



World Health
Organization

African Region



Shaping a healthier future

UNIVERSAL HEALTH COVERAGE/HEALTHIER POPULATIONS CLUSTER
RESULTS REPORT FOR THE END OF THE BIENNIUM 2022–2023



Shaping a healthier future: Universal Health Coverage/Healthier Populations Cluster: results report for the end of the biennium 2022–2023

Reference number: WHO/AFRO/UHP:2024-02

© WHO African Region, 2024

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: “This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition”.

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

Suggested citation. Shaping a healthier future: Universal Health Coverage/Healthier Populations Cluster: results report for the end of the biennium 2022–2023. Brazzaville: WHO African Region, 2024. Licence: [CC BY-NC-SA 3.0 IGO](https://creativecommons.org/licenses/by-nc-sa/3.0/igo).

Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

Sales, rights and licensing. To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <http://www.who.int/about/licensing>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers’ products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

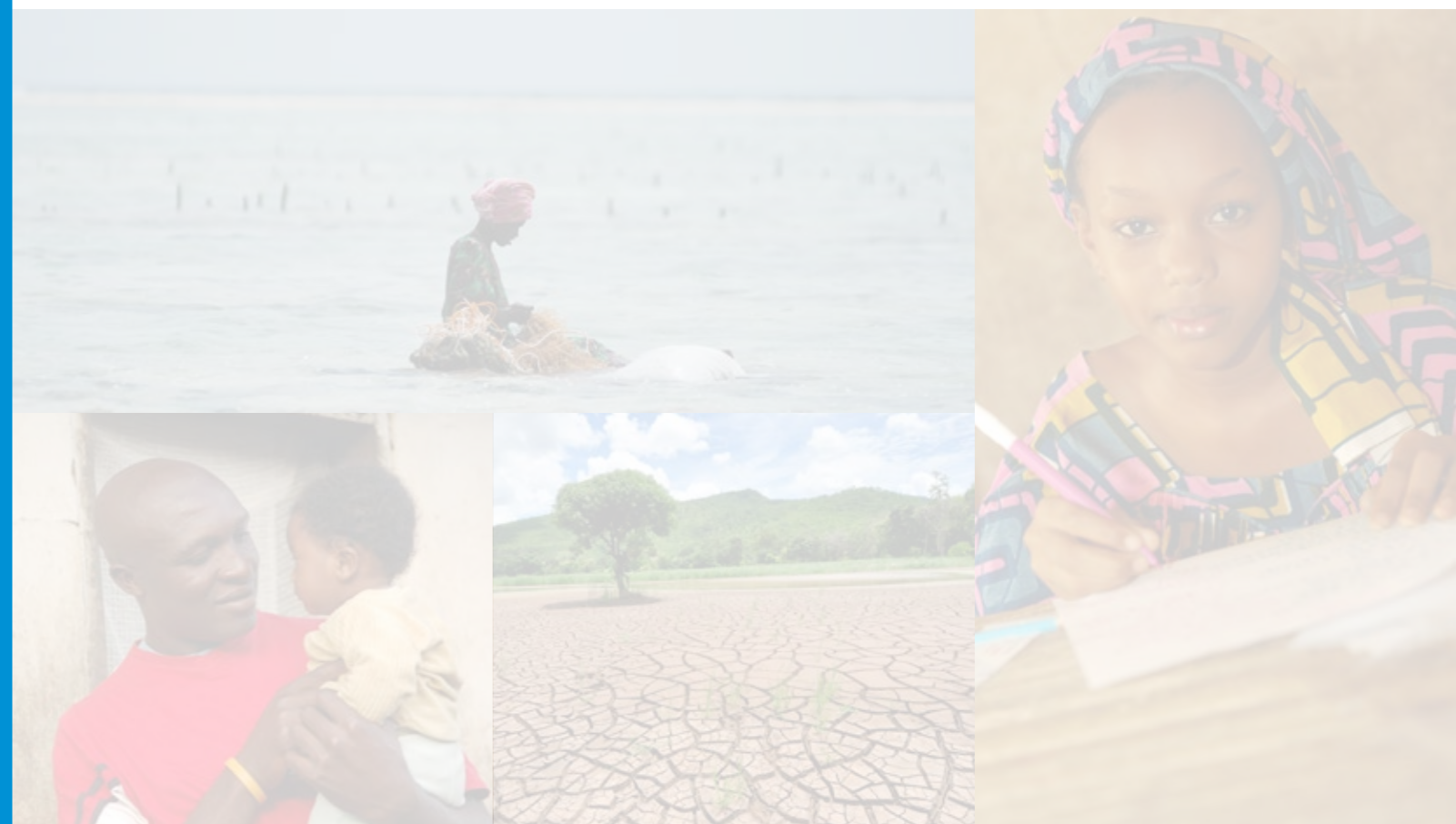
All photos: ©WHO/Pudlowski

Designed in Brazzaville, Republic of Congo



Shaping a healthier future

UNIVERSAL HEALTH COVERAGE/HEALTHIER POPULATIONS CLUSTER
RESULTS REPORT FOR THE END OF THE BIENNIUM 2022–2023





CONTENTS

Foreword	Abbreviations	Executive summary	About the UHP Cluster	UHP key actions	UHP key results	UHP keysector achievements	Funding and implementation	Lessons learnt and recommended actions	Conclusion
iv	vii	viii	1	7	15	21	47	51	56



FOREWORD



Dear Readers,

I am thrilled to present the Biennial results report for 2022–2023, showcasing the achievements of the Universal Health Coverage/Healthier Populations (UHP) Cluster. This report encapsulates our shared commitment to elevating the health and well-being of 1 billion individuals.

Our journey in 2022–2023 was marked by challenges that continue to underscore the global significance of health and well-being. The climate change crisis in our Region has tested our resilience and underscored the interconnectedness of health, economies, and societies, highlighting the need for a comprehensive and integrated approach to sustainability and adaptation.

Our dedication to the Sustainable Development Goals steers us towards bold aspirations: to significantly improve the health and well-being of African populations. We focus on improving health indicators to reduce risk and premature death and target critical areas like tobacco use, air quality, traffic injuries, and obesity. Our strategy aims to address inequalities between and within nations, and I request your support to achieve our goal of making a significant impact on a global scale.

Before the emergence of COVID-19, experts predicted that by 2023, improvements in health and wellness would benefit an additional 900 million people compared to 2018. Currently, we

are making progress mainly in environmental health and substance control. However, only a few countries are leading the way in this regard. To achieve universal health and meet our global targets, we must focus on implementing proven policy interventions and increasing our collaborative efforts.

As we forge ahead, let us sustain efforts to effectively implement evidence-based policy solutions. The health and well-being of billions hinge on our steadfast commitment to collective action, collaboration, and innovation. Together, we can achieve global targets and make health accessible to all.

In navigating the complexities of evolving health threats, we remain committed to promoting health and well-being, leaving no one behind in our pursuit of a healthier, more resilient African Region.

I sincerely thank the dedicated individuals, organizations, and governments contributing to our shared mission. Your commitment and passion are the driving forces behind our progress. Let us shape a future where health is a reality for all.

