities of national disease control Programmes.

Major Interventions

- Strengthening of multi-sector coordination of malaria, Tuberculosis and HIV/AIDS control in country and in the region;
- Strengthening of interventions of prevention, care and treatment of malaria, Tuberculosis and HIV, particularly among key populations;
- Development of a regional plan on non-communicable diseases;
- Development of a regional plan on Neglected Tropical Diseases;
- Development of a regional plan on nutrition.

Intermediate Outcomes

- The incidence of malaria in the region reduced;
- Cure rates of tuberculosis patients increased;
- Prevalence of HIV infection reduced;
- Prevalence of avoidable blindness reduced;
- Strategy documents on mental health updated;
- Access to treatment by populations at risk of HIV infection increased;
- Access to care for populations at risk of NTDs increased;
- Regional plan on NCDs available;
- Regional plan on NTDs available;
- Regional plan on nutrition available.

Priority Programme 3: Epidemics and other Health Emergencies

Background

The West African region is frequently affected by recurring epidemics of measles, cholera, meningitis, Lassa fever and yellow fever, and since 2014 with the the Ebola virus disease, for which the national health systems are not adequately prepared to provide an appropriate response. In addition, very often the region is faced with natural and/or man-made disasters which can engender health problems. These epidemics lead to restrictions on free movement of people and goods, with a negative impact socioeconomic development.



**Problem Statement**

The low capacity for the prevention and management of epidemics and other health emergencies accounts for numerous deaths and impedes regional integration.

Programme Objective

Build the capacities for surveillance, disease prevention, response and resilience to epidemics and emergencies.

Programme Outcomes

The capacities of countries and the region in epidemic disease surveillance, prevention, response and resilience strengthened.

Programme Components

- Prevention and surveillance of epidemic prone diseases;
- Preparation and response to epidemics and other emergencies.

Specific Objectives

- Strengthen the capacity of Member States and the region for resilience, prevention, detection, surveillance and response to epidemics and emergencies;
- Coordinate regional surveillance and response.

Major Interventions

- Establishment of the Regional Centre for Disease Prevention and Control including strengthening of the network of laboratories;
- Strengthening cross-border and inter-sectorial collaboration;
- Establishment of a regional early warning system and rapid intervention unit;
- Building the capacities of Member States for the application of International Health Regulations (IHR);
- Establishment of a regional fund for epidemic control.

Intermediate Outcomes

- Regional Centre for Disease Prevention and Control established and operational;
- Regional Rapid Intervention Unit established;
- Countries trained in the application of the IHR;
- Regional Fund for Epidemic Control established.

Priority Programme 4: Health Promotion**Background**

The health situation in the region is characterized by poor integration of the social determinants of health in development strategies and policies. The main elements are education, hygiene and basic sanitation, nutrition, communication for behavioural change, multi-sectoral collaboration, access to potable water, climate change and household incomes. In addition there is weak ownership of health programmes by communities.



Problem Statement

The low inclusion of social determinants of health limits the effectiveness of health programs.

Programme Objective

Contribute to strengthening health promotion in development policies in the Member States.

Programme Outcomes

Health promotion interventions systematically integrated into development policies and health systems

Programme Components

- Behavioural change;
- Empowerment and accountability of communities;
- Promotion of a favourable health environment;
- Promotion of multisectoral collaboration.

Specific Objectives

- Support strategies for behavioural change;
- Strengthen the process of effective and sustainable decentralization/deconcentration of health issues;
- Promote healthy life styles;
- Strengthen multisectoral collaboration.

Major Interventions

- Development of behavioural change communication;
- Development/review of policy documents that include social determinants of health;
- Supporting capacity building of local governments /communities for effective empowerment and accountability;
- Strengthening water, hygiene and sanitation programmes;
- Development multisectoral collaborative programmes.

Intermediate Outcomes

- Programmes of communication for behavioural change implemented;
- Policy documents that include social determinants of health available;
- Health integrated into regional and national development policies;
- Capacities of local governments /communities in health built;
- Programmes for water, hygiene and sanitation strengthened;
- Multisectoral collaborative programmes developed.

Priority Programme 5: Medicines, Vaccines and other Health Products

Background

Medicines are inaccessible for the majority of West Africans. This inaccessibility contributes to the persistence and spread of diseases in the ECOWAS region. Although production capacity exists in the region, most of the medicines are still imported. Furthermore, production and efficacy of medicines and vaccines depend on several factors among which are, an effective regulatory regime, enforcement of legislation, quality control, pharmacovigilance and safety, adequate application of intellectual property flexibilities, procurement and storage systems, prescription, delivery and rational use of medicines, development of capacities in specialised human resources as well as innovation, research and development.



Problem Statement

The inadequate accessibility of medicines, vaccines and other health products, limits universal health coverage in the region.

Programme Objective

Improve access to essential medicines, vaccines and other health products.

Programme Outcomes:

Access to essential medicines, vaccines and other health products improved

Programme Components

- Medicines;
- Vaccines;
- Other health products.

Specific Objectives

- Strengthen the capacities of pharmaceutical units in the region including the National Medicines Regulatory Authorities;
- Facilitate the integration of intellectual property flexibilities into national policies and legislation;
- Facilitate the development and implementation of policies for promoting innovation, research and development of pharmaceutical products;
- Improve access to quality medicines.



Major Interventions

- Supporting local pharmaceutical production;
- Strengthening the procurement and distribution chain;
- Building capacities for regulation and the regional harmonization process;
- Improving quality assurance systems;
- Strengthening strategies for controlling counterfeiting and the illicit trade in medicines and vaccines;
- Implementation of intellectual property rights on pharmaceutical products;
- Strengthening innovation, research and development of medicines, vaccines and other health products.

