

**AFRICAN REGIONAL ACCOUNTABILITY FRAMEWORK (SCORE CARD)  
TEMPLATE FOR HEALTH SECURITY**

**Approach to the Health Security Budget Accountability Framework**



# **AFRICA HEALTH BUDGET NETWORK**

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*This document is to be adopted for improving the accountability of the health security in-country.*

## **Introduction**

Health security is defined as the actions to prevent, detect, respond and even recover from acute threats that could endanger people's health across countries and border.<sup>1</sup> It is all about implementing activities required to tackle or minimize danger and impact of acute infectious diseases. In this document, health security is interchangeably used as Prevention, Preparedness, Response and Recovery (PPRR). The concept of health security focuses on activities that requires both proactive and reactive measures to minimize dangers of acute (sudden) public health events / disease.<sup>2</sup>

Leveraging on lessons learnt from COVID-19 pandemic, most African countries were not prepared nor ready for the weight of the infection. At that time, most countries relied solely on donor partners and for many African countries, much has not changed post COVID. There is also issue of decline in public trust in science and government which has implications for public health preparedness and response. Another lesson is the need for African countries to begin to produce its own vaccines locally.<sup>3</sup> There exists ongoing epidemics in several African countries including outbreaks of Cholera, Diphtheria, Lassa Fever, Meningitis and M-Pox. Recently, Nigeria tried to procure two million doses on M-Pox vaccines, but only 10,000 doses was made available due to dearth of the vaccine.

The need for accountability and transparency in the development and implementation of budgets and policies cannot be overemphasized in the PPRR from diseases of public health importance. It is known that health security financing is one of the most important aspects to consider. However, beyond the allocations, releases and utilization of funds, successful implementation begins with conceptualization and determination of the objectives of policies and expenditures. In many countries of Africa, there remain poor/zero budget allocations to health security by some NAPHS-implementing units of the government such as Ministries, Departments and Agencies (MDAs), especially the non-health MDAs. This was confirmed in Nigeria by an analysis of the 2021 health security budget conducted by the Legislative Initiative for Sustainable Development (LISDEL) Prevent Epidemics (PE) Project team.<sup>4</sup> Much has not changed, thus the need for advocacy to increase allocation to relevant government units, and sensitize them on the need to include NAPHS-related activities in their budgets.

Some of the aforementioned unresolved challenges on health security in Africa has necessitated AHBN to develop this accountability framework and scorecard to track progress. This country-level framework and scorecard can be adapted by African countries for use by CSOs to ensuring accountability and transparency. CSO involvement should include consistent CSO's engagement in the implementation of the Joint External Evaluation (JEE) 3.0, a five-year assessment tool, which WHO is encouraging African countries to use. Especially, since in most countries, the JEE is mainly government and donor partner-driven while CSOs that are closer to the grassroots are left out.

In the ongoing IHR negotiation to review the 2005 edition, relevant CSOs have been involved and contributed immensely in some countries outside Africa. Series of meetings, negotiations and consultations have been held by the global CSOs body. However, African CSOs are not adequately empowered to make contributions. The Africa CDC has reportedly been strengthening the capacity and capability of Africa's public health institutions as well as partnerships to detect and respond quickly and effectively. The Africa CDC has a number of Technical Working Groups (TWG). In most African countries, no involvement of CSOs in the meetings and activities of the TWGs. With the emergence of Cholera, M-Pox currently ravaging

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<sup>1</sup> <https://www.gsk.com/en-gb/responsibility/global-health-and-health-security/health-security/>

<sup>2</sup> [https://www.who.int/health-topics/health-security#tab=tab\\_1](https://www.who.int/health-topics/health-security#tab=tab_1)

<sup>3</sup> <https://www.nfid.org/5-lessons-learned-from-the-covid-19-pandemic/>

<sup>4</sup> <https://lisdel.org/lisdel-raising-the-accountability-bar-for-health-security-financing-in-nigeria/>

some part of Africa with Ebola and COVID-19 yet to be eradicated the involvement of CSOs is paramount with lessons learnt post COVID.

