



World Health
Organization

African Region

UNIVERSAL HEALTH COVERAGE/
LIFE COURSE (ULC) CLUSTER



●.....

SUPPORTING COUNTRIES IN THE AFRICAN REGION TO IMPROVE THE HEALTH AND WELL-BEING OF THEIR POPULATIONS

NEWSLETTER
OCTOBER-DECEMBER, 2023

FOREWORD



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This year, we celebrated the 75th anniversary of the World Health Organization. It was an opportunity to look back on our work over the past seven decades. We celebrated the progress that has been made in health but also reflected on the remaining work to be done to realize the WHO's founding vision of achieving the highest level of health for all.

The Universal Health Coverage Life Course (ULC) Cluster continues to lead the efforts of the WHO to improve and increase access to quality essential health services along the life course by supporting countries to have adequate health policy and planning, robust health financing systems, skilled and motivated health workforce, required medicines, and reliable information for monitoring progress toward Universal Health Coverage.

Throughout this quarter, our work focused on supporting countries in the region in strengthening nurturing care to optimize the early development of all children in the region, identifying practical actions and policy changes to accelerate the delivery of Universal Health Coverage through primary health care financing improvements from all sources, developing acceleration plans for ending preventable maternal deaths and drafting and implementing legal reforms to enhance progress towards Universal Health Coverage.

We are happy to share with you through this newsletter, some of our key activities undertaken this quarter in different countries and at the regional level.

It is important to recognize that we could not achieve this without good collaboration with our partners and support from our donors. We thank you and appreciate your commitment to our work.

We count on your continued partnership to accelerate action to improve the health and well-being of the people we serve towards achieving Universal Health Coverage.

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INVESTING IN EARLY CHILDHOOD DEVELOPMENT (ECD) FOR HEALTH AND WELL-BEING LEARNING & PRODUCTIVITY



From 24 to 27 October 2023, the World Health Regional Office for Africa (WHO AFRO) together with UNICEF Eastern and Southern Africa Regional Office (ESARO), the Africa Early Childhood Development Network (AfECN), the World Bank, and the Early Childhood Development Network (ECDAN) co-organized a four-day regional meeting to review existing Early Childhood Development measurement tools and indicators, streamline collective efforts, and agree on how to ensure relevant data is captured and utilized to strengthen policies and services.

The workshop provided a platform for cross-country learning and strategic reflections that informed concrete commitments by all the participating countries and partners, to harness the power of data to strengthen nurturing care to optimize the early development of all children in the region.

Following the shared findings during the workshop, commitments were made by participating countries and partners. They included improving leadership

of nurturing care for ECD as a national priority by identifying a common national goal with appropriate indicators, around which to galvanize all sectors, improving national ECD monitoring frameworks to ensure the collection and use of data, as well as strengthening monitoring and evaluation and research on ECD along with improved systems to ensure ECD data it is used to inform decision making.

“If we change the beginning of the story, we change the whole story.” Nurturing Care for Early Childhood Development

“ ***WHOAFRO will support ongoing Member States and partner efforts to strengthen platforms that offer entry points and connections for early childhood development in and through public health systems, to strengthen access to early child development services across all five domains of the Nurturing Care Framework,”*** said Dr Janet Kayita, Team Leader Child and Adolescent Health, Universal Health Coverage Life Course (ULC) Cluster, WHO Regional Office for Africa.

STRENGTHENING PRIMARY HEALTH CARE (PHC) AND RESILIENCE IN THE AFRICAN REGION



Strengthening health financing in support of primary health care has been acknowledged as a key strategic lever to drive the change required to carry out actions aimed at achieving the primary health care (PHC) components.

However, progress made in the African Region, particularly in West and Central African countries, remains insufficient. In some countries, the political, economic, and social contexts have hampered efforts towards orienting health systems towards the primary healthcare approach.

From October 31 to November 3rd, 2023, Abidjan, Côte d'Ivoire hosted the West and Central Africa Region Primary Healthcare Financing Forum organized primarily by the World Health Organization (WHO) and UNICEF, under the theme: **“Towards strengthening primary healthcare and resilience”**

This forum provided a timely opportunity to convene key actors, across 24 countries in West and Central Africa from health and financing

sectors to share knowledge and facilitate constructive dialogue to identify practical actions and policy changes to accelerate the delivery of Universal Health Coverage through primary health care financing improvements from all sources.

