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**STATUS OF IMPLEMENTATION OF THE RECOMMENDATIONS OF THE REPORT
ON ADDRESSING THE CHALLENGES OF WOMEN'S HEALTH IN AFRICA**

Information Document

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BACKGROUND

1. The Commission on Women's Health in the African Region was established in 2009 in response to resolution AFR/RC58/R1 adopted by the WHO Regional Committee for Africa at its Fifty-eighth session.¹ The multidisciplinary commission gathered evidence on key factors influencing women's health in the African Region and recommended appropriate actions across all sectors of society in order to achieve rapid and sustainable improvement in women's health. The 2012 report of the Commission titled '*Addressing the Challenges of Women's Health in Africa*'² was endorsed via resolution AFR/RC63/R4 urging Member States to implement six grouped recommendations to improve women's health and development.³

2. The recommendations focused on good governance and leadership; policy and legislative initiatives; multisectoral interventions; empowering girls and women; improving the responsiveness of health systems; and data collection for monitoring progress towards achievement of women's health targets. They highlighted the need to rethink approaches and mobilize political will and commitments at the highest level possible towards realization of improved women's health outcomes in Africa.

3. This second progress report builds on the first report⁴ presented during the Sixty-fifth session. It highlights progress made in implementing the recommendations of the Commission during the period 2016–2017 and proposes next steps.

PROGRESS MADE

4. Political commitment to women's health and rights has increased in the Region since the 2015 progress report. Thirty-seven Member States⁵ have made written commitments to the Global strategy for women's, children's and adolescents' health (2016–2030).⁶ All Member States have ratified the Convention on Elimination of all Forms of Discrimination against Women and the number of Member States with gender policies⁷ increased from 29 in 2014 to 35 by 2017. The proportion of women in parliament in Africa⁸ has also increased marginally from 23% in 2014 to 24% in 2018.

¹ Resolution AFR/RC58/R1, Women's Health in the WHO African Region: A call for action. In *Fifty-eighth session of the WHO Regional Committee for Africa, Yaounde, Republic of Cameroon, 1–5 September 2008, Final Report*, Brazzaville, Congo, World Health Organization, Regional Office for Africa, 2008 (AFR/RC58/20) pp.7–11.

² WHO, *Addressing the Challenges of Women's Health in Africa: report of the Commission on Women's Health in the African Region* (Document AFR/RC63/8). In: *Sixty-third session of the WHO Regional Committee for Africa, Brazzaville, Republic of Congo, 2–6 September 2013, Final Report*, Brazzaville, Congo, World Health Organization, Regional Office for Africa, 2013 (AFR/RC63/16) pp.10–12.

³ Resolution AFR/RC63/R4, Addressing the challenges of women's health in Africa: report of the commission on Women's Health in the African Region. In *Sixty-third session of the WHO Regional Committee for Africa, Brazzaville, Republic of Congo, 2–6 September 2013, Final Report*, Brazzaville, Congo, World Health Organization, Regional Office for Africa, 2013 (AFR/RC63/16) pp.10–12.

⁴ WHO, Progress report on the implementation of the recommendations of the women's health commission for the African region (AFR/RC65/INF.DOC/6). In: *Sixty-fifth Session of the WHO Regional Committee for Africa, N'Djamena, Republic of Chad, November 2015*.

⁵ Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Cameroon, Central African Republic, Comoros, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Eritrea, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Lesotho, Liberia, Madagascar, Malawi, Mali, Mozambique, Mauritania, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Sudan, Togo, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

⁶ Global Strategy for Women's, Children's and Adolescents' Health (2016–2030). New York: Every Woman Every Child; 2015.

⁷ The UN Millennium Development Goals report 2014.

⁸ Inter-Parliamentary Union, Women in National Parliaments, regional averages, <http://archive.ipu.org/wmn-e/world.htm> assessed 24.04.2018.

5. All national health development plans and strategies incorporate elements of women's health and 35 Member States⁹ have included approaches for addressing gender, equity; rights and social determinants of health in their national strategic health development framework. All Member States also have some form of legislative instruments to combat child trafficking and slavery, as well as to prevent violence against women resulting from gender bias, exploitation, and sexual violence. Twenty-one Member States¹⁰ have national education policies that promote increase in girls' enrolment in secondary schools and encourage continuation of pregnant girls' education during or after pregnancy.