Dr Adelheid W. Onyango

Director, Universal Health Coverage/Healthier Populations (UHP) Cluster

ABBREVIATIONS

ANPCC African Network of Poison Control Centres

BFHI Baby-Friendly Hospital Initiative

BMS breast-milk substitutes

CHEST Clean Household Energy Solutions Toolkit

CSOs civil society organizations

FCTC Framework Convention on Tobacco Control

GDP gross domestic product

GLAAS Global Analysis and Assessment of Sanitation and Drinking-Water

GPW 13 Thirteenth General Programme of Work

HEAT Health Equity Assessment Toolkit

INFOSAN International Food Safety Authorities Network

MoH Ministry of Health

NCDs noncommunicable diseases

NHIF National Health Insurance Fund

PM particulate matter

UHC universal health coverage

UHP Universal Health Coverage/Healthier Populations Cluster

UN United Nations

UNFCCC United Nations Framework Convention on Climate Change

WHO World Health Organization



EXECUTIVE SUMMARY

As 2023 has come to an end, we are pleased to present this biennial report for 2022–2023 under the Thirteenth General Programme of Work (GPW 13). The World Health Organization remains steadfast in its commitment to achieving measurable impact in countries, central to its mission of promoting health, ensuring global safety, and serving vulnerable populations.

GPW 13 is pursuing ambitious triple billion targets encompassing (a) healthier populations, (b) universal health coverage, and (c) health emergencies. Together, these goals aspire to ensure that more people enjoy improved health and well-being, benefit from universal health coverage, and are better shielded from health emergencies – aligning seamlessly with the Sustainable Development

Goals (SDGs). GPW 13 delineates WHO's strategies to achieve these goals, emphasizing global health leadership, providing global public health goods and technical products, and comprehensive country support.

The impact of the triple billion targets is monumental, presenting a unified approach to advancing health-related SDGs and contributing significantly to extending healthy life expectancy. However, despite promising progress towards healthier populations, this report indicates that our current trajectory is insufficient to meet the Sustainable Development Goals by 2030. We have achieved only one quarter of the milestones necessary to achieve the target of 1 billion healthier people.

Before the COVID-19 pandemic, estimates projected that by 2023, an additional 900 million people would experience improved health and well-being compared to the 2018 baseline. Current achievements primarily revolve around enhanced access to clean household fuels, safe water and sanitation (WASH), and effective tobacco control.

Furthermore, the imperative of addressing inequalities between and within countries cannot be overstated. Strikingly, only a handful of countries have achieved 80% of the requisite progress towards these targets. Achieving global health targets and universal health for all necessitates the sustained implementation of evidence-based policy solutions.

The journey towards achieving healthier populations and the health-related SDGs is marked by commendable progress, persistent challenges, and abundant opportunities. With the target of 1 billion people enjoying improved health still on the horizon, this is a call to collectively intensify efforts, focus on key indicators, and prioritize equity to ensure that health and well-being are attainable for all.

This report reflects the achievements and challenges of the past biennium, with the integrated work of the UHP Cluster setting the cornerstone for future strategies to continue improving global health outcomes. As we enter the final stretch of the GPW 13, the next two years will serve to strengthen countries' capacity to accelerate progress towards achieving the triple billion targets and health-related SDGs.



ABOUT THE UHP CLUSTER

“Health is made at home;
hospitals are for repairs.”

Nigel Crisp



TO PROMOTE HEALTH AND WELL-BEING, PREVENT RISK FACTORS OF ILL HEALTH, AND ADDRESS SOCIAL DETERMINANTS OF HEALTH IN THE AFRICAN REGION

The Universal Health Coverage/Healthier Populations (UHP) Cluster was established in WHO Regional Office for Africa in 2019, bringing together five technical units to implement Pillar 3 of the Thirteenth General Programme of Work (GPW 13) to promote health and well-being, with the specific target of improving the health of 1 billion people within the triple billion targets.

It focuses on reducing health inequities, preventing diseases and injuries, addressing determinants of health, and promoting partnerships for whole-of-government, whole-of-society collaborative action. The workstreams in Pillar 3 offer entry points for the intersectoral engagement that is required to achieve the following outcomes:

- Safe and equitable societies are created by addressing determinants of health (social, cultural, economic, and environmental).
- Risk factors are reduced through multisectoral action.
- Healthy settings are created using the Health in All Policies (HiAP) approach.

This work is carried out by the Universal Health Coverage/Healthier Populations (UHP) Cluster, which comprises five interconnected programmes. UHP teams collaborate with other Clusters dealing with communicable and noncommunicable diseases (UCN), the provision of person-centred health care through the life course (ULC) and emergency preparedness and response (EPR), and collaborate in cross-cutting workstreams under the Assistant Regional Directorate (ARD).

THE FIVE SECTORS OF UHP



1. CLIMATE CHANGE, HEALTH, AND ENVIRONMENT (CHE), INCLUDING OCCUPATIONAL HEALTH, HEALTHY SETTINGS, AND URBAN HEALTH

This unit guides the African Region Member States on addressing health and environment linkages for achieving the SDGs.



2. HEALTH PROMOTION AND SOCIAL DETERMINANTS OF HEALTH (HPD), INCLUDING HEALTH IN ALL POLICIES AND DISEASE-SPECIFIC PROMOTIONAL ACTIVITIES

This unit collaborates with Member States and provides guidance on health promotion, disease prevention, addressing inequalities, and intersectoral action on the social determinants of health.



3. NUTRITION AND FOOD SAFETY (NUT), INCLUDING DIET AND OBESITY

This unit supports Member States in developing policies and strategies that promote healthy dietary practices and ensure food safety. This includes guidance on reducing diet-related noncommunicable diseases and addressing issues of undernutrition and obesity, focusing on achieving the SDGs related to health and well-being.



4. TOBACCO AND REDUCTION OF OTHER NCD RISK FACTORS (TNR)

This unit provides expertise and support to Member States in implementing effective strategies to reduce tobacco consumption and mitigate other noncommunicable disease (NCD) risk factors such as lack of physical activity and harmful use of alcohol. This includes developing tobacco control legislation, promoting healthier lifestyles, reducing NCDs and advancing the SDGs.



5. VIOLENCE, INJURIES AND DISABILITIES (VID), INCLUDING REHABILITATION

This unit assists Member States in preventing and managing violence, injuries, and disabilities. This includes developing frameworks for rehabilitation services, promoting policies that prevent violence and injuries, and ensuring that disability considerations are integrated into all health care and social services, aligning with the relevant SDGs.



UHP WORK CONTRIBUTES TO THE FOLLOWING:

➤ ADDRESSING SOCIAL DETERMINANTS OF HEALTH (SDH) AND EQUITY

WHO supports countries to apply tools to develop health equity assessments. It promotes equity in health through developing multisectoral coordination mechanisms, alliances, and networks that address and promote social determinants of health.

➤ IMPLEMENTING HEALTH IN ALL POLICIES (HIAP) FRAMEWORKS

WHO builds country capacity for Health in All Policies (HiAP), guiding the creation and implementation of frameworks integrating nutrition and health into sectors. It provides guidance, documents experiences, and supports countries in developing and revising national health promotion plans and strategies.

➤ PROMOTING MULTISECTORAL COORDINATION

To promote a people-centred approach, WHO develops regional norm-setting documents to encourage coordination across sectors from health, finance, education, culture, environment, civil society, and the private sector to address various factors impacting health. WHO supports countries to adapt global and regional strategies to country contexts.

