The WHO Regional Office for Africa (AFRO), based in Brazzaville, Republic of Congo, is responsible for 47 of the 54 countries in Africa.
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Who we are

The World Health Organization (WHO) is building a better future for people everywhere. Health lays the foundation for vibrant and productive communities, stronger economies, safer nations and a better world. Our work touches lives around the world every day – often in invisible ways. As the lead health authority within the United Nations (UN) system, we help ensure the safety of the air we breathe, the food we eat, the water we drink and the medicines and vaccines that treat and protect us. The Organization aims to provide every child, woman and man with the best chance to lead a healthier, longer life.

WHO has been at the centre of or behind dramatic improvements in public health since it was established in 1948, gathering the world’s top health experts, defining solutions, delivering guidelines and mobilizing governments, health workers and partners to positively impact people’s health. The Organization works in close collaboration with other UN agencies, donors, non-governmental organizations (NGOs), WHO collaborating centres and the private sector. It contributes to promoting the general health of people across the world. Over 7,000 public health experts from all over the globe work for WHO, in most countries worldwide.
“WHO in the African Region supports Member States to attain the highest possible level of health for all people. Governments in the Region play a crucial role in leadership and good governance for the success of our collaborative efforts to improve health as a precondition for socio-economic development.”

Dr. Luis G. Sambo, Regional Director for Africa.
WHO Member States meet every year at the World Health Assembly in Geneva, Switzerland, to set policy on a range of issues pertinent to the health of people across the globe. The Assembly approves the budget and, every five years, appoints the Director-General. A 34-member Executive Board and six Regional Committees support and guide WHO’s work.

"WHO helps ensure every child, woman and man receives the best health service wherever they are, at all times."
Dr. Luis Gomes Sambo, WHO Regional Director for Africa.

The Organization’s mandate from Member States leans towards resolving technical and health policy support issues to address the more fundamental health problems facing countries.

"Our Organization works every day so people everywhere can live a healthier, longer life. Health is a person’s most valuable asset in life and investment in good health is the foundation of productive communities, stronger economies and a better world."
Dr. Matshidiso Moeti, Deputy Regional Director for Africa.
WHO’s impartiality in setting standards and norms for the improvement of health means many countries can rely on its standards in health systems, health promotion, disease prevention and control as well as in child and maternal health, among others. WHO’s unique global and regional convening power provides a critical platform for engaging partners and other stakeholders on topical regional and global health development issues. WHO experts are a ready source of technical expertise that countries in the Region can tap into. The Organization is also renowned for its promotion of evidence-based/informed data and support to countries in tackling diseases.

The comparative advantage of WHO includes its capacity to develop evidence in response to current and emerging health issues; ability to contribute to capacity building; capacity to respond to changing needs based on an ongoing assessment of performance; and potential to work with other sectors, organizations and stakeholders to have a significant impact on health.

What makes WHO unique?
WHO offices around the world
WHO in the African Region

The WHO Regional Office for Africa (AFRO), based in Brazzaville, Republic of Congo, is responsible for 47 of the 54 countries in Africa. It plans and executes WHO’s work to support countries in the Region. AFRO is headed by the Regional Director, and the majority of staff are public health experts, alongside professionals from other disciplines, such as health economics, pharmacy, nursing, epidemiology, communications and administration. Staff working in the WHO African Region are based in the WHO Regional Office, WHO Country Offices and three Inter-Country Support Teams (ISTS, based in Harare, Zimbabwe, for East and Southern Africa; Libreville, Gabon, for Central Africa; and Ouagadougou, Burkina Faso, for West Africa).

Core functions

To enable everyone to attain the highest possible level of health, WHO provides experienced medical and health expertise to support countries in the Region to prevent and control diseases. It builds the capacity of national governments to improve their people’s health and gathers, analyses and disseminates information on how various health problems can be solved.

With its Headquarters in Geneva, WHO has six Regional Offices:

1. AFRO – the African Regional Office, in Brazzaville, Congo
2. EMRO – the Eastern Mediterranean Regional Office, in Cairo, Egypt
3. EURO – the European Regional Office, in Copenhagen, Denmark
4. WPRO – the Western Pacific Regional Office, in Manila, Philippines
5. SEARO – the South-East Asia Regional Office, in New Delhi, India
6. AMRO/PAHO – the Regional Office for the Americas, in Washington, DC, US

The Organization has 154 offices globally, 47 of which are in the African Region.
Health challenges

“Everybody has a right to good health: we stand for health as a right.”
Dr. Matshidiso Moeti, Deputy Regional Director for Africa.

The health challenges facing the WHO African Region include communicable and non-communicable diseases and high maternal and child mortality. These are being aggravated by poverty, the global financial crisis, epidemics and other natural and man-made disasters. Effective public health interventions that could contribute to a reduction of the high disease burden exist, but weak health systems mean coverage of interventions remains low. With country-to-country variations, this weakness of health systems often relates to leadership and governance; staffing; medical products, vaccines and technologies; information; financing; and service delivery. The Region is also characterized by low per capita expenditure on health.

Other challenges include ensuring universal access to health services and addressing the impact of the broad determinants of health, such as access to education, housing, clean water and sanitation, safe food, nutrition and health promotion. This also entails promoting economic and working conditions, along with other aspects of environmental hygiene.
“We help countries define their health policies and set their priorities. In collaboration with other development partners, we support countries to improve people’s health in the most efficient – and sustainable – way possible.”

Dr. Oladapo Walker, West Africa IST Coordinator.
Since its inception in 1952, WHO in the African Region has worked with other development organizations to support countries to improve the health of the Region’s population.

WHO’s work in the African Region includes, among others, the development of norms and standards, strategies, policy tools and guidelines to meet the needs of countries at any given time, with the attainment of the highest possible level of health for all people as the overriding goal.

At the regional level, the work of WHO falls under five priority areas:
- Communicable Diseases
- Non-communicable Diseases
- Promoting Health through the Life Course
- Health Systems
- Preparedness, Surveillance and Response

“We work towards a world where everyone has an opportunity to access high-quality health care.”