6. The number of Member States with multisectoral frameworks for improving women's health throughout the life course¹¹ increased from 21 in 2015 to 29 in 2017. Twenty-eight Member States have set up multisectoral committees for the coordination of interventions related to women's health¹² and have established gender focal points within other government ministries apart from health. Thirty-three Member States¹³ have developed some form of social protection mechanism for women and 31 Member States¹⁴ have started utilizing new technologies (internet and mobile telephony) to improve accessibility and quality of health care services for women.

7. Member States continue to make progress in the area of information and accountability for women's and children's health. Twenty-five Member States¹⁵ have evaluated their civil status registration systems for births, marriages, deaths and causes of deaths and are currently developing strategies for improving these systems. Sixteen Member States¹⁶ are evolving simplified community civil status registration systems in settings where official services are inaccessible. All Member States have adopted maternal death surveillance and response to promote routine identification and timely notification of maternal deaths and quality improvement processes.

8. Although progress has been made, challenges remain and need to be urgently addressed. These challenges include the slow pace in the reduction of maternal mortality, inadequate basic emergency obstetric and newborn care services, inadequate investment in women's and children's health and poor coverage of health insurance schemes. Other challenges include poor

⁹ Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Cameroon, Central African Republic, Comoros, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Eritrea, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Lesotho, Liberia, Madagascar, Malawi, Mali, Mozambique, Niger, Nigeria, Rwanda, Senegal, Seychelles, Sierra Leone, South Sudan, Togo, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

¹⁰ Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Cameroon, Chad, Congo, Democratic Republic of the Congo, Gambia, Ghana, Liberia, Malawi, Niger, Nigeria, Rwanda, Senegal, Seychelles, Togo, Zambia and Zimbabwe.

¹¹ Botswana, Burkina Faso, Cabo Verde, Cameroon, Central African Republic, Comoros, Côte d'Ivoire, Democratic Republic of the Congo, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Lesotho, Liberia, Malawi, Mali, Mauritania, Mozambique, Niger, Nigeria, Sao Tome and Principe, Senegal, Seychelles, South Sudan, Togo, United Republic of Tanzania, Zambia and Zimbabwe.

¹² Botswana, Burkina Faso, Cabo Verde, Cameroon, Central African Republic, Comoros, Democratic Republic of the Congo, Eritrea, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Lesotho, Malawi, Mali, Mozambique, Mauritania, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, South Sudan, Togo, United Republic of Tanzania and Zambia.

¹³ Cabo Verde, Cameroon, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Sudan, Togo, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

¹⁴ Burkina Faso, Burundi, Cabo Verde, Cameroon, Chad, Comoros, Côte d'Ivoire, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Niger, Nigeria, Rwanda, Senegal, Seychelles, Sierra Leone, South Sudan, Togo, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

¹⁵ Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Cameroon, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Gambia, Madagascar, Mali, Mozambique, Mauritania, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Togo, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

¹⁶ Benin, Botswana, Burkina Faso, Cabo Verde, Chad, Comoros, Democratic Republic of the Congo, Mali, Niger, Nigeria, Seychelles, Togo, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

data quality, weak civil registration and vital statistics systems, and inadequate capacity for integrating multisectoral actions, gender, equity and rights into women's health.

NEXT STEPS

9. Member States should:

- (a) fast-track efforts to drastically reduce maternal and newborn mortality and make women's health a political priority;
- (b) scale up sustainable health financing solutions to make women's health care affordable for all;
- (c) expand task-shifting, address inequities in the distribution of health workers and implement innovative information and telecommunication strategies to address human resource for health challenges;
- (d) invest in quality improvement interventions, health data, civil registration and vital statistics and implementation research on effective approaches for integrating equity, gender and rights into women's health.

10. WHO and partners should:

- (a) intensify support for capacity building at all levels for programming multisectoral, equity-oriented, rights-based, and gender-transformative approaches to women's health; and
- (b) revitalize community-based health planning and services with focus on "*leaving no one behind*".

11. The Regional Committee is invited to take note of this progress report and endorse the proposed next steps.