➤ FOSTERING HEALTHIER POPULATIONS THROUGH HEALTHY SETTINGS

WHO plays a key role in this via the Healthy Cities initiative, which takes a comprehensive approach to improving public health and well-being in urban settings through participatory and multisectoral

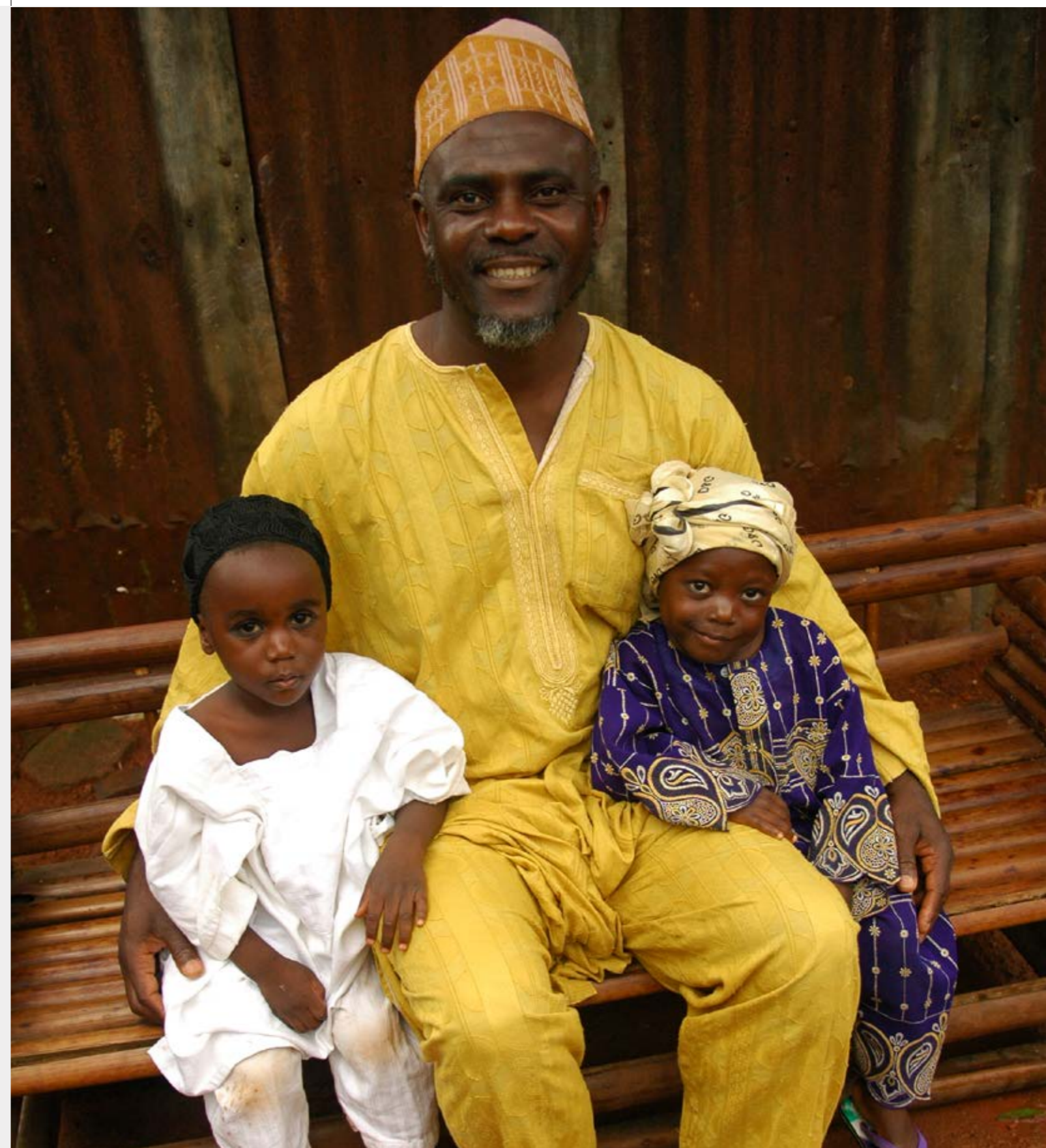
urban governance. In Douala, Cameroon, WHO contributed to developing a city profile through multidisciplinary civic engagement at the municipality level. The broader initiative, backed by WHO, UN Habitat and the Swiss Development Cooperation, encompasses efforts in areas such as healthy municipalities and communities, healthy markets, road safety and health-promoting schools.

➤ ADVANCING HEALTH PROMOTION FOR IMPROVED HEALTH OUTCOMES

A key role of WHO is to support countries in developing, revising and implementing national health promotion plans and strategies. In order to enhance regional and national capacity to integrate health promotion within health care systems in Burkina Faso, Namibia and Zambia, an 18-month project funded by the Rockefeller Foundation is currently piloting WHO's behavioural insights (BI) model among stakeholders in academia and ministries of health.

➤ STRENGTHENING COMMUNITY PROTECTION AND RESILIENCE

WHO focuses on enhancing the integration of community engagement in primary health care, universal health coverage, and emergencies. It has developed a regional-level strategy to promote an enabling environment for community engagement, and provides support to adopt this tool to specific country contexts. UHP collaborates with the ERP Cluster, WHO country offices in affected areas, and WHO headquarters to implement the Health Emergency Preparedness, Response, and Resilience framework, including risk communication and community engagement efforts during outbreaks.





UHP KEY ACTIONS: SUMMARY

ADVANCING HEALTH THROUGH MULTISECTORAL COLLABORATION: A HOLISTIC ENDEAVOUR

WHO's strategic shift from sick care to health care strongly emphasizes addressing the determinants of health through multisectoral action. This approach involves reducing risk factors and creating healthy settings across various aspects of people's lives, including where they are born, grow, live, work, and age.



REGIONAL STRATEGY ADOPTED FOR ENVIRONMENTAL DETERMINANTS

The Africa Region adopted an updated regional strategy (2022-2032) to address environmental determinants of health, aligning with the Libreville Declaration on Health and Environment. This strategic move led to the development or updating of national policies on environmental health in eight countries.

COLLECTIVELY ADDRESS CLIMATE CHANGE AND HEALTH

Notably, 26 Member States made COP26 (the 26th United Nations Climate Change Conference) health commitments to build climate-resilient and sustainable low-carbon health systems, contributing to 76 countries participating globally. WHO collaborates with UN agencies and development partners to lead multisectoral action on climate change and health, and supports countries to assess their health vulnerability and adaptation to climate change, measure health system carbon footprint, draft health national adaptation plans and health system decarbonization roadmaps, and raise funds for their implementation.

ENHANCE WATER, SANITATION, AND HYGIENE (WASH)

In collaboration with UNICEF and the *Agence Française de Développement*, WHO supported five Sahelian countries in strengthening monitoring capacities in WASH. Fifteen countries developed WASH accounts for national benchmarking, enabling evidence-based planning, financing, management, and monitoring of WASH services and systems. Additionally, six countries improved WASH in health care facilities using WHO WASH-FIT tool.

PROMOTE HEALTHY DIETS AND PREVENT OBESITY THROUGH REGULATORY AND FISCAL POLICIES

Through the Global Regulatory and Fiscal Capacity Building Programme (RECAP) WHO supported the United Republic of Tanzania, Kenya, and Uganda to develop policies and regulations on food labelling standards and the marketing of unhealthy foods. Discussions are underway to expand participation to more countries.

STRENGTHEN THE PREVENTION AND MANAGEMENT OF CHILD WASTING AND NUTRITION OEDEMA

in line with the Global action plan on child wasting (GAP), a framework for action to accelerate progress in preventing and managing child wasting and achieving the Sustainable Development Goals. The WHO Regional Office for Africa in collaboration with other GAP partners has supported regional dissemination and country adaptation of the newly released WHO guideline on the prevention and management of child wasting.