Intermediate Outcomes

- Regional strategy of procurement in medicines and vaccines developed;
- Regional security stock of medicines, vaccines and other health products strengthened;
- Pharmaceutical raw materials exempted from all taxes;
- Capacities of quality control laboratories improved;
- Capacities of National Pharmaceutical Regulatory Authorities strengthened;
- Centre for research in bioequivalence and biopharmacy established;
- WAHO's system for certification and pre-qualification established;
- A web site for better sharing of information on pharmaceutical data developed;
- A harmonized regional strategy for pharmacovigilance developed;
- A situational analysis of counterfeiting and illicit trade in medicines, vaccines and other health products in the region conducted.

Priority Programme 6: Traditional Medicine

Background

The products of Traditional Medicine (TM) continue to be the main source of health care for the vast majority of the population. It is for this reason that ECOWAS Member States have adopted several resolutions and declarations aimed at institutionalizing TM in their national health systems. However, weak regulatory and legislative frameworks, inadequate collaboration between practitioners of TM and conventional medicine, as well as inadequate financing continue to impede its integration into national health systems and limits its potential to contribute to the attainment of universal health coverage in the region.



**Problem Statement**

The weak regulatory and legislative regimes impede the integration of TM in national health systems and limits its potential to contribute to the attainment of universal health coverage in the region.

Programme Objective

Promote the integration of traditional medicine into national health systems.

Programme Outcomes

Integration of TM in national health systems promoted

Programme Components

- Promotion of collaboration between Traditional Medicine Practitioners TMPs and other health professionals;
- Strengthening research and development of traditional medicine products;
- Promotion of education and training for TMPs and other health professionals.

Specific Objectives

- Facilitate the integration of intellectual property rights on TM into national health policies and legislation;
- Facilitate the development and implementation of policies for promoting innovation, research and development of TM;
- Improve access to quality plant-based medicines;
- Ensure integration of TM into the curricula of health training institutions;
- Strengthen collaboration between TMPs and Conventional Medicine Practitioners.

Major Interventions

- Improving quality assurance systems for TM products;
- Development of a system for phytovigilance;
- Implementation of intellectual property rights on TM products;
- Strengthening innovation, research and development of TM products;
- Implementation of a programme on education and training in TM;
- Improving local production of medicinal plants with proven efficacy;
- Strengthening collaboration between TMPs and Conventional Medicine Practitioners.

Intermediate Outcomes

- Capacities of National Medicines Regulatory Authorities strengthened;
- Harmonized regional strategy for phytovigilance on TM products developed;
- Quality plant-based medicines available;
- Policies and programmes on TM integrated into national health systems;
- Training programmes on Traditional Medicine developed and integrated into health training curricula;
- Collaboration between TMPs and Conventional Medicine Practitioners strengthened.



Priority Programme 7: Maternal, Neonatal, Child, Adolescent, Youth and Older People's Health

Background

Despite making significant progress, the health situation of mothers and children in the region is still marked by a high mortality rates, hence the inability of the countries to achieve MDGs 4 & 5. This is why Maternal, Newborn and Child Health (MNCH) continues to be a major priority for the region. Likewise the health situation of adolescents, young and old people is not sufficiently covered in national health and development programmes.

The major causes of death among children under five are pneumonia, intrapartum complications, diarrhoea and malaria. About half of these deaths are associated with malnutrition. The main direct causes of maternal deaths are postpartum haemorrhage, pregnancy-induced hypertension, puerperal sepsis, unsafe abortions, embolism and obstructed labour. On the whole, the root causes of maternal and child deaths are weaknesses of the health systems and the lack of access to timely and quality health care.



Problem Statement

High maternal, neonatal, and infant mortality and the low consideration of the health of the youth, adolescents and the elderly in health programmes impact negatively on the socio-economic development of the region.

Programme Objective

Promote maternal, neonatal, infant, adolescent, youth and older people's health within the ECOWAS region.

Programme Outcomes

Maternal, neonatal, infant, and adolescent, youth and older people's health improved within the ECOWAS region.

Programme Components

- Maternal and neonatal health;
- Infant health;
- Adolescent and youth health;
- Older people's health;

Specific Objectives

- Contribute to the reduction of maternal and neonatal morbidity and mortality;
- Contribute to the reduction of infanto-juvenile morbidity and mortality;
- Promote adolescent and youth health;
- Promote older people's health;

Major Interventions

- Promotion of essential maternal care;
- Promotion of essential neonatal care;
- Promotion of the care of the elderly;
- Strengthening of the Integrated Management of Childhood Illnesses (IMCI);
- Support to Vaccination;
- Development of a manual for youth and adolescent health;
- Supporting the prevention of unwanted pregnancy and STIs/HIV.

Intermediate Outcomes

- Essential maternal and neonatal care promoted;
- Elderly care promoted;
- IMCI coverage increased;
- Vaccination systems of countries strengthened;
- Manual for youth and adolescent health adopted and in use by countries.

Priority Programme 8: Health Infrastructure and Equipment

Background

The health systems of the countries are now faced with enormous challenges, notably low health infrastructure coverage, inadequate and outdated medical equipment, lack of maintenance culture, insufficient qualified human resource and finance. Moreover, there is a lack of equipment and maintenance policy for the health sector in some countries in the region.



Problem Statement

Insufficient health infrastructure coverage, inadequate and outdated medical equipment and weak maintenance culture affect the quality of health service delivery.



Programme Objective

Improve the availability and quality of health infrastructure and equipment.

Programme Outcomes

Availability and quality of health infrastructure and equipment improved.

Programme Components

- Development of health infrastructure and equipment;
- Maintenance of infrastructure and equipment.

Specific Objectives

- Improve the availability of health infrastructure and equipment;
- Strengthen the maintenance culture within countries.