Dr. Bocar Toure, Former Director, Health Systems Cluster.
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- Uganda
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- Zimbabwe
HIV/AIDS
HIV/AIDS has touched all aspects of the lives of both the infected and the affected. The disease has challenged the continent’s health and social services, led to the creation of millions of orphans and had a negative impact on productivity. Dual infection with TB is a major cause of death among HIV-infected people. The prevention and control of HIV/AIDS and other STIs are both a health and a development priority. WHO is at the forefront of supporting countries in the fight against HIV/AIDS through a range of initiatives. HIV prevention efforts are bearing fruits, with indications of behaviour change and reductions in HIV incidence rates in a number of high-burden countries. The scaling-up of life-saving and infection-prevention HIV treatment in the African Region constitutes one of the great public health achievements of the past few years. This has led to significant declines in HIV/AIDS-related mortality.

Communicable diseases
Some of the major contributors to short lifespan in the Region are infectious diseases such as HIV/AIDS, tuberculosis, malaria, diarrhoeal diseases, acute respiratory infections and vaccine-preventable diseases. WHO is at the forefront of supporting countries through a range of activities to tackle these diseases, which contribute substantially to national and individual poverty and whose prevention and control are vital to improvement of socio-economic development and attainment of the Millennium Development Goals (MDGs). WHO’s work in this area involves supporting countries to develop, adapt and revise policies and strategies, mobilizing technical and financial resources and scaling up access to prevention, care and treatment. Some of the Organization’s work includes the prevention and control of diseases such as:

Sexually transmitted infections
Sexually transmitted infections (STIs) such as HIV and viral hepatitis are spread through exposure to infective bodily fluids such as blood, vaginal secretions and semen. Hepatitis is a significant concern in the African Region, and the majority of people living with hepatitis B and C are unaware of their infections. The prevention and control of sexually transmitted diseases such as HIV/AIDS and others are a medical, social and educational priority, and WHO is at the forefront of supporting countries through a range of initiatives. For example, in addition to health promotion and public awareness, countries are supported to scale up universal access to antiretroviral therapy (ART).
Tuberculosis
Every year, 9 million people globally get sick with TB; unfortunately, a third of them do not get the TB services they deserve. Most of these 3 million people live in the world’s poorest, most vulnerable communities, including countries of the African Region.

TB is curable, but it remains a major public health problem in the African Region. In 2013, out of every 100 cases of TB globally, 26 of them were from the African Region. The TB epidemic in Africa is largely fuelled by poverty and simultaneous infection with HIV and TB, known as TB and HIV co-infection. People, especially poor people living with HIV, are more likely than others to become sick with TB. The emergence of multidrug-resistant and extensively drug-resistant TB is an additional challenge for the Region. Other key challenges relate to health systems strengthening, especially in relation to human resources and laboratories. Improving the quality and coverage of DOTS, TB/HIV collaborative activities and active surveillance for drug-resistant TB are some of the ways WHO is supporting countries to tackle the disease.

Neglected tropical diseases
Neglected tropical diseases (NTDs) are a group of infectious diseases that are endemic in a number of developing countries, including countries in the African Region. They are usually associated with heat and humidity in tropical settings as well as poverty and illiteracy. NTDs affect, almost exclusively, poor and powerless people living in the rural parts of low-income countries, and are given little attention, hence the term “neglected”. Most of them are vector-borne, transmitted by mosquitoes, black flies, sand flies, tsetse flies and snails. A few are transmitted through contaminated waters and soils. Poor sanitation and limited access to basic health care play a role in the heavy burden of these diseases in poor communities.

NTDs affect an estimated billion people in the world. Up to 90% of the total disease burden is believed to occur in Africa. WHO provides technical orientation, support and guidance to countries in the WHO African Region towards the prevention, control, elimination and eradication of NTDs.
Malaria

Malaria causes untold human misery in the African Region as well as economic and social devastation. It remains a major cause of illness and death in young children in endemic countries. Women also are vulnerable to malaria, particularly during pregnancy, leading to severe anaemia, miscarriage, low birth weight and other complications in the mother and the newborn child.

Malaria leads to catastrophic spending in households and is an obstacle to the development of African communities and nations. Interventions targeted at preventing the transmission of malaria have resulted in substantial reduction of the disease in many countries in the Region.

WHO’s technical support to countries to adopt and implement WHO-recommended proven cost-effective interventions such as artemisinin-based combination therapy (ACT), the use of insecticide-treated bednets, indoor residual spraying and other actions is contributing to the reduction of the malaria burden. Furthermore, WHO supports the strengthening of global, regional and country partnerships in the fight against HIV/AIDS, TB and malaria.
“The value of traditional and new life-saving vaccines can only solely be realized if countries put in place robust, stable health systems that can deliver these vaccines both efficiently and widely to reach all eligible children, as well as committing long-term and adequate financial resources to maintain and sustain the gains of vaccination in order to attain MDGs 4 and 5.”

Dr. Deo Nshimirimana, Director, Immunization, Vaccines and Emergencies.

**Vaccine-preventable diseases**

WHO AFRO provides technical support to the African Region to reduce sickness, disability and death from vaccine-preventable diseases, through achieving and sustaining high immunization coverage, eradicating poliomyelitis, eliminating measles and neonatal tetanus and controlling meningitis and yellow fever, along with introducing new vaccines.
Immunization and vaccine development

Immunization is a proven tool for controlling and eliminating life-threatening infectious diseases and is estimated to avert up to 3 million deaths each year.

WHO works to rapidly raise protection levels in vulnerable populations through routine immunization of infants and mass vaccination of at-risk populations in all countries. It also works on early detection and response to epidemics, promoting operational research and working with local and national governments to secure and coordinate funding for immunization activities. WHO/AFRO maximizes access to and utilization of immunization services — strengthening immunization programmes and systems as well as supporting introduction of underutilized and new vaccines — through strong district-based programmes that deliver efficient, quality and sustainable services. The Organization uses the Reach Every District (RED) approach, developed with partners as the main innovative strategy to improve stagnating immunization coverage and reduce inequities in Africa. Other innovative strategies include Periodic Intensification of Routine Immunization (PIRI) activities.