Given the specific challenges faced by the region, it provided, an opportunity to co-create PHC financing approaches that are resilient to address shocks resulting from climate and crisis due to fragility and conflict.

The forum was organized under the collaborative platform- Harmonization for Health in Africa -Health Financing Technical Working Group and was a follow-up to a similar one held in Kigali, Rwanda in March 2023, for 21 countries in the East and Southern African region.

Opening the forum, the Minister of Health in Côte d'Ivoire, Hon. Mr. Pierre N'GOU DIMBA acknowledged all the efforts from partners to accelerate the delivery of PHC financing improvements towards enhancing Universal Health Coverage.



“Building resilient systems oriented towards primary health care is essential to achieve both Universal Health Coverage and health security. We appreciate your efforts in accelerating the delivery of primary healthcare financing improvements” Hon. Mr. Pierre N'GOU DIMBA, Minister of Health in Côte d'Ivoire, at the official opening of the Primary Healthcare Financing Forum, October 31st, 2023, Abidjan.



REGIONAL LEARNING AND EXPLORATION OF INNOVATIONS IN FINANCING HEALTH CARE: THE GHANA EXPERIENCE

To observe the 20th Anniversary of the establishment of Ghana’s National Insurance Scheme, the National Health Insurance Authority (NHIA) in collaboration with the WHO, held an African Regional Conference on Health Financing to utilize Ghana’s experience as a basis for regional learning and an exploration of innovations in financing health care.

In 2003, Ghana established a National Health Insurance Scheme (NHIS), through an Act of Parliament (Act 650) to provide financial risk protection for all residents in Ghana, which would protect against out-of-pocket payments at the point of service use and obtain access to a defined package of health services. In 2012, the National Health Insurance Act 2003 (Act 650) was replaced with the National Health Insurance Act 2012 (Act 852) which merged erstwhile separate District Mutual Health Insurance Schemes (DMHISs) into a unitary national health insurer scheme managed by a National Health Insurance Authority. This major contributor to financial risk reduction now covers 17.2 million people in Ghana after having chalked 20 years of operation.

The Regional Conference on Health Financing held on 12-13 October 2023, in Accra, aimed at showcasing the Ghana story and its backing evidence on the design features over time, political economy dynamics, implementation processes as well as measurable performance of the NHIS. It provided a platform to support sharing lessons learned from experience, disseminate good practices, and contribute to capacity and institutional development, relative to health financing.

Twenty-eight (28) countries attended the conference and discussed different health financing mechanisms found in the African region. They agreed on a set of priority actions including health financing reform approaches which will help drive progress toward UHC.



Ghana’s Minister of Health, Hon. Kwaku Agyeman-Manu at the opening ceremony recounted the Ghana National Health Insurance Scheme journey and called for more concerted efforts to sustain it.

“Ghana’s NHIS has gotten massive international recognition but much more needs to be done to sustain it. Let’s keep expanding social health insurance schemes to ensure that populations are protected from catastrophic health expenditures.” Said Hon. Kwaku Agyeman-Manu at the opening ceremony of the Regional Conference on Health Financing, October 12th, 2023, Accra.



WHO'S SUPPORT TO EQUATORIAL GUINEA IN REDUCING MATERNAL MORTALITY



The government of Equatorial Guinea has made a priority, the improvement of the health outcomes for its population over the past two decades. Despite investments in the health sector, significant challenges remain, particularly maternal mortality which stays high with 290 per 100,000 live births without significant reduction between 2010 and 2020.

Faced with this situation, the Minister of Health and Social Protection, Sr. Mitoha Ondo'o Ayecaba has taken an important initiative to address the persistent challenges to accelerate the maternal mortality ratio to reach the SDG target 3.1 (70 per 100,000) live births by

2030 with a milestone of 226 per 100,000 live births in 2025. In that regard, He requested WHO's technical and financial assistance to develop a Maternal Mortality reduction acceleration plan in Equatorial Guinea.

In November 2023, WHO convened all stakeholders including the Ministry of Health and other partners such as UNICEF and UNFPA to a two-day co-creation workshop for the identification and consensus on the activities of the acceleration plan. This aimed to ensure alignment with the Ending Preventable Maternal Mortality/Every Newborn Action Plan (EPMM/ENA) and the National Health Development Plan (NHDP).