STRENGTHENED POLICY AND PROGRAMME ENVIRONMENT FOR PROTECTION AND SUPPORT OF BREASTFEEDING IN THE AFRICAN REGION

In collaboration with UNICEF and the global nutrition initiative “Alive & Thrive, The WHO Regional Office for Africa has implemented the “Stronger with Breastmilk Only” initiative in West and Central Africa, aiming to increase exclusive breastfeeding rates to 50% by 2025 and 70% by 2030. WHO led the technical component on the role of health workers in implementing the International Code of Marketing of Breast-milk Substitutes (BMS) and monitoring its implementation.

The International Code for the marketing of breastmilk substitutes was strengthened in six countries (Côte d’Ivoire, Ethiopia, Kenya, Mauritania, Sao Tome and Principe, and Sierra Leone) to safeguard against inappropriate marketing of breastmilk substitutes.

Kenya, Sierra Leone and Burkina Faso also passed national legislation to put the Code into effect. Burkina Faso, Chad, Guinea, Madagascar, Mali, Sierra Leone, Uganda and Zambia implemented the Baby-Friendly Hospital Initiative (BFHI) in selected hospitals to improve breastfeeding outcomes. Sierra Leone witnessed an increase in the rate of early initiation of breastfeeding from 79.2% in 2021 to 86.4% in 2022 in the targeted health facilities and achieved the global standard of 80% for BFHI-trained staff in four of five health facilities.

IMPROVE TOBACCO CONTROL

WHO has supported Burkina Faso, Côte d’Ivoire, Ethiopia, Ghana, South Africa, and Uganda to develop their national multisectoral tobacco control strategic plans. Additionally, WHO has been actively building the capacity of national tobacco control coordination committees in Ethiopia, Gambia, Kenya, Mauritania, Sierra Leone, Uganda, and Zambia. These efforts are aimed at accelerating the implementation of tobacco control interventions through a comprehensive and collaborative approach. Notably, Mauritius has successfully halted its related NCD epidemic more rapidly than other countries by implementing legally binding regulations, taxation, programmes for tobacco cessation support, and increased monitoring functions. All these efforts combined are working towards a common goal of effective tobacco control interventions.

WHO has collaborated with the World Food Programme (WFP), the Food and Agriculture Organization (FAO), the UN Capital Development Fund (UNCDF), the UN Convention to Combat Desertification (UNCCD), and relevant government sectors to initiate and implement a project on alternative livelihoods for tobacco farmers. The first phase of the project is implemented in Kenya, where tobacco farmers were introduced to growing high-iron beans (HIB) to improve nutrition, enhance food security, increase farmers’ income, reduce child labour, and improve school attendance. Additionally, this enhances environmental conservation and mitigates the negative impacts of tobacco production. The second phase of this initiative is underway in Uganda and Zambia.

STRENGTHEN ROAD SAFETY

Under the Bloomberg Initiative for Global Road Safety (BIGRS), WHO built capacities of legal experts and journalists training to enhance national capacity for legal reform for road safety in Ghana, Ethiopia, Kenya, and Uganda.

ENHANCING PUBLIC HEALTH BY REDUCING RISK FACTORS

Reducing risk factors is a top priority for public health, covering essential areas like alcohol consumption, unhealthy diets, unsafe food, lead exposure, tobacco use, violence, and injuries. WHO plays a crucial role in advocating policies, creating tools, and building capacities to implement measures that can reduce these risks.



LEAD EXPOSURE MITIGATION

In collaboration with governments and industry stakeholders across seven countries, WHO, through the Global Alliance for Elimination of Lead in Paint, spearheaded regulatory and voluntary actions to phase out lead in paint systematically. Comprehensive community awareness campaigns were launched across 10 nations, highlighting the hazards of lead exposure and advocating preventive measures against lead poisoning.

FOOD SAFETY EMERGENCY RESPONSE

Demonstrating foresight, Côte d'Ivoire, Benin, and Guinea established robust multisectoral mechanisms to address food safety emergencies proactively. This streamlined information sharing and enabled swift, coordinated responses to safeguard food safety. Additionally, WHO in collaboration with the International Food Safety Authorities Network (INFOSAN) Secretariat and FAO conducted joint trainings in Burkina Faso, Liberia, Mali, Namibia and Sierra Leone, thereby strengthening linkages between over 70 regulatory authorities. Furthermore, Ghana was supported to undertake a simulation exercise to bolster its readiness capacities for food safety emergency; Burkina Faso and Benin developed protocols to enhance information sharing in the event of foodborne disease outbreaks and 65 actors were trained in two regions in Senegal to effectively contribute to food safety emergency response efforts through the national INFOSAN network.

STRENGTHEN NATIONAL FOOD CONTROL SYSTEMS

WHO in collaboration with FAO is actively assisting countries to assess their national food control systems and develop strategic plans to enhance food control systems. WHO has been supporting national assessments in Cabo Verde and Cameroon.

DEVELOP THE FOOD INSECURITY AND HEALTH READINESS AND RESPONSE STRATEGIC FRAMEWORK

WHO Regional Office for Africa collaborated with WHO headquarters and the Regional Office for the Eastern Mediterranean to develop the Food Insecurity and Health Readiness and Response Strategic Framework in conjunction with the WHO Food Security Task Force. The Framework was developed based on a SWOT (strengths, weaknesses, opportunities, threats) analysis carried out in seven countries, with the aim of ensuring appropriate public health measures for rapid response and early recovery in countries facing food insecurity in the Greater Horn of Africa, Madagascar, and the Sahel. The Framework has been disseminated widely in these subregions.

ROAD SAFETY MEASURES

WHO provides technical support to enhance road traffic data quality and inform evidence-based policies in Côte d'Ivoire, Malawi, Nigeria, Senegal, and Zambia. Eswatini has successfully finalized its road safety strategy, while Algeria is developing it. Additionally, WHO is helping address policy gaps to meet best practices for road crash risk factors and building the capacity of legislators from, Ethiopia, Ghana, Kenya, and Uganda. A social media campaign targeting the African Region's youth was developed and disseminated to tackle drunk driving. Recognizing that strong road safety governance is essential to achieving the global targets for road safety, WHO helped create the Road Safety Lead Agency Network to strengthen advocacy, multisectoral coordination, collaboration, and experience sharing. The fifth Global Status Report on Road Safety, launched in December 2023, showcased the progress made by several countries in the African Region in reducing mortality from road traffic crashes.



PROMOTE DROWNING PREVENTION

WHO supported Ghana, Malawi, Uganda, and the United Republic of Tanzania to create drowning prevention policies. Benefitting from this assistance, Zanzibar is drafting a comprehensive national drowning prevention strategy. WHO initiated the first-ever Global Drowning Prevention Report's data collection process in the African Region in 2023, which will conclude in 2024.



VIOLENCE PREVENTION AND CHILD MALTREATMENT RESPONSE

In collaboration with partners, WHO has played a crucial role in expanding interventions to prevent violence against children and address child maltreatment. Efforts such as parenting strategies have been implemented in Côte d'Ivoire, Namibia, United Republic of Tanzania and Zimbabwe, showcasing WHO's dedication to building knowledge and networks on parenting through advocacy and sharing best practices.

CHEMICAL MANAGEMENT AND



CHOLERA READINESS

WHO, in collaboration with the UN Environment Programme (UNEP) and the African Institute, provided crucial assistance to nine countries, resulting in the adoption of tools and the establishment of legal frameworks for the proper management of chemicals. The team identified the main pollutants in Gabon, Madagascar, Mali, and Senegal. It implemented safe practices for collecting, transporting, and storing these chemicals before eventually disposing of them abroad. WHO undertook a comprehensive approach to cholera readiness through six regional training workshops for 28 high-risk countries. A total of 240 staff were trained, strengthening preventive measures across all African Region countries and developing national preparedness plans in three countries.