The RED approach works to reach all target populations, provide supportive supervision, link communities with service delivery and ensure monitoring for action and better management of available resources. At every stage, RED focuses on immunizing every child and pregnant woman, which can result in lifetime protection through vaccination against life-threatening diseases.
Polio eradication

Polio (poliomyelitis) mainly affects children under five years of age. It invades the nervous system, and can cause total paralysis in a matter of hours. One in 200 infections leads to irreversible paralysis. Among those paralysed, 5% to 10% die when their breathing muscles become immobilized.

As long as a single child remains infected, children in all countries are at risk of contracting polio. Oral Polio Vaccine (OPV) is used as the primary vaccine in interrupting wild poliomyelitis virus (WPV) transmission, administered through routine immunization and during supplementary immunization activities (SIAs). When given multiple times, this vaccine always protects a child for life. The Organization continues to work with countries towards the eradication of poliomyelitis from the region. In addition to synchronised campaigns, effective disease surveillance mechanisms are also being implemented in partnership with other agencies and Member States for early detection and control of diseases.

“WHO is committed to continue supporting Ministries of Health to formulate immunization policies and strategies to improve immunization service delivery, ranging from accelerating uptake of all available vaccines to application of innovation and findings from research and development, linkages between immunization and other health interventions.”

Dr. Deo Nshimirimana, Director, Immunization and Vaccine Development.
Some progress made in countries in the African Region in the area of Communicable Diseases with WHO support is as follows:

- By the end of 2011, the percentage of pregnant women living with HIV who received ART to prevent mother-to-child transmission had reached 59% as compared with 49% in 2009.
- Previously increasing trends of TB incidence have been halted and may actually have been declining in the past two years.
- Guinea worm disease transmission has been interrupted in 35 countries and support has been provided to countries for early detection and case containment (4 countries), verification (3 countries) and certification (5 countries).
- Leprosy elimination has been sustained in 45 countries.
- Annual new cases of sleeping sickness have been reduced to less than 10,000 since 2009.
- Regional immunization coverage with three doses of the DTP-containing vaccine and with the first-dose measles vaccine was 72% and 73%, respectively, in 2012.
- There was an 84% reduction in the estimated number of measles deaths between 2000 and 2011 in the African Region, achieved through the cumulative effect of improvements in routine immunization coverage and the conduct of mass vaccination activities, which reached more than 600 million children in 43 countries between 2001 and 2013.
- Out of 46 countries, 32 have received validation of the elimination of neonatal tetanus.
- As of the end of December 2013, Haemophilus influenza type B and hepatitis B vaccines had been introduced in all the countries in the region but one, and pneumococcal conjugate and rotavirus vaccines in 27 and 11 countries, respectively.
- The newly conjugate meningococcal meningitis A vaccine has been introduced in 12 hyper-endemic countries in West and Central Africa, with more than 150 million people vaccinated so far. No confirmed case of meningitis owing to Neisseria meningitidis type A has been reported in vaccinated populations.
- In 2013, during the third edition of African Vaccination Week, approximately 7.5 million doses of various antigens were administered in 16 countries. In addition, 31.5 million vitamin A and 21.2 million deworming tablets were distributed in 13 and 9 countries, respectively, while 6.4 million children were screened for malnutrition in 3 countries and 3.6 million WASH kits were distributed in another 3 countries.
- Only one country in the WHO African Region remains endemic for poliovirus transmission, and three countries that experienced re-establishment of poliovirus transmission after resurgence of WPV transmission in the Region in 2010-2011 were able to interrupt this transmission by end-2012.
- The establishment of the African Vaccine Regulators Forum has facilitated the joint review, authorization and monitoring of vaccine clinical trials in Africa.
Non-communicable diseases

The increasing burden of chronic non-communicable diseases (NCDs) in the Region is threatening to overwhelm already overstretched health services. NCDs such as cardiovascular diseases (CVDs), cancers, diabetes, chronic respiratory diseases and conditions like sickle cell disease, violence, injuries and disabilities, oral diseases, visual impairments, deafness and mental disorders challenge health systems and absorb substantial amounts of resources. NCDs and related conditions share modifiable risk factors, including unhealthy diet, tobacco use and harmful alcohol use as well as social health determinants. Many of these are preventable and WHO supports countries in the preparation of coherent strategies and policies including cost-effective interventions for the prevention and control of NCDs at primary health care level.

Among the various NCD areas WHO works in are the following:

Mental health is a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community. Armed conflicts, genocide, violence, famine and displacement in the African Region are causing significant challenges to mental health. Rates of mental disorders often double after emergencies.

WHO also works with countries to integrate mental health and prevention of substance abuse into general health care systems, using the community-based approach. The Organization also promotes prevention, control and treatment of neurological, psychiatric and psychosocial problems and substance abuse-related problems. Countries are supported to develop strategies to prevent and mitigate injuries, violence and physical and sensory disabilities, which are also major public health problems in the region. WHO also assists in strengthening emergency and long-term care services for the injured.
Non-communicable diseases

**Diabetes**

Modernization, rapid urbanization and aggressive marketing of unhealthy foods, among other factors, are playing a major role in the upsurge of diabetes in Africa. People in the African Region are increasingly adopting lifestyles marked by reduced physical activity and eating habits that involve higher intake of refined sugars and saturated fats. In 2011, an estimated 14.7 million adults in the region were suffering from diabetes, which resulted in 344,000 deaths. During that same period, countries spent nearly US$2.8 billion on the disease.

The challenges countries face in tackling diabetes is well known: services for the care of chronic diseases are poorly organized; public awareness about diabetes is limited; and well-structured education programmes for patients and health professionals are not available.