Major Interventions

- Promotion of maintenance of Infrastructure and Equipment;
- Strengthening public and private health infrastructure;
- Strengthening procurement, supply and distribution.

Intermediate Outcomes

- Regional programme for maintenance of biomedical equipment implemented;
- Guide for health infrastructure development revised and adapted;
- Public and private health infrastructure built or rehabilitated;
- Procurement, supply and distribution of equipments strengthened.

Priority Programme 9: Strengthen Governance of the Health System

Background

The health systems of the countries are now faced with enormous challenges including low capacity for planning, monitoring and evaluation, coordination, organization, supervision, regulation, definition of standards and health information management systems. This affects the efficient management of health services and negatively impacts the quality of service and overall performance of health systems.



Problem Statement

The weakness of the organization and management of health services limits the performance of health systems.

**Programme Objective**

Contribute to improving governance of the health systems

Programme Outcomes

Governance of the health system improved.

Components of the Programme

- Management and administration of the health system;
- Health system reforms;
- Regulation of the health sector;
- Accountability.

Specific Objectives

- Improvement of the organisation and management of the health system;
- Strengthening regulation of the health sector;
- Strengthening coordination mechanisms;
- Strengthening accountability.

Major Interventions

- Hospital reforms;
- Development of health system profile;
- Strengthening health platforms;
- Development of performance management tools;
- Development of control, audit, monitoring and evaluation mechanisms;
- Strengthening capacities in advocacy;
- Development of accreditation and certification mechanisms;
- Establishment of a system of accountability in the health systems.

Intermediate Outcomes

- Network of reference hospitals established in the region;
- Functioning and management of the reference hospitals evaluated;
- Legislative and regulatory texts of hospitals adapted and available;
- Packages of essential services and nomenclature of health facilities harmonized;
- Standards, procedures and operating standards for the accreditation and certification of health facilities implemented;
- Health system profile developed;
- A system of accountability established.

Priority Programme 10: Human Resources for Health**Background**

The human resource for health in the region is marked by the lack of skilled health workers, disparity in the regulation of health professions, lack of recognition of qualifications thereby inhibiting the process of regional integration. In addition, training institutions have their capacity limited by inadequate qualified trainers, materials and equipments as well as inadequate networking among learned societies.



The availability and quality of health care, and public and private investment in health are frustrated by the shortage of qualified health professionals. This situation is even greater in remote and underserved areas, where the majority of our populations live. The migration of health professionals to developed countries has further aggravated an already critical situation.



Problem Statement

The lack of qualified health care professionals and their poor utilization within the ECOWAS region limit the provision of quality health services and care.

Programme Objective

Facilitate the training, utilization and free movement of health professionals in the ECOWAS region.

Programme Outcomes

Quality human resources for health available and utilized in the ECOWAS region.

- **Programme Components** Training of human resources for health;
- Utilization of human resources for health.

Specific Objectives

- Promote harmonization of training curricula of health professionals;
- Develop strategies for the continuous training of health professionals;
- Develop strategies for motivation of health professionals;
- Develop strategies for inter-country mobilisation of health professionals;
- Harmonise the regulation of the practice of health professions.

Major Interventions

- Development and implementation of harmonized curricula for basic and in-service training;
- Accreditation of training institutions;
- Promotion of continuous training;
- Strengthening the structures for the regulation of health professions;
- Updating the regional action plan for the motivation and retention of health workers;
- Development of the regional plan for the development of human resources for health and supporting the countries in its implementation;
- Networking of learned societies;
- Establishment of a platform for inter-country mobilization of health professionals;
- Identification of country specialist training needs and development of a regional plan.

Intermediate Outcomes

- Curricula for basic and in-service specialised training harmonized and used;
- Status of community health workers recognized;
- Accreditation criteria of training institutions implemented;
- Continuous training modules developed and placed on line;
- Pool of regional and national trainers available;
- Language skills and competences of health professionals strengthened;
- Codes of ethics and of practice for the different health professionals harmonized and applied;
- Regional action plan for motivation and retention of health workers updated;
- Regional plan for human resource development adopted;
- Network of learned societies created or strengthened;
- Platform for inter-country mobilization of health professionals established and functioning;
- Country specialist training needs identified and a suitable regional plan developed.

Priority Programme 11: Technical Assistance to Member States

Background

The national health systems of the ECOWAS countries face difficulties such as the low capacity for the development, implementation and evaluation of strategies; shortage of qualified personnel at all levels of the health pyramid; weakness in logistics management and institutional development. As part of its mandate, WAHO has provided technical assistance to Member States in these areas. However, this is insufficient and uncoordinated.



Problem Statement

Technical assistance provided by WAHO has been insufficient and uncoordinated, and therefore has not been able to meet the needs of Member States.

Programme Objective

Contribute to the improvement of management and logistic capacities of Member States.

Programme outcomes

Coordinated technical assistance that meets national and regional priorities.

Programme Components

- Management support;
- Logistics support.



Specific Objectives

- Enhance the capacities of Member States in the development of strategic documents;
- Build the capacity of Member States to develop projects and mobilize resources;
- Build the operational capacities of Member States.

Major Interventions

- Supporting the development of strategic documents;
- Supporting resource mobilization;
- Supporting human resource developments, and provision of materials and equipment.

Intermediate Outcomes

- Strategic documents developed or updated;
- Project and programme documents developed;
- Financial resources mobilized by and for Member States;
- Human resources available to Member States;
- Medical equipment, materials, medicines, vaccines and consumables available to Member States.