The workshop outputs enabled the WHO expert team to develop a draft of the acceleration plan, which was then reviewed by a working group established by the Ministry of Health. Feedback from the working group allowed the WHO expert team to finalize the costed acceleration plan for maternal mortality reduction with a monitoring and evaluation framework with key country stakeholders.



This activity played a crucial role in equipping Equatorial Guinea with a plan to accelerate the reduction of maternal mortality. WHO will continue to support its implementation to ensure the achievement of the targeted results” said Dr George Ameh, WHO Representative in Equatorial Guinea



STRENGTHENING BLOOD TRANSFUSION SERVICES IN MAURITANIA

Mauritania has a low rate of blood donations and consequently, inadequate availability of blood when blood is urgently needed.

Health statistics in Mauritania show that the direct causes of maternal death are pre- and postpartum hemorrhage (24%), pre-eclampsia and eclampsia (16%), sepsis (10%), and abortion-related complications (9%).

The National Blood Transfusion Center relies heavily on replacement family donors, which significantly compromises the security of the blood supply. In 2022, for example, the proportion of voluntary, unpaid blood donations was only 22%. There is currently an urgent political will to revamp the Blood Transfusion Centre to provide the required services needed to reduce mortality due to the inadequacy of blood and blood products as well as an effective and efficient blood transfusion system.

The WHO Regional Office for Africa is therefore providing the necessary technical support and training to strengthen the capacity of the Blood Transfusion

Centre to ensure self-sufficiency in blood product safety in the country.

From 16 to 26 October 2023, through a field mission, WHO in collaboration with Blood Transfusion Centre conducted a situation analysis of blood transfusion at the national level, and organized visits to different general hospitals to learn firsthand how blood collection, analysis, storage, and distribution is done in the hospitals and the quality management systems in place for these processes.

In addition, 41 clinicians, caregivers, and other staff involved in transfusion services were trained on the national guidelines for the rational use of blood to improve transfusion practices in hospital settings.

Through different activities, WHO will continue to support the government of Mauritania to strengthen blood transfusion services and accelerate the implementation of the Voluntary blood donation program to improve the availability of blood and blood products in hospital settings.

IMPLEMENTING LEGAL REFORMS TO ENHANCE PROGRESS TOWARDS UNIVERSAL HEALTH COVERAGE IN COTE D'IVOIRE



Côte d'Ivoire, like other countries in the WHO African region, is committed to implementing the Universal Health Coverage (UHC) so that all the country's inhabitants have access to quality care without financial hardship.

However, an assessment of the legal framework relating to health highlighted weak or inadequate regulations in the healthcare sector hindering access to quality care for many populations.

Concerned by the well-being and health of the population, the Government of Côte d'Ivoire is strengthening the legislative and regulatory framework

relating to health through the adoption of various laws, in particular, Law No. 2019-676 of 23 July 2019 relating to tobacco control, Law No. 2019-677 of 23 July 2019 on the orientation of public health policy and Law No. 2019-678 of 23 July 2023 on hospital reform.

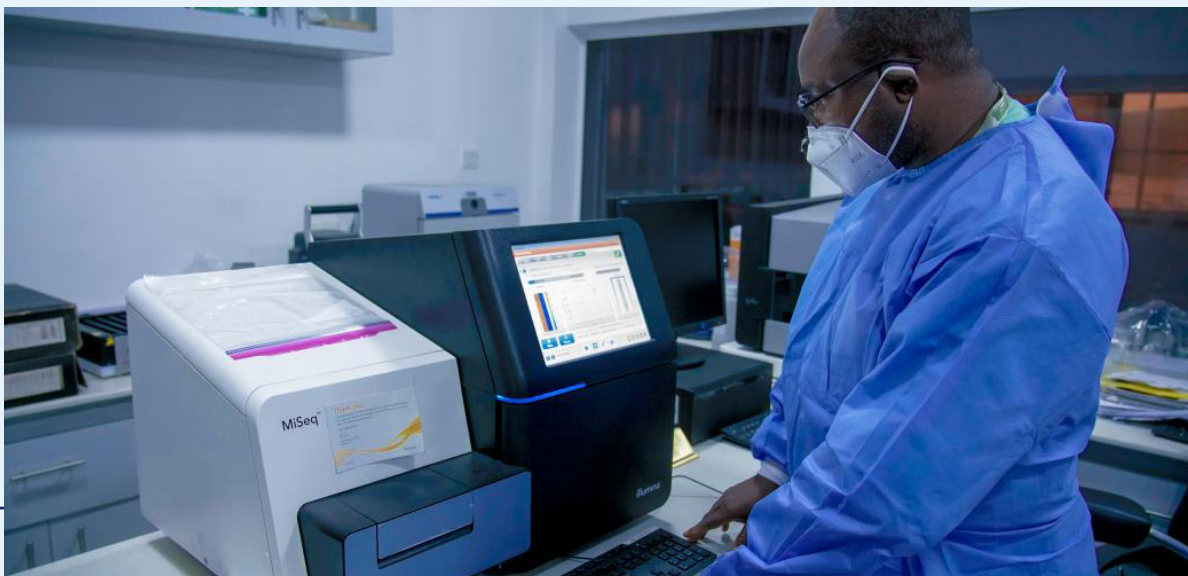
To facilitate the implementation of these various laws, the Ministry of Health initiated a process of developing their implementing texts, starting with Law No. 2019-678 of July 23, 2023 on hospital reform. The Ministry of Health in collaboration with WHO provided technical support and advice on the content of Law No. 2019-678 of 23 July 2019 on hospital reform to facilitate its implementation.