RESTRICTING TOBACCO USE AND ALCOHOL CONSUMPTION DURING COVID-19

The Regional Office for Africa supports sustaining WHO Framework Convention on Tobacco Control (FCTC) implemented in the African Region during and after the pandemic. The continuation and extension of these measures into 2022–2023 can be seen as a lesson learnt from the COVID-19 crisis. The Regional Office for Africa disseminated critical information on the increased risks of severe COVID-19 and the potential for hospitalization in smokers compared to non-smokers. This included disseminating the Artificial Intelligence support for smokers dubbed "Florence" (Using AI to lead a healthier lifestyle | World Health Organization (who.int)). This digital health worker developed by WHO

and Google assisted smokers in accessing support during the pandemic.

A brief titled "Policy, System, and Practice Response to Alcohol Consumption during the COVID-19 Pandemic in Seven Countries of WHO African Region" highlighted the need to amend existing regulatory frameworks on alcohol sale and distribution to address challenges arising from the significant expansion of online sales and home delivery during the pandemic. Chad, São Tomé and Príncipe, and Uganda are actively developing alcohol control legislation, while Kenya is revising its taxation policy to curtail the affordability of alcoholic beverages.



UHP KEY RESULTS: A SNAPSHOT

Output code	Output description	Unit assignment
1.1.1	Countries are enabled to provide high-quality, people-centered health services based on primary health care strategies and comprehensive essential service packages.	VID
3.1.1	Countries are enabled to address social determinants of health across the life course.	NUT
		VID
3.1.2	Countries are enabled to strengthen equitable access to safe, healthy and sustainably produced foods through a One Health approach.	NUT
3.2.1	Countries are enabled to address risk factors through multisectoral actions.	NUT
		TNR
3.2.2	Countries are enabled to reinforce partnerships across sectors, as well as governance mechanisms, laws and fiscal measures.	HPD
3.3.1	Countries are enabled to address environmental determinants, including climate change.	CHE
3.3.2	Countries are supported to create an enabling environment for healthy settings.	HPD

OUTCOME INDICATOR (3.1)


SAFE AND EQUITABLE SOCIETIES PROMOTED THROUGH ACTION ON THE SOCIAL, ECONOMIC AND COMMERCIAL DETERMINANTS OF HEALTH



	Baseline	Target	Achieved
Prevalence of malnutrition (wasting) (WFH <-2 s.d. from the median of WHO Child Growth Standards) among children under 5 years of age	6.3% (2017)	<5% (2025)	6.2% (2021) 21 countries below 5% prevalence of wasting
Prevalence of stunting (HFA <-2 s.d. from the median of WHO Child Growth Standards) among children under 5 years of age	33.5% 54.6 million (2017)	20.1% (40% reduction in # children with stunting by 2025)	28% (2021)
Prevalence of malnutrition (overweight) (WFH >+2 s.d. from the median of WHO Child Growth Standards) among children under 5 years of age (Outcome 3.2)	4.1% 6.7 million (2017)	No increase in child overweight (2025)	7.3 million (2021)
The proportion of children aged 1–17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month	50% (violence against children, 2016)	Eliminate all forms of violence by 2030	84% (2020)
The mortality rate due to road traffic injuries	26.6/100 000 (2016)	50% reduction (13.6/100 000 by 2030)	27.2/100 000 (2019)

OUTCOME INDICATOR (3.2)


SUPPORTIVE AND EMPOWERING SOCIETIES FOSTERED THROUGH HEALTH PROMOTION AND ADDRESSING RISK FACTORS



	Baseline	Target	Achieved
Age-standardized prevalence of current tobacco use among persons aged 15 years and older	11.7% (2015)	8.2% (30% reduction by 2025)	9.5% (2022)
Harmful use of alcohol , defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol	4.9 Lt (2015)	10% relative reduction By 2025	5.0 Lt (2019)

OUTCOME INDICATOR (3.3)

HEALTHY ENVIRONMENTS TO PROMOTE HEALTH AND SUSTAINABLE SOCIETIES



	Baseline	Target	Achieved
The proportion of the population using safely managed drinking water services	26.7% (2015)	75% (2025)	32.4% (2022)
Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe WASH for all services)	45.8/100 000 (2016)	40/100 000 (2025)	47/100 000 (2019)
The proportion of the population using: (a) Safely managed sanitation services and (b) Handwashing facility with soap and water	19.4 (a, 2015) 24.8 (b, 2015)	80% (2025)	21.1% (a, 2020) 25.9% (b, 2020)
Annual mean levels of fine particulate matter (e.g. PM2.5 and PM10) in cities (population-weighted)	39.3 µg/m3 (2016)	25.0 µg/m3 (2025)	47.8 µg/m3 (2019)



UHP KEY SECTOR ACHIEVEMENTS





CLIMATE CHANGE, HEALTH AND ENVIRONMENT (CHE)

INCLUDING OCCUPATIONAL HEALTH, HEALTHY SETTINGS AND URBAN HEALTH

SUMMARY OF KPI RESULTS IN WHO AFRICAN REGION IN 2022

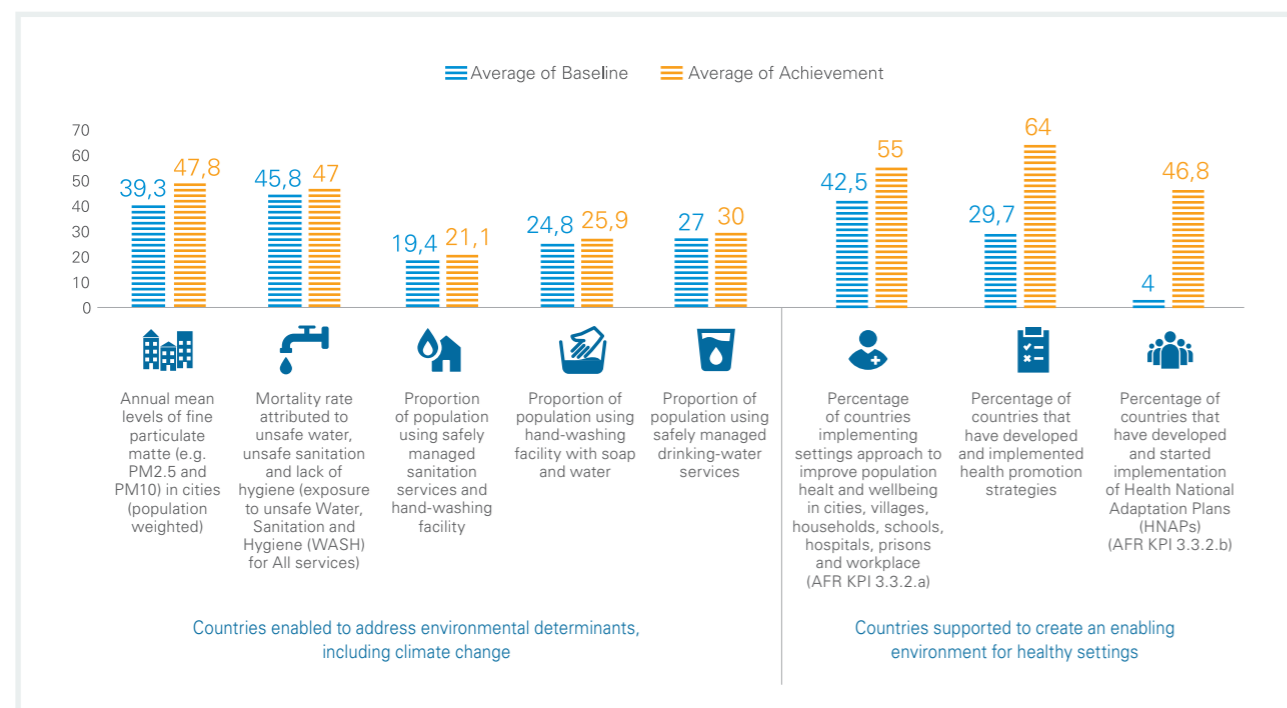
- ▶ In August 2022, the successful endorsement of the updated Regional Strategy for addressing Environmental Determinants of Health in the African Region (2022–2032) by the Regional Committee marked a significant achievement, reaffirming its commitment to improving public health by strategically addressing environmental factors in the African context.
- ▶ WHO Regional Office for Africa pursued efforts to support the implementation of World Health Assembly resolution WHA72.7 for the progressive improvement of access to WASH in health care facilities. Based on reports from 26 countries that recorded progress in the global tracker for eight practical steps, around 73% of health care facilities had hand hygiene facilities at points of care and 37% had handwashing facilities with soap and water in toilets.
- ▶ Support was extended to 26 African countries to meet their COP26 commitments, including by training 80 CHE focal persons from the ministries of health and the environment and WHO country offices to develop climate-resilient and low-carbon health systems. Some countries, such as Madagascar, Mauritius, and São Tomé and Príncipe, received financial assistance to update their Health and Climate Change Country Profiles. Others, including Cabo Verde, the Central African Republic, the Democratic Republic of the Congo, Mauritania and Sierra Leone, received assistance in preparing their COP26 commitment implementation roadmaps or reviewing their Health National Adaptation Plans.