Priority Programme 12: Technical and Financial Partnerships and Harmonisation of Policies

Background

One of the essential characteristics of the regional health situation is the presence of several stakeholders in countries and in the region. The lack of an effective mechanism to coordinate partner interventions in the countries and in the region, can impair the use of resources by the various stakeholders in finding solutions to the health problems of the populations. Similarly, it is worth mentioning the difficulties encountered in coordinating WAHO interventions in countries and the inadequacy of strategic partnerships. Furthermore, the health systems of the region are marked by differences in health policies, standards and legislation.



Problem Statement

The weak synergy of actions of actors and the differences in health policies, norms and legislation limit resource mobilization and access to health care in the ECOWAS region.

Programme Objective

Strengthen strategic partnerships and policy harmonization.



Programme Outcomes

Coordination of interventions improved and, regional policies, norms and legislation implemented.

Programme Components

- Coordination of partner interventions;
- Promotion of partnerships;
- Resource mobilisation;
- Health financing;
- Policy harmonization.

Specific Objectives

- Strengthen mechanisms for the coordination of interventions;
- Strengthen multi-sectoral dialogue and collaboration with partners;
- Contribute to the increase in financial resources allocated to the health sector;
- Pursue advocacy and political dialogue with Member States;
- Implement regional health policies, norms and legislation.

Major Interventions

- Establishment of a regional framework for consultation with partners;
- Strengthening the intervention framework of the private health sector;
- Development of public-private partnerships;
- Promotion of health cooperation among Member States;
- Pursuing advocacy for implementation of the Abuja Declaration;
- Development, implementation and monitoring of progress of universal health coverage policies;
- Development and implementation of harmonized policies and legislation;
- Development and implementation of harmonized norms and standards.

Intermediate Outcomes

- A regional map of partners' interventions available and updated;
- Intervention framework of private health sector strengthened;
- Framework document on Public-Private Partnerships (PPP) available and implemented;
- Health programmes that bring together several countries including the private sector financed and implemented;
- Allocation of 15% of national budgets to health is effective in Member States;
- Harmonized policies and legislation developed and applied;
- Harmonised norms and standards at the regional level developed and applied.

Priority Programme 13: Building WAHO's Institutional Capacity

Background

This Strategic Plan is being developed against the background of the institutional reform of ECOWAS, the existence of international health commitments, regional priorities and the Sustainable Development Goals (SDGs) agenda. However, WAHO is facing challenges of limited human and financial resources, lack of institutional communication, use of information and communication technology and coordination of regional interventions, which calls for strengthening the institutional capacity of WAHO.



Problem Statement

The current institutional capacity of WAHO limits the effective pursuit of its mission.

Programme Objective

Strengthen WAHO's institutional capacity.

Programme Outcomes

Institutional capacity of WAHO strengthened.

Programme Components

- Strengthening management capacities;
- Institutional communication.

Specific Objectives

- Improve the mechanism for planning, monitoring and evaluation;
- Improve administrative and resource management;
- Enhance WAHO's visibility;
- Strengthen internal communication.

Major Interventions

- Consolidation of the mechanism for planning and programming;
- Strengthening monitoring and evaluation;
- Strengthening human resources;
- Strengthening financial management;
- Strengthening logistics;
- Promotion of WAHO's achievements;
- Strengthening internal and external communication;
- Pursuing the restructuring of WAHO.

Intermediate Outcomes

- Projects and programmes management unit created;
- Internal planning, programming and monitoring and evaluation better coordinated;
- Capacities of WAHO in planning and monitoring and evaluation improved;
- WAHO actors in planning, monitoring and evaluation equipped;
- Plan for human resource development developed and implemented;
- Tools for the utilisation of the contracts code standardized;
- WAHO's intellectual property policy developed;
- Internal and external communication strengthened;
- Handbook for administrative and financial management developed.



- Plan for construction/rehabilitation of buildings developed and implemented;
- Computerization blueprint revised and implemented;
- WAHO's equipment plan developed and implemented;
- Annual report on West Africa's health status developed and disseminated;
- Annual report on WAHO's activities developed and disseminated;
- WAHO's website updated;
- Relations with the media strengthened;
- WAHO better known to political, scientific community, partners and the public;
- Proposal for a new organogram reviewed and validated.

▶ VI. IMPLEMENTATION FRAMEWORK

VI.1. Institutional Planning Framework

In accordance with the internal organization of WAHO, the development of the strategic plan is coordinated by an internal planning committee chaired by the Directorate General with the Department of Planning and Technical Assistance (DPTA) as the technical secretariat.

All the Technical Departments of WAHO contributed to the plan development process from participation in a situational analysis, through to the choice of major interventions, activity planning and programming, budgeting, implementation and monitoring.

Based on the strategic goals and priority programmes, a five year operational plan is developed by the DPTA with the collaboration of all the Technical Departments of WAHO.

The major interventions of each priority programme is translated into activities, which are costed annually for the five year period to give the total cost of the plan.

The annual operational plan is then developed based on the five year plan with contributions from the member states and partners during internal programming meetings, and technically validated by the programmes committee made up of WAHO staff and representatives of Ministers of Health of the 15 ECOWAS Member States. This budgeted annual operational plan is then sent to the ECOWAS Committee for Administration and Finance (CAF) for review and approval.

The Unit responsible for planning and partnerships work together to develop concept notes for projects submitted to the ECOWAS partners in health for funding, with a view to creating strategic partnerships and also to mobilize additional resources to finance the implementation of the strategic plan.

An annual activities report is prepared by the Directorate General of WAHO and is presented to the Assembly of Health Ministers (AHM) of ECOWAS for adoption. The same report is then presented to the Council of Ministers through the report of the President of the ECOWAS Commission for its final approval. The annual report thus validated will be published and widely disseminated.



