

# The state of public health emergency preparedness and response capacity among countries in the ECOWAS region

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## Editorial

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Following the largest and most devastating Ebola virus disease outbreak in 2014, West African countries have made deliberate efforts to strengthen their disaster management capacities. The Economic Community of West African States- Regional Centre for Surveillance and Disease Control (ECOWAS-RCSDC) was approved in May 2015 by the 47th Session of the Authority of Heads of State and Government and established as a specialized agency under the authority of the West Africa Health Organization (WAHO). ECOWAS-RDC's main objective is to strengthen member states' health systems and enhance the region's capacity for epidemics prevention, diagnosis and control.

Member States conducted Joint External Evaluations (JEE) and used the findings to develop their respective National Action Plans for Health Security (NAPHS). Several simulation exercises were conducted at regional and national levels. All these efforts aimed at ensuring that the required capacities were built in the region to address future public health emergencies.

The COVID-19 pandemic provided a real-life opportunity to test these capacities. Subsequently, further efforts were channelled towards quickly identifying and addressing gaps to enable effective response to the pandemic. To guide these efforts, ongoing monitoring and evaluation of progress made through rapid assessments are necessary.

Before and during the COVID 19 pandemic, WAHO continues to support ECOWAS members to identify and address key areas required for preventing the devastating impacts of the pandemic through timely identification and effective responses. Scientifically, well-conducted surveys involving all the ECOWAS states were done at the beginning of the pandemic. The nine-item World Health Organization (WHO) national capacity review tool for novel corona virus (nCOV), and reports of COVID-19 pandemic preparedness meetings and trainings organized by WAHO were utilized. To evaluate the capacities of member states, key areas were focused on. These include ability to test for COVID-19 and other priority diseases; optimum utilization of incident management systems through establishment of functional emergency operation centers at national and sub-national levels; effective medical counter measures with improved capacity of human resources for rapid response; a sustainable system for production of the required workforce through field epidemiology trainings; and regional coordination and cross-border collaboration.

The establishment of Field Epidemiology Training Programs (FETP) across most West African countries has significantly addressed the human resources for health security challenge. However, more needs to be done in all member states to address the existing disaster management human resource gap. The member states without FETPs or having less than the required number of FETP tiers of the training should be supported to put in place the required programs to meet the four trained epidemiologists per million population target. Furthermore, the lack of comprehensive workforce strategies to attract and retain specialized health workforce, as required by the WHO workforce benchmark should be addressed.

In terms of coordination, the absence of functional national public health institutes in some member states and consequently the lack of a dedicated budget line will grossly affect the capacities of some member countries to address health security challenges. Even countries with commendable coordination at national levels need strengthening at sub-national levels as well as optimization of their intersectoral collaboration. Having enabling legislation for all member states remains a priority.

The availability of World Bank's Regional Disease Surveillance Systems Enhancement (REDISSE) initiative was timely in addressing disasters like the 2018 - 2019 Lassa outbreaks in Nigeria as well as the COVID-19 pandemic within ECOWAS region. However, member states need to have more sustainable funding for emergency preparedness and response. Budgetary allocations as well as other revenue generating mechanisms need to be utilized to ensure that the health and economy of member states are protected.

In this supplement, the state of public health emergency preparedness and response capacity among countries in the ECOWAS region is presented. It provides an opportunity to share the findings of the continuous assessments, good practices, and challenges within individual member countries, to enable the region build back better. The findings range from adequate human resource capacity (Ghana & Nigeria), presence of an emergency operations center (EOC), a budget line with funding and good laboratories (Senegal), lack of Emergency Operating Centers (Gambia, Liberia and Sierra Leone), lack of dedicated budgets (Gambia, Liberia and Sierra Leone), poor coordination and collaboration (Ghana and Nigeria), and lack of field epidemiologists (Cabo Verde) among others. There

should be a collective effort by all member states to strengthen cross-border surveillance and response activities through implementation of existing memoranda of understanding and development or finalization of standard operating procedures. We hope that findings will be utilized to strengthen capacity to optimize the response to COVID-19, as well as other regional and global health threats. Finally, the build back better mantra should be utilized to ensure that the opportunity provided by this COVID-19 pandemic is used to advocate for addressing all aspects of the health system across all sectors, and at all levels.

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**Competing interests**

The authors declare that they have no competing interests.