



## **Message on WAHO Day**

*9 July 2019*

*by*

**Director General**

**Prof Stanley OKOLO**

It gives me great pleasure to publish this message on behalf of West African Health Organisation (WAHO), the specialized institution of the Economic Community of West African States (ECOWAS) for health issues.

It is 32 years today 9 July 2019 that WAHO was established by ECOWAS Protocol (A/P2/7/87) which was signed in 1987 by the 15 Heads of State and Government of ECOWAS in Abuja. We are therefore celebrating WAHO Day today with the main objective

being to rededicate the organization to the vision of the founding fathers and to the mandate of promoting regional integration through health. It is also an opportunity to share with the population of West Africa some of our activities, plans and challenges.

At inception, WAHO was given the mandate to “ensure the highest possible standard and protection of health of the people in the region through the harmonisation of 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.”

Today, the health landscape in West Africa, is a mixed one. We have a healthier population which is living longer in 2019 than in 1987. Childhood immunization rates are high, all our countries are polio free, and our regional health networks are stronger. However, we are still faced with recurrent epidemics such as Lassa fever, yellow fever, and meningitis. Too many of our women still die during childbirth and too many children do not live beyond their fifth birthday. Preventable illnesses remain a scourge at all ages. Malaria has been eliminated in several parts of the world but is rampant in our region, being responsible for about four out of five deaths in children under the age of 5 years. Globally, 11 countries

account for over 80% of malaria cases – India and 10 countries in Africa, five of which are in West Africa. Obesity, diabetes, cardiovascular disease and strokes are now leading causes of death in our population. The issue of fake medicines is acute, urgent and critical in many countries. That we import nearly 80% of the medicines we need in our region illustrates the need for us to prioritise the provision of affordable, high quality medicines across the region, preferably through regional manufacturing which will also contribute to industrialization and employment.

At WAHO, we have continued in the past year to seek solutions to these myriad problems, working with national experts across the 15 countries of ECOWAS, with the World Health Organization (WHO), with regional and international partners (financial and technical) and with civil society organisations and academia. The region remains extremely grateful to our numerous partners and all the stakeholders that have worked with WAHO to impact our local population.

We have convened the region's health ministers to agree on 5 major thematic areas of focus – the health of women, children and adolescents, the control of epidemics and non-communicable diseases (including work on elimination of malaria), improving

access to affordable high quality medicines and vaccines, pursuit of quality standards in healthcare, and regular collation and publication of accurate region-specific health statistics. To enable the achievement of success on these themes, we have been working to improve human capacity, especially in leadership and governance, to strengthen the region's networks and to advocate for increased domestic health financing in order to sustain ongoing health improvement efforts.

Just a few examples will suffice. In the past year, we have continued to champion the strengthening and networking of national public health institutions in each of the 15 countries as the bulwark of defence against major epidemics of public health concern. We have supported training of hundreds of field epidemiologists, provided mobile laboratories for some countries for rapid testing of suspicious illnesses, and undertaken targeted installation of thermal cameras at our region's borders to enhance detection of travellers with febrile illnesses who may need further testing.

We have undertaken several programs to improve sexual and reproductive health in women, particularly young women as part of efforts to improve demographic dividend in our region.

Contraceptive commodities have been made available to several countries, and workshops have been organised for representatives of national youth parliaments. We have established three centres of excellence for specialist training of nurses and midwives in the Sahel, and over 700 nurses and midwives have been trained in offering modern contraceptive techniques.

Within the major thematic areas of focus for our overall work, key issues that will engage us in the short to medium term include helping as many countries as possible move from control to elimination of malaria, agreeing a common drugs registration arrangement for all our 15 countries in order to attract regional manufacture of pharmaceuticals, and operationalization of a human capital strategy, particularly as it relates to leadership and governance in health in order to maximise the value of every single dollar that goes into health in the region. We will continue to engage not only our parliamentarians, but also those of Mauritania and Chad on a project started in 2017 to assure “adequate health financing, demographic dividend, and population development policies” in our countries.

I wish to take this opportunity to express my profound gratitude to ECOWAS Ministers of Health for their total support to WAHO. We

will work tirelessly on those specific issues of immediate concern that they agreed recently, such as leadership and governance, harmonization of regional regulation of medicines, cooperation in cross-border activities, and sharing of best practices. There is a consensus that increased health financing, particularly from domestic sources, will enable countries achieve universal health coverage. Similarly, leveraging private sector resources will catalyse the development of regional centres of healthcare excellence in order to reduce the enormous human and economic burden of medical tourism.

It is barely 5 years since the devastating Ebola outbreak in the region, which despite initial delays and missteps was ultimately combated by the coordinated, concerted and collaborative efforts of several stakeholders including WAHO. Victory against Ebola was ultimately assured through behavioural change when the local population abandoned harmful cultural practices such as washing of the dead. We should therefore never forget the key lesson that all our efforts will achieve results only with the consent and active involvement and participation of the population at large. To this end, civil society organisations, local communities, grassroots champions and district heads will continue to play a central role in our planning and activities.

Finally, my appreciation goes to the Heads of State and Government of the 15 ECOWAS countries for their commitment to quality healthcare to the people. On this 32<sup>nd</sup> anniversary of the establishment of WAHO, we plead that each country should empanel multi-sectoral platforms for relevant health issues such as malaria, and that countries should also strive harder towards the realisation of the Abuja Declaration which calls for 15% of all national budgets to be dedicated to health.

Thank you All.

**Prof Stanley OKOLO**

Director General, WAHO