VI.2. Mechanism for Monitoring and Evaluation

The overall monitoring of the implementation of the strategic plan and the annual operational plans is done by the Monitoring and Evaluation unit of the DPTA in collaboration with the other Technical Departments of WAHO and Member States. Regular missions will be organized to countries and with partners.

The monitoring and evaluation system will be strengthened to better obtain quality data and information on the performance of programmes and the different implementing partners.

The Units responsible for technical assistance and partnerships also play a role in the monitoring and control of financial support provided to Member States as well as in monitoring the implementation of projects funded by partners through WAHO.

Monitoring therefore deals with the implementation of annual operational plans including support provided to Member States, the implementation of MOUs and agreements signed with partners, implementation of resolutions adopted by WAHO's decision making bodies and of commitments made by Member States worldwide in health. The process is concluded by the preparation of periodic reports.

Evaluations will be conducted midterm and full term in the implementation of the plan (final evaluation) or upon request for specific interventions.

The Monitoring and Evaluation system will be based on a planning framework defining the determined goals, expected outcomes and clearly defined indicators, but also on an operational manual of monitoring and evaluation.

Monitoring and evaluation will be made in accordance with the principle of Results-Based Management (RBM) and tools (Monitoring and Evaluation Plan, Monitoring and Evaluation Manual, part of the results) will be designed for use by actors involved in the monitoring / evaluation process. The monitoring and evaluation system will be based on a planning framework specifying the objectives, expected results and clearly stated indicators, but also on an operational manual for monitoring and evaluation.

VI.3. Mechanism for Coordination

The overall coordination of the implementation of the strategic plan is the responsibility of the Directorate General in collaboration with all other specialized institutions and the various Departments of the ECOWAS Commission with a view to ensuring synergy and complementarity of health interventions within the ECOWAS region.

At WAHO, the technical coordination provided by the DPTA, will be strengthened with the establishment of a project management unit funded by WAHO and ECOWAS strategic health partners. Coordination will also take into account the multi-sectorial and multi-stakeholder character



of health with a view to making interventions more effective at the regional level. Thus, the private health sector, civil society, technical partners and other sectors can enhance health, will be involved in the programming and coordination cycle. The annual WAHO partners' forum will be transformed into platform for reviewing cooperation with WAHO and sharing of experiences and good health practices.

▶ VII. PLAN FINANCING

The Plan will be funded largely with community resources through the Community Levy which is managed by the Finance Department of the ECOWAS Commission. The various institutions, including WAHO receive their periodic disbursements based on annual budgets approved by the Authority of Heads of State and Government of ECOWAS.

Financial partners, the private sector and non-governmental organizations also contribute to funding the strategic plan. Their contribution is mobilized through financing and partnership agreements with WAHO and the ECOWAS Commission.

The WAHO advocacy and communication strategy will ensure better resource mobilization.

COST OF THE STRATEGIC PLAN ACCORDING TO STRATEGIC GOAL

STRATEGIC GOALS	TOTAL COST (US\$)	PERCENTAGE	AMOUNT TO BE RAISED (US\$)
1. PROMOTION OF PRIORITY HEALTH POLICIES AND PROGRAMMES IN THE REGION	296, 144,033	91,53%	207,316, 067 (70%)
2. STRENGTHENING STRATEGIC PARTNERSHIP FOR HEALTH	14, 897,321	4,60%	14,897,321 (100%)
3. BUILDING THE INSTITUTIONAL CAPACITY OF WAHO	12, 500,523	3,86%	7,046,984(56%)
GRAND TOTAL FOR THE STRATEGIC PLAN	323, 541,877	100%	229,260,372 (71%)



▶ CONCLUSION

The sustainability of regional integration depends on the Community's ability to address epidemics-related challenges and improve the health status of the population. This Strategic Plan provides the opportunity to make available appropriate investments to address the aforementioned challenges. Through its implementation, the stakeholders of the health sector intend to contribute to the attainment of the three (3) major goals of the Community namely: socio-economic development; economic and monetary integration and cohesion and political participation.



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ANNEXES



ANNEX 1 : LOGICAL FRAMEWORK – WAHO 2016 - 2020 STRATEGIC PLAN

Objective of the Plan:

To contribute to the reduction of mortality and morbidity associated with the main diseases and other health problems in the ECOWAS region. The Plan also aims to promote partnerships for resource mobilization, harmonization of regional interventions and building of WAHO's capacity to play its leadership role in health in the ECOWAS region.

SUMMARY	PERFORMANCE INDICATORS	SOURCES OF VERIFICATION	HYPOTHESES/ RISKS
OBJECTIVES			
1) To contribute to the reduction of mortality associated with the main diseases and other health problems in the ECOWAS region.	1. Rate of infanto-juvenile mortality(p. 1000 LB) 2. Rate of neonatal mortality (p. 1000 LB). 3. Maternal mortality ratio (p. 100,000 LB)	DHS (Demographic and Health Survey), national survey on child survival, national survey on maternal mortality, WAHO's annual report on the health status of ECOWAS population, WHO world health report	Political will. Socio-political unrest, Inappropriate interventions
2) To contribute to the reduction of morbidity associated with the main diseases and other health problems in the ECOWAS region.	4. Rate of access to HIV treatment. 5. Percentage of countries having attained the stage of pre-elimination of malaria 6. Percentage of countries having attained 80% reduction in avoidable blindness 7. Rate of chronic malnutrition	MOH statistical yearbook, DHS, national programmes' annual report, WAHO's annual report on the health status of ECOWAS population, coverage survey.	Difficulties to procure medicines, Including ARVs, RH commodities and vaccines.
3) To promote partnerships for resource mobilization, harmonization of regional interventions	8. Percentage of Member States allocating 15% of their national budget to health.	Survey, country NHA reports, Programmes' annual reports,	Insecurity, Institution instability.
4) To build WAHO's capacity to play its leadership role in health in the ECOWAS region	9. Number of annual reports on the health situation in West Africa	WAHO's annual activity report	Resource availability