**Cardiovascular diseases**

CVDs are often called “silent killers” because heart attacks and strokes are a common first warning sign of an underlying disease. High blood pressure is the most frequent and most important risk factor for CVDs. Its prevalence is estimated to be about 20 million in the African Region.

CVDs are the number one cause of death globally: more people die annually from CVDs than from any other cause. Many people in low- and middle-income countries die younger from CVDs and other NCDs, often in their most productive years. At the household level, sufficient evidence is emerging to prove CVDs and other NCDs contribute to poverty, given catastrophic health spending and high out-of-pocket expenditure. CVDs thus place a heavy burden on the economies of low- and middle-income countries.
Sickle cell
disease, or sickle cell anaemia, is a major genetic disease that affects most countries in the African Region. In sickle cell disease, the normal round shape of red blood cells become like a crescent moon. Round red blood cells can move easily through the blood vessels but sickled shaped cells interconnect and can result in blood clots that can cause extreme pain. In the Region, the majority of children with the most severe form of the disease die before the age of five, usually from an infection or severe blood loss. In countries such as Cameroon, the Republic of Congo, Gabon, Ghana and Nigeria, prevalence is between 20% and 30%; in some parts of Uganda, it is as high as 45%.
Cancer
Cancer is an emerging public health problem throughout the African Region. Cancer is the uncontrolled growth and spread of cells that eventually form a growth or tumour. Hepatitis B virus, hepatitis C virus and some strains of human papilloma virus cause up to 20% of the cancer deaths in the Region.

Many people in the Region do not know they have cancer until it is in its advanced stages. There is growing evidence that about 40% of all cancer deaths can be prevented if diagnosed early and the known risk factors are addressed.
Oral diseases
Oral diseases such as dental caries, periodontal diseases, noma, oro-facial trauma, the oral manifestations of HIV infection, birth defects and oral cancer cause significant pain and suffering, leading to disruption of daily performance and school attendance, and present an economic and developmental burden to individuals and societies alike. In nearly all African countries, a high level of untreated and preventable oral diseases result in constantly high patient demand for essential oral health care, posing challenges to health systems. WHO supports countries in the translation of innovative policy options into action for cost-effective prevention and management of oral diseases integrated with and contributing to the reduction of NCDs and shared common risk factors.

Visual impairments
Currently, 285 million people in the world have visual impairment. Of these, 246 million have low vision and 39 million are blind. The two main causes of visual impairment are uncorrected refractive errors and cataract, and the first cause of blindness is cataract. Approximately 90% of visually impaired people live in developing countries. About 65% of all people who are visually impaired are aged 50 and older. With an increasing elderly population in many countries, more people will be at risk of age-related visual impairment. WHO coordinates international efforts to reduce visual impairments and supports countries to develop policies and strategies to address this.

KEY achievements
Progress recorded in the African Region in the area of Non-communicable Diseases with WHO support includes the following:

- 29 countries have implemented measures to protect the public from exposure to tobacco smoke.
- Surveillance of NCDs has been enhanced through the development of a regional database involving 21 countries, which will feed into the African Health Observatory (AHO).
- High-level advocacy and awareness campaigns have resulted in the adoption of the Brazzaville Declaration on NCDs and the establishment of NCD Units or Departments in various Ministries of Health.
Promoting health through the life course

Health needs to be promoted at every stage of life, taking into account the societal conditions in which people are born, grow, live, work and age, together with gender, equity and human rights.

WHO promotes the continuum of care spanning from pregnancy and childbirth to childhood. It also ensures the continuum of care covers the home (through empowering families), the community (through improving primary care facilities and bringing care closer to the home) and referral health facilities.

Countries in the region are provided with technical support to reduce maternal, infant and child deaths and to improve the quality of family and reproductive health during the key stages of life such as pregnancy, childbirth, the neonatal period, childhood, adolescence and ageing. WHO also assists countries to accelerate the response to the determinants of health. Some of the Organization’s work addresses the following:

Newborn health

A newborn infant, or neonate, is a child under 28 days of age. During these first 28 days of life, the child is at the highest risk of dying. Safe childbirth and effective neonatal care are essential to prevent these deaths. The main causes include prematurity and low birth weight, infections, lack of oxygen at birth and birth trauma.

Many newborns born prematurely are more susceptible to infections. Early initiation of breastfeeding – within one hour of birth – can protect the newborn from acquiring infections and significantly reduce infant mortality. Of the 11 countries with preterm birth rates of over 15%, all but 2 are in the African Region.
Children represent the future, and ensuring their healthy growth and development ought to be a prime concern of all societies. The primary causes of death in children under five include pneumonia, preterm birth complications, diarrhoea, birth asphyxia and malaria. Newborns are particularly vulnerable and children are vulnerable to malnutrition and infectious diseases, many of which can be effectively prevented or treated.

WHO is improving child health by helping countries deliver integrated, effective care in a continuum, starting with a healthy pregnancy for the mother, through birth and care up to five years of age. Investing in health systems is key to delivering this essential care. WHO in collaboration with partners assists governments and partners through a range of programmes such as the Expanded Programme on Immunization (EPI) and the Integrated Management of Childhood Illnesses (IMCI) to ensure the prevention and treatment of childhood diseases are done in an integrated manner. Countries are equally assisted in various ways to prevent malnutrition through the promotion of appropriate infant and young child feeding practices and continuous surveillance of the nutritional status of populations.

“The World Health Organization is building a better future for people everywhere. We touch lives around the world every day. We help ensure the safety of the air we breathe, the food we eat, the water we drink and the medicines and vaccines that treat and protect us. Our work aims at providing every child, woman and man with the best chance to lead a healthier, longer life.”

Dr. Tigest Ketsela, Director, Health Promotion Cluster.
Most young people are thought of as healthy, but many serious diseases in adulthood have their roots in adolescence. Adolescents—young people between the ages of 10 and 19 years—are prone to early unwanted pregnancies, septic abortions, sexual abuse, alcohol and substance use and abuse and vulnerability to risks associated with early sexual activity.