The drafting of the implementing texts of the law on hospital reform aims to improve the governance and performance of the Ivorian health system while ensuring that patients are at the heart of this health system.” Said Dr Franck Angodji N'DJOMON, Deputy Director in charge of Hospital Reform and Hospital Establishment Projects, at the Ministry of Health

To date, the government has adopted and signed 27 of 37 decrees implementing the law on hospital reform. These decrees relate to the creation of a new category of Public Establishment, strengthening community participation in the planning, monitoring, and internal control of budget management, staff motivation, and autonomy in the management of Human Resources as well as improving the availability of pharmaceuticals among others.

HEALTH TECHNOLOGY ASSESSMENT (HTA) FOR PRIORITY SETTING TO ACHIEVE UNIVERSAL HEALTH COVERAGE



The World Health Assembly Resolution WHA67.23 on Health intervention and technology assessment in support of universal health coverage urges member states to consider establishing national systems of health intervention and technology assessment to inform policy decisions in priority-setting.

In line with providing the needed support to the member states to strengthen the capacity for health interventions and technology assessments, the Universal Health Coverage Life Course (ULC) organized a workshop on Health Technology Assessment to raise awareness and foster knowledge to encourage the practice of health technology assessment and its uses in evidence-based decision-making among member states in the African Region.

Held in Addis Ababa, Ethiopia, from December 12th to 14th, 2023, the workshop was attended

by participants selected from 11 countries in the African Region and was facilitated by experts from the three tiers of WHO, the Africa Centres for Disease Control and Prevention (Africa CDC), Kenya Medical Research Institute (KEMRI) and Instance Nationale de l'Évaluation et de l'Accréditation en Santé (INEAS).

This workshop, which is one of the activities under the project **“Equitable Access to Vaccines, Medicines, and Health Technologies, and Local Manufacturing in Africa”** funded by the European Commission DG INTPA, fostered knowledge, guiding countries to progress toward implementing Health Technology Assessment concepts and principles.

In her opening remarks Acting WHO Representative for Ethiopia Dr Dlamini emphasized the fact that whilst high- and middle-income countries are using Health Technology Assessment for priority setting, low and middle-income countries, especially African nations, with limited healthcare budgets, are struggling to prioritize healthcare needs and allocate their investments effectively.



“As per the requests from countries WHO is supporting and providing guidance and support for structures and systems to establish Health Technology Assessment processes and policy frameworks,” Dr. Nonhlanhla Dlamini added.

Health Technology Assessment ensures that selected interventions are cost-effective and provide optimum financial risk protection for the poor through efficient and equitable allocation of resources. As a follow-up to the workshop, three countries will receive support to implement their Health Technology Assessment roadmaps, with field visits organized to assist in developing and adapting materials on Health Technology Assessment.



IMPROVING ACCESS TO REHABILITATION AND ASSISTIVE TECHNOLOGY IN THE AFRICAN REGION

The need for rehabilitation and assistive products is growing in the African region. With a population of 1.2 billion in Africa, over 400 million persons could benefit from rehabilitation services and assistive technology (AT).