5) Quality information on health is available, easily accessible and utilized in planning and decision making throughout the ECOWAS region.	10. Percentage of countries having strategic documents (HIS, research, documentation). 11. Number of epidemiological profiles published. 12. Number of research findings published. 13. Number of users of the regional platform.	Programmes' annual reports, WAHO's annual activity report	Non-compliance with legislation and regulations.
6) The prevalence of communicable and non-communicable diseases reduced.	14. Proportion of countries having a strategic document tailored to non-communicable diseases. 15. Proportion of countries having updated documentation on mental health.	Programmes' annual reports, WAHO's annual activity report	Staff mobility, Low mobilization of community levy, Low commitment of partners to fund the SP.
7) The capacities of countries and the region in epidemic disease surveillance, prevention, response and resilience strengthened	16. Number of structures for the coordination of preparedness and response set up in countries and in the region. 17. Number of deployments of rapid intervention team. 18. Number of countries trained in the application of IHR.	Programmes' annual reports, WAHO's annual activity report	Lack of resources



<p>8) Health promotion interventions systematically integrated into development policies and health systems</p>	<p>19. Number of countries having updated programmes for behavioral change implemented. 20. Proportion of countries having institutional mechanisms for empowering communities on health issues. 21. Number of countries having a programme for hygiene and sanitation updated or implemented.</p>	<p>Programmes' annual reports, WAHO's annual activity report</p>	<p>Low commitment of communities towards health financing</p>
<p>9) Access to essential medicines, vaccines and other health products improved.</p>	<p>22. Number of countries procuring medical products at the regional buffer stock of medicines and vaccines. 23. Number of raw pharmaceutical materials exempted from all taxes 24. Number of quality control laboratories strengthened 25. Number of medicine producing firms certified by WAHO</p>	<p>Programmes' annual reports, WAHO's annual activity report</p>	<p>Resource availability, lack of resources, lack of political will.</p>
<p>10) Integration of TM in national health systems promoted</p>	<p>26. Number of countries having regulatory framework and national TM policy 27. Number of countries with at least one health institution implementing the WAHO training programme on Traditional Medicine</p>	<p>Programmes' annual reports, WAHO's annual activity report</p>	<p>Resource availability, lack of Resources, lack of political will.</p>



<p>11) Maternal, neonatal, infant, adolescent, youth and elderly health improved within the ECOWAS region</p>	<p>28. Contraceptive prevalence 29. Rate of attended delivery 30. Rate of caesarean sections 31. Coverage rate of children less than one year of age fully immunized</p>	<p>MOH statistical yearbook, DHS, national programmes' annual report, WAHO's annual report on the health status of ECOWAS population, coverage survey.</p>	<p>Low commitment of communities, Resource availability</p>
<p>12) Availability and quality of health infrastructure and equipment improved.</p>	<p>32. Rate of health coverage 33. Number of countries having a national maintenance policy.</p>	<p>Programmes' annual reports, WAHO's annual activity report Country statistical yearbook.</p>	<p>Resource availability, lack of resources, lack of political will.</p>
<p>13) Governance of the health system improved.</p>	<p>34. Number of referral hospitals networked. 35. Number of countries having regulatory and legislative texts updated 36. Percentage of countries having an accreditation system for health facilities</p>	<p>Programmes' annual reports, WAHO's annual activity report</p>	<p>Resource availability, lack of resources, lack of political will.</p>
<p>14) Quality human resources for health available and utilized in the ECOWAS region</p>	<p>37. Percentage of training institutions in ECOWAS applying the harmonized curricula. 38. Number of countries having a regulatory framework for community health workers. 39. Number of training institutions accredited. 40. Percentage of countries applying codes and regulations of the practice of health professions.</p>	<p>Programmes' annual reports, WAHO's annual activity report</p>	<p>Resource availability, lack of resources, lack of political will.</p>



<p>15) Coordinated technical assistance that meets national and regional priorities</p>	<p>41. Number of Member States supported to develop their strategic documents 42. Number of projects and programmes developed. 43. Number of financing agreements signed between WAHO and Member States. 44. Number of countries having benefited from technical assistance from WAHO.</p>	<p>Programmes' annual reports, WAHO's annual activity report</p>	<p>Resource availability, lack of resources, lack of political will, lack of interest of national partners and ability to mobilize and keep partners.</p>
<p>16) Strengthen strategic partnerships and policy harmonization</p>	<p>45. Number of meetings of different consultation frameworks. 46. A dynamic regional map of partner interventions available 47. Number of countries having a policy framework for intervention of the private health sector. 48. Number of memoranda of understanding including PPPs signed and implemented. 49. Number of regional health programmes implemented. 50. Number of countries having policies on universal health coverage implemented. 51. Number of policy documents and legislation developed</p>	<p>Programmes' annual reports, WAHO's annual activity report</p>	<p>Resource availability, lack of resources, lack of political will, lack of interest of national partners and ability to mobilize and keep partners.</p>