Harmful drinking among young people along with increasing problem of HIV/AIDS and other sexually transmitted diseases are issues of concern in the African Region. Alcohol increases risky behaviours, contributes to violence and is a primary cause of injuries, particularly road traffic accidents, which claim the lives of an estimated 700 young people every day.

Lack of adolescent-friendly health services and inadequate policy orientation to meet adolescent health needs are some of the priority problems that countries of the Region are supported by WHO to address.
Women’s health

Women in the region still face very high rates of maternal mortality, a huge burden of HIV/AIDS, gender-based violence and other harmful practices, unsafe abortion and its consequences, cervical cancer and non-communicable diseases. In addition, women’s limited access to education and decision-making positions, coupled with their low income, limits their ability to protect their own health and the health of their families, and therefore increases their social, physical and financial vulnerability.

Despite considerable progress in past decades, countries continue to fail to meet the health care needs of women at key stages in their lives. In a variety of ways, WHO is at the forefront in assisting countries to adopt a holistic, human rights-based and multidisciplinary approach to addressing women’s health, covering not only public health issues but also economic and cultural factors. These actions include strengthening community structures and resources to maximize family and community participation in maternal, newborn and child health interventions.

Other actions include integration of gender into national health policies and programmes along with policies to prevent and manage all forms of violence against women, including harmful traditional practices, and advocacy on reproductive health.
Concerned that health systems have not been prepared to respond to the needs of the rapidly ageing population, including preventive, curative, palliative and specialized care, and that this is putting an additional strain on already overstretched health systems, WHO supports countries to promote partnerships for a holistic and multi-sectoral approach, and strengthens appropriate service delivery for the elderly with targeted preventive, palliative and specialized care.

Improving gender-sensitive interventions and public awareness to improve family and community support for the elderly are some of the other areas the Organization helps countries with.

Healthy ageing

Given the significant gain in life expectancy in the African Region, a growing number of people in Africa are living longer than ever before but face increased risk of chronic diseases, disabilities and premature death. The region continues to face a burden of persistent infectious diseases, while the frequency of risk factors for chronic diseases is also on the increase.

By 2020, it is estimated that non-communicable diseases (NCDs) such as heart disease, cancer and diabetes will be among the main causes of mortality in the African Region. For elderly women, age and gender discrimination is a major concern, often leading to disempowerment and resulting in poor health outcomes, victimization and even death.
Sexual and reproductive health encompasses a wide array of health challenges that include maternal mortality and morbidity, infant mortality, unsafe abortion, unwanted pregnancies, family planning and infertility. It also includes sexually transmitted and reproductive tract infections, cancers of the reproductive tract, harmful practices and violence against women and children and sexual and reproductive health problems affecting young people.

Of the 529,000 maternal deaths that occur globally every year, about 48% are in the African Region. The lifetime risk of maternal death from pregnancy-related complications is 1 in 26 in comparison with 1 in 4,000 in industrialized countries. About 25% of unsafe abortions are among teenagers 15-19 years old, the highest rate in the world. Cervical cancer is the most common cancer affecting women in the Region and one of the leading causes of preventable death. Approximately 50% of cases are diagnosed late; 80% of the deaths from cervical cancer can be prevented if detected early.
More than 50% of births that take place during adolescence occur in the African Region. This contributes significantly to high infant and maternal mortality rates. Many deadly health conditions are particularly associated with pregnancy during adolescence. These include anaemia, malaria, HIV and other sexually transmitted infections, postpartum haemorrhage and mental health disorders such as depression.

Malaria in the region poses a significant threat during pregnancy, as it can cause maternal and foetal anaemia, stillbirth, spontaneous abortion and low birth weight, and increases the risk of neonatal death. The transmission of HIV from a mother to her child during pregnancy, labour, delivery or breastfeeding can be as high as 45% in the absence of interventions. HIV transmission rates can be reduced to levels below 5% with effective interventions.

Most maternal deaths can be prevented through skilled care at childbirth. In Sub-Saharan Africa, where maternal mortality rates are the highest, only 46% of women are attended by a trained midwife, nurse or doctor during childbirth.
Healthy environment

Environmental health is a broad category that addresses all the physical, chemical and biological factors that are external to a person. These range from air quality and pollution to healthy homes and occupational hazards. Exposure to unsafe drinking water, inadequate sanitation and poor hygiene is a leading cause of cholera and a variety of infectious and tropical diseases in the African Region.

Environmentally linked illnesses plague people’s lives, in particular the very young and vulnerable.

Many factors that affect people’s health are not under the direct responsibility of the health ministry. These include, for example, housing, education, water, environment, sanitation, food, security, income etc. The huge disease burden of countries in the African Region owes partly to structural determinants that exist outside the sphere of influence of the health sector. In supporting countries to strengthen their health systems, WHO therefore takes a comprehensive view of all these factors and identifies the best ways of providing assistance that is suitable to each political and socio-economic context.

Social and economic determinants of health

In the African Region, health inequities and inequalities exist between and within countries, and contribute disproportionately to high incidence of preventable illness, disability and premature deaths across population groups, particularly the poor, women, children, the elderly and displaced populations.

In recent decades, gaps in health equity between countries and among social groups within countries have widened, despite medical and technological progress. WHO and other health and development actors provide technical support to countries to tackle health inequities.

Meeting this goal will require attending to the social and economic factors that determine people’s opportunities for health. An intersectoral approach is indispensable for substantial progress towards health equity. The deeply interwoven nature of health and economic development processes calls for coordination among multiple sectors to reach health goals, and the importance of addressing poverty and gender inequality.
Food safety and nutrition

Sometimes people get sick from the food they eat, and the most common symptoms of foodborne illness include stomach pains, diarrhoea and vomiting.