WHO supports Member States in developing evidence-based policies and programs using the WHO assessment toolkit (ATA), and guidelines and organizes regional awareness and capacity- building workshops on procurement, regulation, and provision, of assistive products in routine and emergency contexts.

From 21 to 23 November 2023, the WHO Regional Office for Africa hosted in Ethiopia the first regional meeting on rehabilitation and assistive technology that aimed to assess countries' progress in implementing national rehabilitation and assistive products plans and to introduce an array of recent WHO Technical products to scaling up strengthening rehabilitation and technical products in health systems.

The meeting brought together national rehabilitation professionals and WHO countries office focal persons from 20 countries as well as funding and implementing partners including Assistive Technology

Scale (ATscale), International Committee of the Red Cross (ICRC), Clinton Health Access Initiative (CHAI), AIFO (Italian Association Amici di Raoul Follereau), Christian Blind Mission (CBM), APEFE - Association pour la Promotion de l'Education et de la Formation à l'Etranger, Liliane funds, reLABS-HS , rehabilitation program under USAID.

The meeting provided an opportunity for countries to share their experiences, lessons learned, and achieved results in the development of strategies plans and policies, rehabilitation and assistive technology workforce, harmonization of rehabilitation and assistive technology strengthening, rehabilitation and assistive technology in health information system and health financing scheme, and task shifting in Primary Healthcare (PHC).

As a result of this meeting, priority actions to increase equity in access to rehabilitation and assistive technology for the next biennium, 2024-2026, were identified by every country, and the regional roadmap to provide support to countries was established. In addition, a partner coordination mechanism is being established to coordinate in-countries support and monitor achieved results and impact.

HARMONIZING AND IMPROVING SUPPORT TO COUNTRIES FOR GREATER IMPACT FOR REPRODUCTIVE, MATERNAL, NEWBORN, CHILD, AND ADOLESCENT HEALTH (RMNCAH) IN THE AFRICAN REGION