- ▶ Support was provided for the implementation of Wellcome Trust funding in six Member States, including the co-development of 'demand-driven' policy-relevant global and regional research agendas, fostering demand for health evidence to be seamlessly integrated into both international and national climate action initiatives. Additionally, WHO has worked towards scaling up health coverage within crucial United Nations Framework Convention on Climate Change (UNFCCC) policy mechanisms at the national level. Moreover, there has been a concerted effort to elevate the influence of health considerations in the UNFCCC negotiations during the COPs.
- ▶ Ethiopia, Mauritius, Sierra Leone, and the United Republic of Tanzania were assisted in drafting climate change adaptation readiness proposals as a Green Climate Fund delivery partner. The Mauritius project, the first approved African health sector project, received US\$ 429 000.
- ▶ In collaboration with WHO headquarters and UNICEF, the Regional Office for Africa trained trainers on water, sanitation, and health facility improvement tools (WASH FIT) in Nigeria. This training was aimed at understanding WASH FIT, its approach, and implementation, including how to adapt and apply it in various settings (primary health care, hospitals, etc.).
- ▶ Technical support helped capacitate 20 countries on cholera response and preparedness through in-person training of identified key stakeholders from these countries. Training included an extensive practical session.
- ▶ Since its launch in July 2021, 43¹ countries have conducted the Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) survey. This survey provides the data that enables WHO to help countries analyse and evaluate the availability, quality and quantity of WASH services provided to their citizens. The analysis covers governance, coordination, human resources, training, monitoring arrangements, and financial flows.
- ▶ The WHO Regional Office for Africa supported 15 countries in developing WASH accounts through virtual and in-person training. Ghana and Mali completed their fourth cycle and are preparing for the next.
- ▶ Approximately 55% of hospitals and 30% of non-hospital facilities have a basic waste management service. Six of 10 government facilities safely segregate waste, while 47% of nongovernmental health care facilities follow the same practice. In rural health care facilities, around 26% have a basic environmental cleaning service, 45% have cleaning protocols, and 32% have staff trained in environmental cleaning.
- ▶ The WHO Regional Office for Africa promotes technical materials on lead paint and provides grants for awareness-raising activities in Congo, Ethiopia, Senegal, Madagascar and Zambia. It has organized national stakeholder and awareness-raising workshops in project countries and, together with UNEP, co-organized a regional workshop on developing and implementing legislation on lead paint.



¹ Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Cameroon, Central African Republic, Chad, Comoros, Congo, Democratic Republic of the Congo, Côte d'Ivoire, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, São Tomé and Príncipe, Senegal, Seychelles, Sierra Leone, South Africa, South Sudan, United Republic of Tanzania, Togo, Uganda, Zambia, Zimbabwe.

- ▶ The WHO Regional Office for Africa provided technical support and guidance to Gabon, Madagascar, Mali and Senegal to implement the Environmental Observatories for the Sound Management of Chemicals in Africa (Africa ChemObs). This project is aimed at improving the health and the environment through strengthening national and regional institutions, and implementing priority chemicals and waste related interventions.
- ▶ The African Network of Poison Control Centres (ANPCC) was successfully re-established in Zambia, enhancing poison control systems across countries of the African Region, and proving the network’s resilience post-COVID-19 and the attainability of its goals. Initiatives were aligned with core health care objectives to advance public health and chemical safety, with the establishment of a comprehensive, strategic five-year work plan during the 7–8 September 2023 meeting, setting a clear direction for activities through 2028.
- ▶ Commemoration of the International Lead Poisoning Prevention Week 2023 in Angola, Cameroon and Zimbabwe. The WHO Regional Office for Africa provided financial and technical support for awareness-raising and stakeholder workshops, including disseminating tools and guidelines.
- ▶ In November 2023, the WHO Regional Office for Africa set the base for solid stakeholder engagement in promoting clean cooking in Kenya by organizing a Household Air Pollution (HAP) Stakeholders’ engagement workshop in Nairobi.
- ▶ The WHO Regional Office for Africa ensured continuous monitoring of WASH-related SDGs across the African Region and published a joint monitoring programme (JMP) report on access to WASH in health care and school facilities and held consultations for updating 2023 JMP estimates for WASH in households (SDG 6.1.1 and 6.2.1) and WHO estimates for safely treated wastewater (SDG 6.3.1).
- ▶ The Climate Resilience, Sanitation and Water Safety project KreATiw has recently welcomed new partners, including WHO Collaborating Centre for Research on Drinking-Water Hygiene of the German Environment Agency (Umweltbundesamt), the TZW: DVGW-Technologiezentrum Wasser (German Water Centre), and Emanti Management from South Africa. These partners will help to implement water safety plans in more countries.



BREATHING LIFE INTO HEALTH CARE: DR ISSIFOU'S VISION FOR TOGO'S HEALTH REVOLUTION

Dr Alassani Issifou is working to improve the connection between environmental factors and public health in Togo. He was inspired to pursue medicine due to his experiences of assisting his traditional therapist father, and he later joined WHO Country Office in Togo in 2018. Initially, he concentrated on preventing vaccine-preventable diseases, but his focus shifted when he noticed the city’s air pollution during a foggy morning in Lomé. This observation led to the creation of an air quality monitoring programme, in collaboration with the Ministry of the Environment, to address the environmental factors affecting people’s health.

Dr Issifou highlights the link between health and the environment, supported by scientific evidence. Cholera outbreaks and mosquito resistance show the need to integrate environmental considerations into health management. Climate change causes floods, meningitis epidemics, agricultural challenges, and malnutrition.

He advocates a comprehensive approach, envisioning a future where environmental determinants are seamlessly woven into health management strategies. This approach, he believes, will not only foster a healthier Togolese population but also set a global precedent for health care, harmonized with environmental stewardship. His mission goes beyond traditional health care paradigms, emphasizing resource-conscious practices and community engagement.