In the African Region, the consequences of foodborne illnesses are more severe in infants, the chronically ill, pregnant women and the elderly. Most foodborne illness is preventable through proper food cooking, handling and storage. WHO supports countries in strengthening nutrition surveillance and the development of food safety legislation and strategies. The Organization also assists in promoting nutrition education and communication programmes.

KEY achievements

Some progress made in the African Region in the area of Promoting Health through the Life Course with WHO support is as follows:

- The African Region doubled its average annual rate of reduction in under-five mortality from 1.5% per year over 1990-2000 to 3.1% per year over 2000-2011.
- In 2012, 15 countries in the African Region were on track to reduce child deaths by two-thirds between 1990 and 2015, compared with 5 in 2008. Ethiopia, Liberia, Malawi and Tanzania had already reduced their under-five mortality rates by two-thirds between 1990 and 2012, achieving their MDG 4 target early.
- To date, 23 countries have adopted policies for community case management of pneumonia, compared with 10 in 2008. A total of 17 countries are implementing integrated community case management of pneumonia, diarrhoea and malaria.
- In 2011, 26 countries were implementing Integrated Management of Childhood Illness (IMCI) approaches in more than 75% of target districts, compared with 22 in 2009.
- Youth-Friendly Health Services Standards have been developed in 15 countries.
- 17 countries reduced their maternal mortality ratio by more than 50% from 1990 to 2010.
- 34 countries have initiated the development of Health National Adaption Plans to Climate Change.
- 16 countries have reviewed their tobacco tax systems, including tax structures, tax rates and tax administration.
- 46 countries are implementing integrated strategies and plans to improve maternal, newborn, child, adolescent and reproductive health (RMNCH).
- Between 2013 and 2014, 11 additional countries removed financial barriers to maternal and child health services, to a total of 26 countries with such policies. This has contributed to increased access to RMNCH services.
Health systems

“WHO’s people are united by the principle that health is a basic human right. It is the foundation of vibrant and productive communities, stronger economies, safer nations and a better world.”
Dr. David Okello, East and Southern Africa IST Coordinator.

Every country needs a strong health system to provide care that reaches all citizens. The attainment of the highest possible level of health by all people has always been WHO’s overriding goal. WHO helps countries towards this goal, helping countries strengthen their health systems through evidence-based health policies and realistic plans, and through improving health service performance in terms of quality, effectiveness, efficiency, coverage and equitable accessibility.

A health system comprises all the organizations, institutions and resources involved in delivering health care to individuals. WHO support to governments in this area includes development of national capacities for health research; generation and use of evidence-based health information in decision making; and development, implementation and monitoring and evaluation of comprehensive national health policies and health sector strategic plans.

In the African Region, WHO and other health development partners are working in a coordinated manner through the Harmonization for Health in Africa (HHA) initiative, to support countries to strengthen their health systems to improve health and attain the health-related MDGs.
Traditional medicine

Traditional medicine refers to the sum total of the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health and in the prevention, diagnosis, improvement or treatment of physical and mental illness. Current WHO estimates show that, for 80% of the people in the developing world, traditional medicine is the main – and sometimes the only – source of health care.

In the African Region, WHO supports countries to integrate traditional medicine in their national health systems through the development of national policies and plans; regulation of practitioners, practices and traditional or herbal medicines; and the conduct of research to produce evidence on safety, efficacy and quality. The Organization also supports countries to strengthen capacity of practitioners and training institutions to include traditional medicine in curricula; create an enabling political, economic and regulatory environment for local production of plant-based medicines; and develop mechanisms to protect traditional medicine knowledge.

Universal health coverage

The goal of universal health coverage (UHC) is to ensure all people obtain the health services they need without suffering financial hardship when paying for them. This requires:

- A strong, efficient, well-run health system;
- A system for financing health services;
- Access to essential medicines and technologies;
- Sufficient capacity of well-trained, motivated health workers.

UHC has a direct impact on a population’s health. Access to health services enables people to be more productive and active contributors to their families and communities. It also ensures children can go to school and learn. At the same time, financial risk protection prevents people from being pushed into poverty when they have to pay for health services out of their own pockets. UHC is thus a critical component of sustainable development and poverty reduction, and a key element of any effort to reduce social inequities. Many countries are undertaking various initiatives to achieve UHC: establishing national health insurance schemes and community-based insurance schemes and using non-physician health workers, including community health workers, to increase coverage of essential services, especially for rural communities.

What we do

Health systems

equity
“I regard universal health coverage as the single most powerful concept public health has to offer. It is inclusive. It unifies services and delivers them in a comprehensive and integrated way, based on primary health care.”

Dr. Margaret Chan, WHO Director-General.
Essential medicines

Essential medicines are those that satisfy priority health care needs, such as in malaria, HIV/AIDS, TB and reproductive health. Chronic diseases such as cancer, cardiovascular disease and diabetes also rely heavily on essential medicines. Essential medicines are selected with due regard for public health relevance, evidence on efficacy and safety and comparative cost effectiveness. These medicines save lives, reduce suffering and improve health, but only when they are of good quality, safe, effective, available and properly used by prescribers and patients.

Medicines are households’ largest health care expense, accounting for up to 66% in poor households. Meanwhile, more than 50% of the population in the region has no regular access to essential medicines.

Many countries in the region have been supported to develop national essential medicines policies to increase access to essential medicines and monitor the emergence of medicines resistance. Support is also provided to countries for the creation of safer environments for medicine prescription, distribution and consumption.
Laboratories continue to play a critical role in all disease control and prevention programmes by providing timely and accurate information for use in patient management and disease surveillance, and WHO supports countries in strengthening laboratory capacity across the Region.

Clinical laboratories are responsible for providing accurate diagnosis of ongoing, recent or past infections for appropriate case management. In the African Region, the situation of laboratory services is characterized by inadequate funding, staffing, equipment and supplies. Laboratory-based surveillance of meningitis epidemics has played a significant role in timely outbreak response and management.

Accuracy and reliability of laboratory testing is critical to blood safety and the success of HIV/AIDS programmes in the Region. In order to ensure reliability and reduce errors to a minimum, a quality system that addresses all aspects of the testing is essential.