17) Institutional capacity of WAHO strengthened	52. Number of reports produced 53. Number of audio-visual productions recorded on WAHO 54. Number of management tools developed 55. Number of strategic documents developed	Programmes' annual reports, WAHO's annual activity report	Resource availability
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MAJOR INTERVENTIONS	
<ul style="list-style-type: none"> • Development of strategic documents for health information and research • Strengthening the capacities of National Health Information Systems, National Research Systems and Documentation Services • Development of mechanisms for regular dissemination and utilization of knowledge, evidence and information in health 	<ul style="list-style-type: none"> • Establishment of the Regional Centre for Disease Prevention and Control; • Strengthening cross-border and inter-sectorial collaboration; • Establishment of a regional early warning system and rapid intervention unit; • Building the capacities of Member States for the application of International Health Regulations (IHR); • Establishment of a regional fund for epidemic control
<ul style="list-style-type: none"> • Strengthening of multi-sector coordination of malaria, Tuberculosis and HIV/AIDS control in country and in the region; • Strengthening of interventions of prevention, care and treatment of malaria, Tuberculosis and HIV, particularly among key populations; • Development of a regional plan on non-communicable diseases • Development of a regional plan on Neglected Tropical Diseases; • Development of a regional plan on nutrition. 	<ul style="list-style-type: none"> • Development of behavioural change communication • Development/review of policy documents that include social determinants of health • Supporting capacity building of local governments /communities for effective empowerment and accountability. • Strengthening water, hygiene and sanitation programmes. • Development multisectoral collaborative programmes
<ul style="list-style-type: none"> • Supporting local pharmaceutical production • Strengthening the procurement and distribution chain • Building capacities for regulation and the regional harmonization process • Improving quality assurance systems • Strengthening strategies for controlling counterfeiting and the illicit trade in medicines and vaccines • Implementation of intellectual property rights on pharmaceutical products; • Strengthening innovation, research and development of medicines, vaccines and other health products. 	<ul style="list-style-type: none"> • Improving quality assurance systems for TM products • Development of a system for phytovigilance • Implementation of intellectual property rights on TM products • Strengthening innovation, research and development of TM products • Implementation of a programme on education and training in TM • Improving local production of medicinal plants with proven efficacy • Strengthening collaboration between TMPs and Conventional Medicine Practitioners



<ul style="list-style-type: none">• Promotion of essential maternal care• Promotion of essential neonatal care• Promotion of the care of the elderly• Strengthening of the Integrated Management of Childhood Illnesses (IMCI)• Support to Vaccination• Development of a manual for youth and adolescent health• Supporting the prevention of unwanted pregnancy and STIs/HIV	<ul style="list-style-type: none">• Promotion of maintenance of Infrastructure and Equipments• Strengthening public and private health infrastructure• Strengthening procurement, supply and distribution
<ul style="list-style-type: none">• Hospital reforms• Development of health system profile• Strengthening health platforms ;• Development of performance management tools• Development of of control, audit, monitoring and evaluation mechanisms• Strengthening capacities in advocacy• Development of accreditation and certification mechanisms• Establishment of a system of accountability in the health systems	<ul style="list-style-type: none">• Development and implementation of harmonized curricula for basic and in-service training• Accreditation of training institutions• Promotion of continuous training• Strengthening the structures for the regulation of health professions• Updating the regional action plan for the motivation and retention of health workers• Development of the regional plan for the development of human resources for health and supporting the countries in its implementation;• Networking of learned societies.• Establishment of a platform for inter-country mobilization of health professionals• Identification of country specialist training needs and development of a regional plan



<ul style="list-style-type: none">• Supporting the development of strategic documents• Supporting resource mobilization• Supporting human resource developments, and provision of materials and equipment.	<ul style="list-style-type: none">• Establishment of a regional framework for consultation with partners• Strengthening the intervention framework of the private health sector• Development of public-private partnerships• Promotion of health cooperation among Member States• Pursuing advocacy for implementation of the Abuja Declaration• Development, implementation and monitoring of progress of universal health coverage policies• Development and implementation of harmonized policies and legislation• Development and implementation of harmonized norms and standards.
<ul style="list-style-type: none">• Consolidation of the mechanism for planning and programming• Strengthening monitoring and evaluation• Strengthening human resources• Strengthening financial management• Strengthening logistics• Promotion of WAHO's achievements• Strengthening internal and external communication.• Pursuing the re-organisation of WAHO	



ANNEX 2 : STRATEGIC OBJECTIVES

STRATEGIC GOALS	STRATEGIC OBJECTIVE	PROGRAMME OBJECTIVES
1. Promotion of health policies and programmes.	Contribute to the reduction of mortality and morbidity associated with the major diseases and other health problems within ECOWAS.	<ol style="list-style-type: none"> 1. Improve the production, dissemination and utilization of health information and research within the ECOWAS region. 2. Reduce the prevalence of communicable and non-communicable diseases. 3. Build the capacities for surveillance, disease prevention, response and resilience to epidemics and emergencies. 4. Contribute to strengthening health promotion in development policies in the Member States 5. Improve access to essential medicines, vaccines and other health products 6. Promote the integration of traditional medicine into national health systems. 7. Promote maternal, neonatal, infant, adolescent, youth and elderly health within the ECOWAS region 8. Improve the availability and quality of health infrastructure and equipment. 9. Contribute to improving governance of the health systems 10. Facilitate the training, utilization and free movement of health professionals in the ECOWAS region
2. Strengthening strategic partnerships for health.	Promote partnerships and the harmonization of regional interventions.	<ol style="list-style-type: none"> 11. Contribute to the improvement of management and logistic capacities of Member States 12. Strengthen strategic partnerships and policy harmonization.
3. Strengthening institutional capacities of WAHO	Enhance WAHO's capacities to play its leadership role in health within ECOWAS	<ol style="list-style-type: none"> 13. Strengthen WAHO's institutional capacity