Therefore, beyond funding of CSOs to hold government accountable, with capacity built on the use of this newly developed accountability framework and scorecard, CSOs would be encouraged to support the government, ask relevant questions and get involved in the implementation of country-level health security agenda. Thus, CSOs working in the space of health security in Africa need to understand how to use the framework and scorecard to track progress / results, promote accountability and transparency, carry out strategic advocacy to relevant stakeholders while engage government at different level with evidence-based data,

This accountability framework with its scorecard would remain a legacy of the health security project that AHBN is leaving behind, with more funding, the capacity of relevant stakeholders can be built to use the tool in different country, even beyond Africa.

### ***Key Indicators of Interest in the Accountability Framework***

This framework has a set of key indicators, most of which were developed to align with the core areas of WHO Global Action Plan on Health Security. The areas covered include:

- Financing
- Coordination and Governance
- Anti-Microbial Resistance & Infection Prevention Control
- Zoonotic Diseases
- Biosafety & Biosecurity
- Vaccine Production
- Linking Public Health & Security Authorities

These indicators are to elicit country information on government approved budget and releases for health security, captures specifically allocations for Infection Prevention and Control (IPC), Antimicrobial Resistance (AMR) and Research. Also looks at availability of health security expenditure reports, CSOs involvement or participation in different aspect of planning and implementation, relationship between country's security forces and the public health team and establishment of biosafety and biosecurity agencies etc.

Country's active participation in the agreement negotiations to improve the International Health Regulations (IHR) is critical. Most countries have aligned with the World Health Assembly (WHA) guidelines to improve the IHR on a global pandemic and epidemic agreement. To develop this accountability framework, some indicators were adapted from the Joint External Evaluation (JEE) Tool 3.0 and the national scorecard for COVID-19 and health security developed by African Health Budget Network (AHBN) in 2022 were reviewed.

### **Accountability Approach**

The approach would strengthen already existing mechanisms within the WHO global action plan to ensure accountability for the commitments made by government and relevant stakeholders on PPRR. On the Global Health Security Agenda (GHSA), there exist four different monitoring and evaluation framework put in place by the WHO, one of which is the mandatory IHR State Party Self-Assessment Annual Report (SPAR) for every member state. Other such as the Joint External Evaluation (JEE), after action review and

simulation exercise are voluntary. However, these M&E frameworks are inadequate to hold stakeholders especially the government accountable.

The GHSA have provided avenues for all country's government parastatals to meet, plan and conduct relevant activities to promote public health. Several countries (such as Nigeria) have also learnt to involve other stakeholders, including Civil Society Organizations (CSOs), professional associations, interfaith and traditional leaders and the private sector to interact to improve public health services especially during outbreaks. These platforms would be better used to coordinate efforts and hold each other accountable.

This Accountability Framework on Health Security and scorecard are tools developed by the AHBN. The tools would be used to track government's financial and non-financial commitments and responsibilities. The implementation of the framework and key indicator tracking using this tool would be used to generate the scorecard. With continuous and routine collation of data on quarterly basis, the scorecard is expected to improve over time while presentations are made to relevant stakeholders especially the state actors supporting health security agenda in-country. Also, scorecards would be shared with other stakeholder such as the Presidency, legislatures, media and the CSO. This would keep commitments visible, highlighting progress, and fostering partners' participation, engagement, and ownership to address bottlenecks and ensure mutual accountability.

**Mutual Accountability** where governments and development partners are obligated to deliver on the commitments they have made, and civil societies are engaged to monitor progress and support the government to deliver is critical to achieving success. Apart from the allocating a fraction of the health budget to PPRR through country's PPRR coordinating unit, development partners also provide financial and technical support which cannot be underestimated. CSOs and other stakeholders are also key in ensuring planned activities are conducted.

### **About the Health Security Scorecard**

The scorecard has been developed to report mainly government's review on actions and activities conducted and impact on the country - level investments on PPRR. The attached scorecard is a tool which is expected create evidences to be used by relevant stakeholders supporting implementation of health security agenda. The evidences are to guide accountability mechanism and decision – making process.

Some of the key indicators in the accountability framework would be scored using the scorecard–. On financing and coordination categories, with evidence gathered through these indicators, stakeholders would be encouraged to strategically influence actions that mobilizes resources, promote prudent spending, transparency and accountability of fund allocated and released health security.