A well-functioning regional laboratory network for influenza and emerging dangerous pathogens including Ebola, Marburg disease and Lassa fever, among others, has also been established. This is playing a crucial role in routine surveillance and in the confirmation of influenza and haemorrhagic fever outbreaks.

Currently, there are very few accredited laboratories in Africa, and most of these are owned by the private sector or international research organizations. To strengthen the capacity of laboratories in the African Region, WHO in collaboration with the African Society for Laboratory Medicine (ASLM) and the US Centers for Disease Control and Prevention (CDC) has established the Stepwise Laboratory Improvement Process Towards Accreditation (SLIPTA) in the African Region. This process enables laboratories to develop and document their ability to detect, identify and promptly respond to and report all diseases of public health significance that may be present in clinical specimens. As more and more laboratories get accredited through this process, it is expected that this will translate into better service delivery.
The health workforce consists of health service providers, such as doctors, nurses, midwives, pharmacists and community health workers, and health care management and support staff. In the past few decades, there has been growing concern about the shortage of skilled health workers in the African Region. This is one of the key impediments to the development of effective health systems. Lack of access to quality health care providers is one of the primary root causes of health inequity and is disproportionately experienced by people living in remote and rural communities.

WHO’s response to this challenge is to support countries to formulate comprehensive human resources policies and plans; strengthen institutions to train appropriate and relevant health staff in terms of numbers and quality; strengthen the capacity of ministries of health to manage their available health workforce; and generate information and evidence for planning and implementation. At the global level, WHO advocates for macro-economic policies that have an impact on national health workforces in collaboration with other partners.
Blood is the most precious gift anyone can give to another person. Blood transfusion saves lives and improves health, but many patients requiring transfusion do not have timely access to safe blood. In the African Region, up to 65% of blood transfusions are given to children under five.

Life-giving blood is often used to manage pregnancy-related complications, malaria and severe childhood anaemia. Blood is also needed to cover the excessive amount of sickle cell disease and road traffic injuries – leading causes of death in young people.

A total of 38 countries in the African Region report collecting fewer than 10 donations per 1,000 population. There is a constant need for regular blood because it can be stored only for a limited time before use. Regular blood donations by a sufficient number of healthy people are needed to ensure safe blood will be available whenever and wherever it is needed. More than 50% of blood supply is still dependent on family members and paid blood donors.

All blood donations should be screened for HIV, hepatitis B, hepatitis C and syphilis prior to use. Irregular supply of test kits is one of the most commonly reported barriers to comprehensive screening.
Health information systems

Health information systems represent a key component of national health systems. Ministries of Health and their partners have recognized the importance of statistics and evidence in shaping policy and decision making in the Region. In 2011, WHO established the African Health Observatory (AHO) to act as a tool in addressing priority health problems in the Region. This is designed to facilitate multi-stakeholder collaboration and partnership in accessing and using information for strengthening national health systems and improving health outcomes. As a repository of the best information available on health, it serves as a tool to monitor health status and trends, including progress towards the 2015 MDGs.

Health financing

On average, 48% of total health expenditure in the region comes from private sources, with the bulk of this coming from direct out-of-pocket household expenditures. Other key challenges include limited health insurance coverage; lack of social safety nets to protect the poor; inefficient resource use; weak coordination of partner support; and a poor health financing evidence base.

KEY achievements

Some progress in the African Region in the area of Health Systems with WHO support includes the following:

- WHO AFRO has helped countries analyse expenditure trends, monitor efforts to meet both regional and global health financing targets and undertake financial feasibility analysis of prepaid health financing mechanisms.
- A road map for scaling up the health workforce in the region has been produced and adopted.
- An analytical health profile reflecting the health situation in the African Region is available on the AHO web platform and regular updates are being made.
- Laboratories now produce test results that are widely used in clinical and public health settings, and health outcomes depend on the accuracy of the testing and reporting.
- Approximately 80 laboratories are implementing External Quality Assessment for enteric and meningitis pathogens, plague, tuberculosis, malaria, HIV, haematology and clinical chemistry.
- The SLIPTA framework for improving quality of public health laboratories in the African Region has been established.
- All countries are being trained on bio-risk management and transport of infectious substances.
- In the field of patient safety, technical guidelines have been developed and disseminated, and countries’ capacity on their use has been strengthened.
- In the field of health technology and medical devices, a survey organized in 2010-2011 is enabling a clearer picture of the situation in countries.
- WHO AFRO has developed in close collaboration with partners an Integrated Management for Emergency and Essential Surgical Care toolkit, which has been introduced in more than 15 countries.
- WHO AFRO is supporting countries in their efforts to develop a national legal framework on organ donation.
Preparedness, Surveillance and Response

“Since the establishment of the WHO Regional Strategic Health Operations Centre (SHOC), it has become the permanent nerve centre of WHO’s alert and response operations for acute public health emergencies that frequently occur in the African Region. The SHOC is used to monitor and provide timely response to infectious disease outbreaks, natural and man-made disasters and other public health emergencies.”

Dr. Deo Nshimirimana, Director, Immunization and Vaccine Development.

Epidemic and pandemic diseases often result in untold suffering and death. With adequate preparation, the consequences of epidemic diseases and other public health emergencies could be drastically minimized. Through effective national and international risk reduction, surveillance, preparedness, response and recovery actions, WHO supports countries to reduce the health consequences of epidemic and pandemic diseases, natural disasters and conflicts, and minimize their social and economic impact.
WHO in the African Region

The Organization assesses the vulnerability of countries and builds their capacity in emergency preparedness and response through inter-sectoral collaborative approaches. WHO also supports inter-country technical cooperation to encourage countries to work together efficiently and effectively to alleviate the health impact of epidemics, natural and man-made disasters and other public health emergencies.