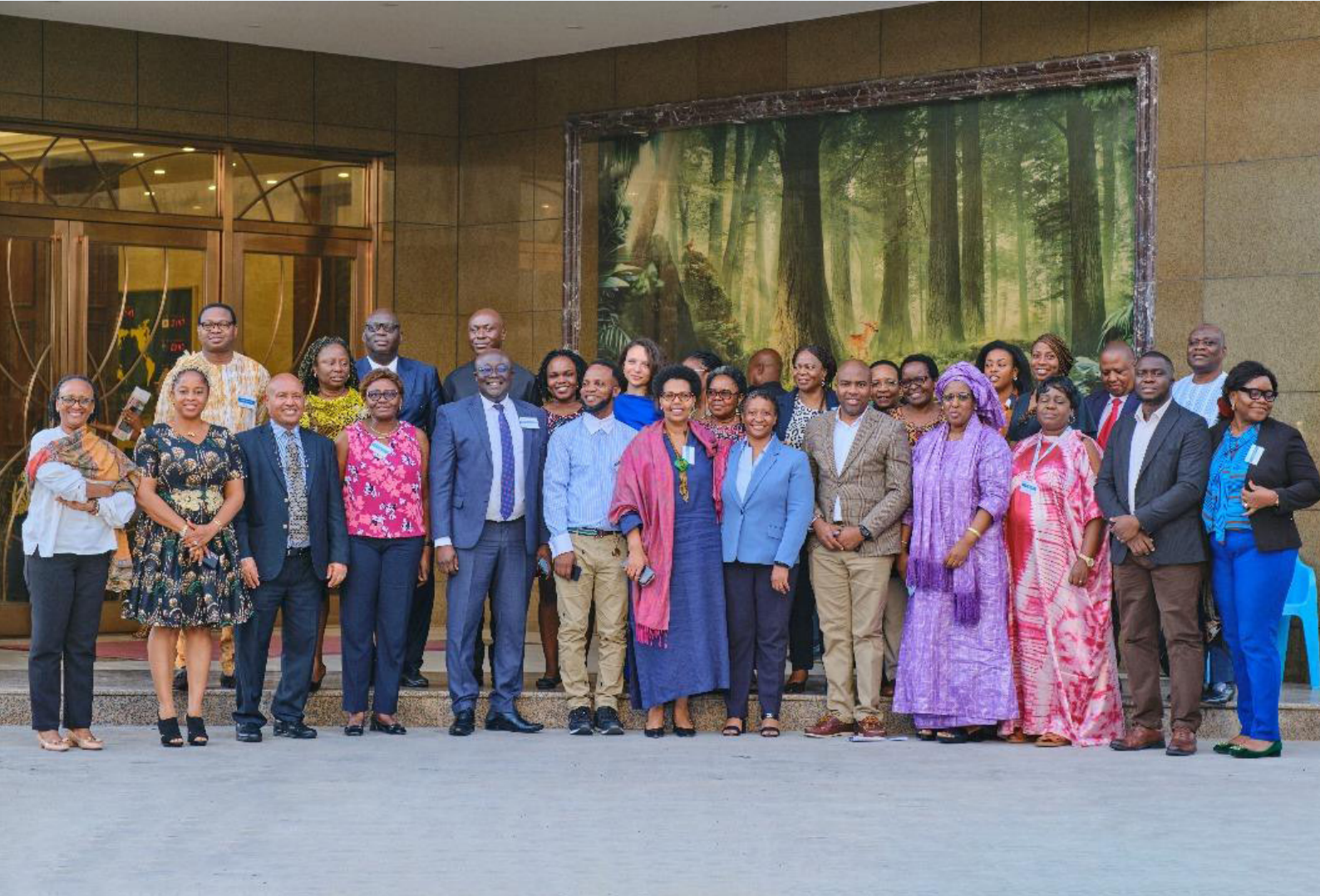


The World Health Organization (WHO) is poised to start a new biennium, which will see the end of the Thirteenth General Programme of Work (GPW13), the beginning of GPW14 (2025-2028), and the final push to achieving the targets of the Sustainable Development Goals 2023 (SDGs).

GPW14 describes the global context as a 'dramatically different world'. 'The pace of key demographic, epidemiologic, environmental, economic, technologic, and scientific changes have accelerated. Emerging from the COVID-19 pandemic, countries face a challenging environment for achieving better health outcomes due to shrinking fiscal space, climate change, aging populations, food insecurity, a growing burden of mental health and other non-communicable diseases (NCDs), new infectious hazards, growing inequalities, urbanization, country debt burdens, conflict, migration, and geopolitical instability.

A 'different world' is also true within the African Region. As part of the WHO AFRO functional review, there have been transformative changes, including the appointment of new staff, changes in existing roles, and the creation of 11 Multi-Country Assignment Teams (MCATs) to replace the three Inter-country Support Teams (ISTs). The MCAT mechanism is a significant tool that brings high-caliber expertise closer to countries in technical areas such as reproductive, maternal, newborn, child, and adolescent health and healthy ageing (RMNCAH). Thus, facilitating engagement with national agencies and technical partners and providing more in-depth dedicated support to fewer countries on a more continuous basis.

The Reproductive and Maternal Health and Healthy Ageing (RMH) team, Child and Adolescent Health (CAH) team, and MCAT colleagues held a two-day retreat in Pointe Noire, Congo, from 4th to 5th December 2023. Also, RMNCAH staff members from the 6 countries without MCAT representation, including the Central African Republic, Nigeria, Ethiopia, South Sudan, the Democratic Republic of Congo, and the Republic of Congo, participated in the retreat.



The retreat critically evaluated how to work more effectively and efficiently towards influencing and driving policies and investments for the health and well-being of women, children, adolescents, and older persons in the WHO Africa Region. The retreat set clear strategic priorities for the new biennium, summarized under four pillars.

- ✓ Accelerate progress in reducing the number of preventable maternal deaths, stillbirths, neonatal, and under-five mortality.
- ✓ Accelerate progress in reducing inequalities related to healthy aging, especially in older women.
- ✓ Accelerate progress in reducing inequalities in access and utilization of RMNCAH services.
- ✓ 4. Promote multisectoral support for the broader determinants of sexual, reproductive, maternal, newborn, child, and adolescent health, as well as

To achieve all these a consensus was reached for closer collaboration among the RMNCAH teams including the regional teams and Multicounty Assignment Team (MCATs).to jointly and effectively support countries.

World Health Organization Regional Office for Africa

Universal Health Coverage/ Life Course Cluster

OUR VISION

All people across different population sub-groups in the African region have the health care they need, where and when they need it without suffering financial hardship.