ANNEX 3 : PROGRAMME INDICATORS

PRIORITY PROGRAMMES	PROGRAMME INDICATORS
1. Health information and research for health	<ol style="list-style-type: none">1. Percentage of countries having strategic documents (HIS, research, documentation).2. Number of epidemiological profiles published.3. Number of research findings published.4. Number of users of the regional platform.
2. Disease control	<ol style="list-style-type: none">5. Percentage of countries having attained the stage of pre-elimination of malaria.6. Percentage of countries having attained 80% reduction in avoidable blindness.7. Proportion of countries having a strategic document tailored to non communicable diseases.8. Proportion of countries having updated documents on mental health.9. Rate of access to HIV treatment.10. Rate of chronic malnutrition.
3. Epidemics and other health emergencies	<ol style="list-style-type: none">11. Number of structures for the coordination of preparedness and response put in place in countries and in the region.12. Number of deployments of rapid intervention team.13. Number of countries trained in the application of IHR.
4. Health Promotion	<ol style="list-style-type: none">14. Number of countries having updated programmes for behavioural change implemented.15. Proportion of countries having institutional mechanisms for empowering communities on health issues.16. Number of countries having a programme for hygiene and sanitation updated or implemented.
5. Medicines, vaccines and other medical products	<ol style="list-style-type: none">17. Number of countries procuring medical products at the regional buffer stock of medicines and vaccines.18. Number of raw pharmaceutical materials exempted from all taxes19. Number of quality control laboratories strengthened20. Number of medicine producing firms certified by WAHO
6. Traditional Medicine	<ol style="list-style-type: none">21. Number of countries having regulatory framework and national TM policy22. Number of countries with at least one health institution implementing the WAHO training programme on Traditional Medicine
7. Maternal, neonatal, child, adolescent, youth and older people's health	<ol style="list-style-type: none">23. Maternal mortality ratio.24. Rate of neonatal mortality.25. Rate of infanto-juvenile mortality.26. Rate of contraceptive prevalence27. Rate of attended delivery28. Rate of caesarean sections29. Coverage rate of children less than one year of age fully immunized



8. Health infrastructure and equipment	30. Number of countries having a national maintenance policy.
	31. Rate of health coverage.
9. Strengthen governance of the health system	32. Number of referral hospitals networked.
	33. Number of countries having regulatory and legislative texts updated.
	34. Percentage of countries having an accreditation system for health facilities
10. Human resources for health	35. Percentage of training institutions in ECOWAS applying the harmonized curricula.
	36. Number of countries having a regulatory framework for community health workers.
	37. Number of training institutions accredited.
	38. Percentage of countries applying codes and regulations of the practice of health professions.
11. Technical Assistance to countries	39. Number of Member States supported to develop their strategic documents
	40. Number of projects and programmes developed.
	41. Number of financing agreements signed between WAHO and Member States.
	42. Number of countries having benefitted from technical assistance from WAHO.
12. Technical and financial partnerships and harmonisation of policies	43. Number of meetings of different consultation frameworks.
	44. A dynamic regional map of partner interventions available
	45. Number of countries having a policy framework for intervention of the private health sector.
	46. Number of memoranda of understanding including PPPs signed and implemented.
	47. Number of regional health programmes implemented.
	48. Percentage of Member States allocating 15% of their national budget to health.
	49. Number of countries having policies on universal health coverage implemented.
50. Number of policy documents and legislation developed.	
13. Building WAHO's institutional capacity	51. Number of reports produced
	52. Number of annual reports on the health situation in West Africa
	53. Number of audio-visual productions recorded on WAHO
	54. Number of management tools developed
	55. Number of strategic documents developed



ANNEX 4: ECOWAS COUNTRY INDICATORS IN 2014

Country	Benin	Burkina Faso	Cape Verde	Côte d'Ivoire	Gambia
Area (km ² - 000)	112,6000	274	4,0300	322,5	11,3
Population (millions)	10,3	17,9	0,5	20,8	1,9
Population growth (annual %)	2,7	3,1	1,7	2,3	3,1
Life expectancy at birth (years) - 2013	59	56	75	51	59
Compound fertility index (births per female)	4,9	5,9	2,6	4,9	5,6
Infant mortality (per 1000 live births)	69	70	24	75	55
Growth of GDP (annual %)	5,5	4,0	1,0	7,5	-0,2
Country	Ghana	Guinea	Guinea-Bissau	Liberia	Mali
Area (km ² - mille)	238,5	245,9	36,12	111,4	1200
Population (millions)	27,0	11,6	1,7	4,4	15,9
Population growth (annual %)	2,5	2,7	2,5	2,6	2,9
Life expectancy at birth (years)-2013	61	56	54	60	55
Compound fertility index (births per female)	4,3	5,1	5	4,7	6,1
Infant mortality (per 1000 live births)	53	67	94	54	58
Growth of GDP (annual %)	4,2	0,4	2,5	0,5	6,8
Country	Niger	Nigeria	Senegal	Sierra Leone	Togo
Area (km ² - 000)	1274	923,8	196,7	71,74	56,79
Population (millions)	18,2	177,5	13,9	6,3	7,
Population growth (annual %)	3,9	2,5	3,2	2,1	2,6
Life expectancy at birth (years)-2013	58	52	63	45	56
Compound fertility index (births per female)	7,6	5,6	5,3	4,9	4,7
Infant mortality (per 1000 live births)	54	69	43	92	66
Growth of GDP (annual %)	6,9	6,3	4,5	6,0	5,2
ECOWAS REGION					
Area (km ² -000)	5079,4				
Population (millions)	335				
Population growth (annual %)	2,7				
Life expectancy at birth (years)-2013	57				
Compound fertility index (births per female)	5				
Infant mortality (per 1000 live births)	63				
Growth of GDP (annual %)	6				

Sources:

- Population Reference Bureau – 2014 – World Population Data Sheet,
- IMF- Regional Economic Outlook 2015 – Sub-Saharan Africa – April 2015
- Calculated data





Bénin



Burkina Faso



Cabo Verde



Côte d'Ivoire



The Gambia



Ghana



Guinée



Guinée Bissau



Liberia



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