Countries are equally supported to set up contingency stocks of medicines, vaccines and other relevant supplies for adequate management of epidemics. With regard to capacity building, WHO trains health personnel in disease surveillance and epidemic management, as well as developing and disseminating guidelines on surveillance, epidemic prevention and control.

“WHO’s effective technical assistance to Member States relies on strong reliable and flexible support services that ensure the necessary expertise, goods and services are available in the right place, at the right time and at the right cost.”

Raul Thomas, Director, General Management Cluster.

KEY achievements

Some progress in the African Region in the area of Preparedness, Surveillance and Response with WHO support includes the following:

- Early diagnosis of and response to epidemics in countries of the Region through networking of public health laboratories;
- Availability of quality data on epidemics and other public health emergencies through enhanced public health surveillance systems;
- Improved epidemic readiness through assessment and monitoring of IHR core capacities;
- Better coordination of the response to major cholera outbreaks in countries through the establishment of C4 (the Cholera Control and Command Centre);
- Reduction of death and disease during epidemics through the deployment of a rapid response team of experts in the field within 48 hours;
- High-level advocacy for the creation and operationalization of the African Public Health Emergency Fund (APHEF);
- Timely decisions and rapid interventions in the field to save lives during emergencies as a result of real-time management of outbreak information through the SHOCs.
“Every individual has the right to a healthy life course. A high quality of life and a long life expectancy for every individual are achievable.”

Dr. Francis Kasolo, Director, Disease Prevention and Control.

WHO AFRO Strategic Health Operations Centre

In 2012, WHO established a Strategic Health Operations Centre, known simply as the AFRO SHOC Room, at the Brazzaville Headquarters of the Regional Office for Africa. The 24/7 state-of-the-art AFRO SHOC serves as a hub for coordinating WHO’s response to outbreaks, epidemics, pandemics, natural or man-made disasters and other public health emergencies in the region.
“The AFRO SHOC Room revolutionizes our ability to mount a coordinated rapid response and to save lives more quickly.”

Senait Tekeste, SHOC Manager.
How well-coordinated partnerships can improve health

Malaria
Strong coordination and partnerships have helped control malaria. The disease is now close to elimination in South Africa, Botswana, Swaziland and Namibia. South Africa/Botswana and Swaziland have been working closely together to achieve elimination.

Onchocerciasis
The African Programme on Onchocerciasis Control (APOC) has been so successful that it is now closing as a control programme and reassigning its objective as elimination of a disease that once caused widespread blindness.

Guinea worm
Close partnership with countries and communities, and sustained application of interventions shown to be effective, has led to the elimination of guinea worm, a once widespread parasite, in most African countries and communities. Only four countries remain endemic for guinea worm.

Leprosy
Continuing support of leprosy detection and treatment programmes has led to a dramatic decline in the number of new cases of leprosy. The African Region reported far fewer cases in 2011 (17,953) than did the Region of the Americas (36,817) and the South-East Asian Region (160,132).
Meningitis

A good example of well-coordinated partnerships is the campaign to reduce meningitis A in the ‘African meningitis belt’. This was achieved by mass vaccination with a new meningitis A vaccine developed by an India-based company (a very good example of South-South partnership). This campaign involved careful planning and coordination between partners and has resulted in no new cases being identified in the countries that have participated.
Conclusion

“WHO works with Member States and partners to assess health determinants and trends, improve programme performance and measure the impact of evidence-informed interventions on the well-being of communities.”

Dr. Georges Ki Zerbo, Central Africa IST Coordinator.

Considerable progress has been made but much more needs to be done to realize the noble mission of the attainment of a state of complete physical, social and mental well-being. WHO will continue to work with Member States and partners to advocate for appropriate attention to health in the post-2015 development agenda and to provide support to countries towards the achievement of their health goals. Together with other health stakeholders, WHO will work to ensure harmonized actions and effective results for people in the African Region.

Health is the cornerstone of human development, as evidenced by several global and regional commitments in health, such as the MDGs, and the implementation of strategies and interventions for eventual universal health coverage to cement the health gains made during the past decade. This is a challenge that inspires us all with fresh faith and enthusiasm.
WHO’s work is funded primarily through assessed contributions and voluntary contributions. Assessed contributions are compulsory contributions that each Member State is mandated to make to the Organization as agreed by the World Health Assembly. The Organization has flexibility on the use of assessed contributions for its programmes. Currently, only about 20% of the overall WHO budget comes from assessed contributions.

Voluntary contributions come mainly from bilateral and multilateral development agencies, governments and a few private foundations, and they are intended for specific purposes. The Organization is relying increasingly on unpredictable voluntary contributions provided by a limited number of funding sources, which sometimes come in at far below the budget target adopted by the World Health Assembly, even in priority areas. As these are not guaranteed, the capacity of WHO to implement or plan programmes depends on how well partners/donors fulfil their promises. This poses a real challenge to the work of the Organization.

A major constraint has been the global financial crisis, which has resulted in diminished resources available to WHO. Much has been done, but the Organization is constantly looking for new partners and donors to continue to carry out its mission and support countries in Africa in their ongoing efforts to improve people’s health.

“If WHO funding was more flexible and predictable, we could address health issues in a more holistic manner using a system approach and providing more efficient support to Member States.”

Dr. Luís Gomes Sambo, WHO Regional Director for Africa.
The World Health Organization contributes to a better future for people everywhere. Good health lays the foundation for vibrant and productive communities, stronger economies, safer nations and a better world. Our work touches people’s lives around the world every day. As the lead health authority within the United Nations system, we help ensure the safety of the medicines and vaccines that treat and protect us, the air we breathe, the food we eat and the water we drink. We aim to provide every child, woman and man with the best chance to lead a long, healthy and fulfilled life.

We listen to countries and monitor health trends to work out what needs to be done to protect human health. We use the best scientific evidence available to establish the most effective ways to prevent, treat and cure health problems. The vision of health for all is no longer a dream, but an achievable concrete reality.

This brochure presents WHO key highlights and achievements in carrying out our mission in the Africa Region.