In this endeavour, Dr Alassani Issifou propels Togo towards a sustainable and resilient health care future, where the population’s well-being is intricately linked to the health of the environment.

Source: <https://www.afro.who.int/fr/countries/togo/news/dr-lassani-issifou-prendre-en-compte-les-determinants-environnementaux-dans-la-gestion-de-la-sante>





HEALTH PROMOTION AND SOCIAL DETERMINANTS OF HEALTH (HPD)

INCLUDING HEALTH IN ALL POLICIES AND DISEASE-SPECIFIC PROMOTION

SUMMARY OF KPI RESULTS IN WHO AFRICAN REGION IN 2022

- ▶ The WHO Regional Office for Africa has supported health equity analyses across countries by promoting the use of WHO's Health Equity Assessment Toolkit (HEAT). In Ethiopia, guided 35 policy-makers from various ministries, emphasizing a whole-of-society and government approach as part of Health in All Policies (HiAP). Additionally, supported Liberia, Madagascar, and Uganda to conduct their own health equity analyses. These efforts are designed to fill gaps in evidence-based information on health inequalities and to develop targeted policies, programmes and interventions, and to monitor the effectiveness of actions addressing the social determinants that affect health equity among diverse population groups.
- ▶ Countries received financial and technical support to develop HiAP frameworks. Ethiopia developed the HiAP framework, currently undergoing validation. Namibia completed the validation for its HiAP framework, Seychelles conducted a multisectoral review, and the United Republic of Tanzania received assistance to enhance capacity in reviewing its HiAP framework. Burundi focused on a coordinated multisectoral implementation plan. Algeria, Burundi and Niger have also built capacity for HiAP integration, and Zambia developed a second-generation framework for sustainable multisectoral collaboration to address social determinants of health equity. Country capacity for integrating HiAP has been built in Algeria, Burundi, and Niger.

- ▶ The WHO Regional Office for Africa supported countries to promote multisector coordination, including Mozambique, which facilitated a multisector discussion on gender equity and human rights, integrating a monitoring and evaluation system for sector ownership and accountability. Additionally, capacity was built in Botswana, Kenya and the United Republic of Tanzania for implementing multisectoral strategies related to social determinants of health, noncommunicable diseases, health promotion, and antimicrobial resistance, involving 31 participants from various sectors and focusing on a whole-of-government and whole-of-society approach.
- ▶ The Regional multisectoral strategy was adopted in August 2023. It aims to enhance health and well-being in WHO African Region by addressing health determinants through comprehensive, community-engaged, and evidence-based strategies, emphasizing intersectoral collaboration and accountability mechanisms.
- ▶ The extension of the 2020 WHO Healthy Cities project to 2022–2023, focuses on improving health and well-being in five rapidly urbanizing and high-density cities. In Douala, Cameroon, WHO created a city profile through multidisciplinary civic engagement at the municipal level. Collaborative efforts have led to the development by the mayor of a local ordinance addressing key issues like safe water, sanitation, and housing. The initiative highlights the importance of establishing multisectoral committees and urban lead champions, showcasing their role in fostering community ownership and involvement in maintaining essential services.





Five countries have received support in developing school health policies and strategic plans, with Botswana and Kenya leading the way in implementing health-promoting schools. Meanwhile, Mauritius and Namibia are actively engaged in the age-friendly cities initiative. With WHO support, Senegal is scaling up its healthy food market initiative by sensitizing 76 additional stakeholders in Dakar on good hygiene practices. Additionally, a regional workshop on implementing global standards for health-promoting schools was conducted and attended by 23 countries.

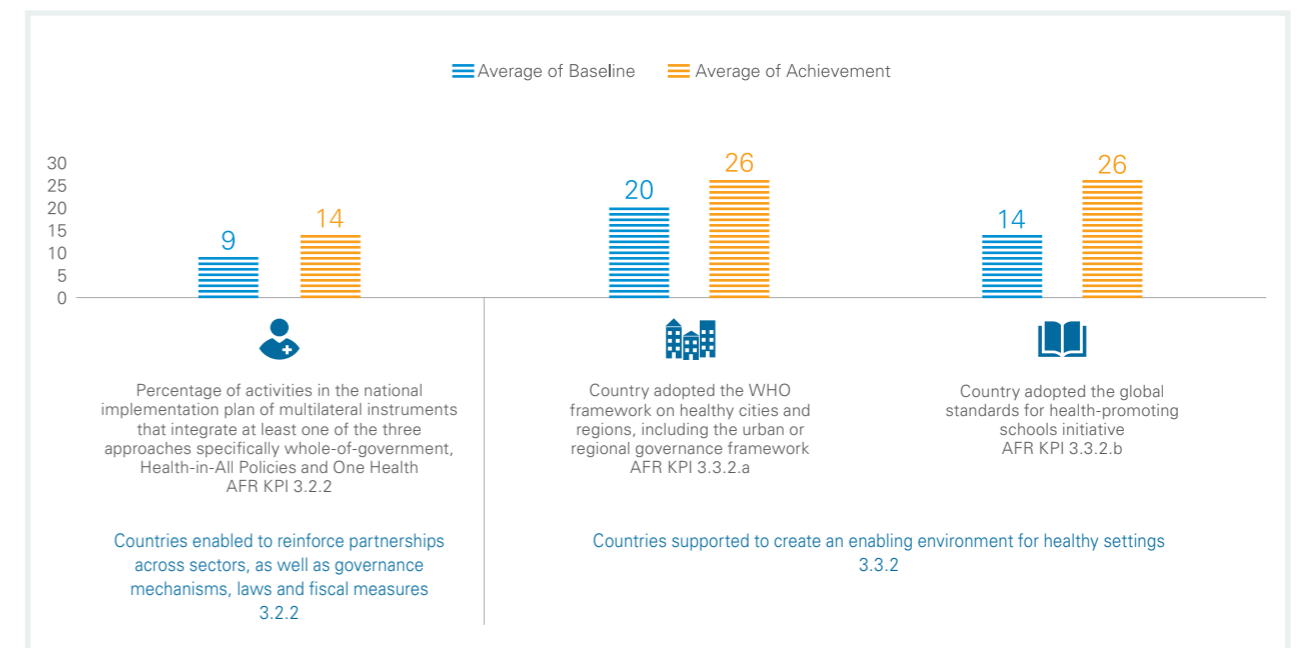
Nine countries received support in developing or revising strategic health promotion documents. The strategies cover diverse areas such as building resilient health systems to climate change, adopting healthy lifestyles, improving the physical environment, enhancing socioeconomic status, and ensuring sustainable financing. Emphasis is placed on coordination, advocacy, and partnerships. Notably, Kenya has validated, finalized, and disseminated its health promotion policy, while Ghana and Madagascar have finalized their health promotion policy and strategy. Sierra Leone has produced a draft strategy, and situation assessments or consultations have been conducted in Chad, Congo, Namibia, South Sudan and Zimbabwe.

Three universities in the African Region have made progress in including behavioural science in their curriculum. The University of Zambia and Université Joseph KI-ZERBO in Burkina Faso have strengthened the integration of behavioural science principles in their ongoing undergraduate and postgraduate courses and plan to develop these further in the coming year. Meanwhile, the University of Namibia has received institutional approval to introduce a Behavioural Insights postgraduate course in the coming school year. The ministries of health in Burkina Faso, Namibia, and Zambia are piloting the Behavioural Insights function, focusing on supporting health promotion, risk communication, and community engagement efforts. WHO has provided support through capacity-building sessions and technical guidance.

A pilot to integrate social and behavioural insights data collection in routine public health information systems has been initiated in Zambia. A scoping activity was completed to identify routine and ongoing surveillance systems that can integrate BI questions and establish the feasibility of including BI questions in the tools.

WHO African Region adopted a regional strategy (2023–2030) for community engagement, emphasizing an enabling environment, leveraging existing structures, and integrating lessons learnt. Malawi and Liberia have contextualized this strategy, implementing tools like the Community Feedback Mechanism for active listening and addressing community needs.

In partnership with EPR, HPD delivered technical assistance to various response efforts. Assistance was provided to seven cholera-affected countries (Ethiopia, Kenya, Malawi, Mozambique, South Sudan, Zambia and Zimbabwe) in their response and risk communication and community engagement (RCCE) efforts, as well as developing community engagement strategies with a focus on health literacy materials and communication tools. In Malawi, collaborated to establish technical working groups for community engagement, successfully engaging resistant religious groups and training health promotion officers. During the Marburg outbreak, support was provided for the development of recovery messages, which were shared with the United Republic of Tanzania, and helped develop Measles RCCE integrated plans in Ethiopia and Somalia.





NUTRITION AND FOOD SAFETY (NUT)

INCLUDING DIET AND OBESITY

SUMMARY OF KPI RESULTS IN WHO AFRICAN REGION IN 2022

- ▶ The African Union (AU) declared 2022 the Year of Nutrition to encourage greater political commitment and investment in nutrition to address the ongoing nutrition challenges on the continent. At a high-level event held in Côte d'Ivoire, AU Member States reaffirmed their commitments towards nutrition in Africa.
- ▶ Countries have further committed to increasing national budgets allocated to nutrition, improving access to and quality of nutrition care services and creating an enabling environment for tackling malnutrition through legislation, national plans and collaborative efforts.
- ▶ Kenya, Uganda and the United Republic of Tanzania developed policies to improve the food environment, including adapting the nutrient profile model, creating regulations on marketing restrictions and front-of-pack labelling, and developing dietary recommendations. Madagascar revised and updated its national food and nutrition strategy including target setting. South Africa, Botswana and Mauritius reviewed and integrated policy actions that improve access to healthy diets in their draft NCD strategies. Ethiopia reviewed its draft food-based dietary guidelines in line with the principle of healthy diets. Zimbabwe reviewed and updated its national draft food fortification guidelines in line with WHO recommendations.

▶ Following the Tokyo Nutrition for Growth (N4G) summit, 34 Member States of WHO African Region committed to tackling malnutrition with a focus on maternal, infant and young child nutrition outcomes, chiefly stunting, wasting, anaemia, low birth weight and exclusive breastfeeding.

▶ Technical and financial support helps harness nutrition data through the routine health information system and population surveys to monitor programmes and inform decision-making. Countries facing acute food crises in the Greater Horn of Africa, Madagascar, and the Sahel received support to strengthen their national nutrition surveillance and early warning system through capacity building and electronic tools for data collection. Six priority countries in the Sahel were capacitated in the analysis of the food and nutrition security situation and projections for 2022 to inform early preparedness.

▶ To mitigate the health and nutrition risks of food insecurity and in collaboration with the NFS programme at headquarters and other programmes (WHE, RMCAH, HSS, NCD), support was provided to Burkina Faso, Central African Republic, Democratic Republic of the Congo, Ethiopia, Madagascar, Niger and South Sudan to develop a strategic readiness and response framework.

▶ Mali revised its national guidelines for preventing and managing acute malnutrition.

▶ The WHO Regional Office for Africa supported Benin, Côte d'Ivoire, Guinea and Sierra Leone to enhance functional links between the ministries and sectors involved in food safety emergency response, and developed and implemented road maps to strengthen coordination and communication of all relevant sectors for food safety events. Burkina Faso was assisted in elaborating a protocol for managing foodborne alerts using the One Health approach and drafting a decree for legal backing of the country's participation in the International Food Safety Authorities Network (INFOSAN).

▶ Burkina Faso, Chad, Guinea, Madagascar, Mali, Sierra Leone, Uganda and Zambia implemented the Baby-Friendly Hospital Initiative (BFHI) in selected hospitals to improve breastfeeding outcomes. Sierra Leone witnessed an increase in the early initiation of breastfeeding rate from 79.2% in 2021 to 86.4% in 2022 in the targeted health facilities and achieved the global standard of 80% for BFHI-trained staff in four of five health facilities. In Uganda, 109 of 437 health facilities implement the BFHI, and 3270 of 13 110 health professionals have been trained. Burkina Faso has customized the training and mobilized resources for implementation in selected hospitals in insecure areas. In Zambia, 200 health workers from hospitals and maternity facilities; 170 health workers (80 in Chad, 30 in Cameroon and 60 in Mali) trained.



- ▶ The WHO Regional Office for Africa, UNICEF, and the global nutrition initiative “Alive & Thrive” have collaborated to implement the “Stronger with Breastmilk Only” initiative in West and Central Africa, aiming to increase exclusive breastfeeding rates to 50% by 2025 and 70% by 2030. WHO led the technical component on the role of health workers in implementing the International Code of Marketing of Breast-milk Substitutes (BMS) and monitoring its implementation. The International Code of marketing of breast-milk substitutes was strengthened in six countries (Côte d’Ivoire, Ethiopia, Kenya, Mauritania, Sao Tome and Principe, and Sierra Leone) to safeguard against inappropriate marketing of breast-milk substitutes. Kenya, Sierra Leone, and Burkina Faso also passed their national legislation to put the Code into effect.

- ▶ Implementation of legislation on breast-milk substitutes (BMS) was assessed in 2022. The assessment revealed that only 11 countries monitor the dissemination of instructional or educational materials from baby food manufacturers and distributors, while most countries (34) concentrate on outlawing advertising. Six countries (Côte d’Ivoire, Ethiopia, Kenya, Mauritania, São Tomé and Príncipe, and Sierra Leone) were supported to strengthen safeguards against inappropriate marketing of BMS. Kenya, Sierra Leone, and Burkina Faso passed national legislation to enact the Code.

- ▶ Burkina Faso, Cameroon, Chad, Eswatini, Guinea, Madagascar, Mali, Nigeria, Sierra Leone, Uganda, and Zambia have strengthened the implementation of essential nutrition actions through various technical packages and capacity building on infant and young child feeding for over 1200 health workers.

- ▶ Six countries were supported to strengthen their national alignment with Codex food standards. This led to measurable progress in improving food safety standards, including Malawi creating a Codex procedural manual, efforts in Benin to harmonize with Codex standards, improved food standards in Guinea, and a partnership that enhanced Mauritius’s participation in Codex activities.



- ▶ The strengthening of nutrition information systems in Côte d’Ivoire, Ethiopia, Uganda, Zambia, Seychelles and South Sudan ensures the availability of high-quality data to monitor nutrition interventions and progress towards national nutrition targets. These countries were supported to strengthen their routine nutrition information system, leading to improved nutrition data quality and utilization to track the progress of programmes as well as national and global nutrition targets. Key nutrition indicators were included in the DHIS2 application which has led to the generation of additional data and dashboards for improved uptake of information for timely actions. National nutrition surveys using the SMART (specific, measurable, achievable, relevant, time-bound) methodology were facilitated in Guinea, Burkina Faso, Mali, Zambia, and Côte d’Ivoire has developed a multisectoral platform for nutrition information, providing data from different sectors to strengthen the planning and monitoring of nutrition interventions.



- ▶ In 2022, over 70 national experts across the Sahel countries received training to strengthen their capacities in anthropometric data collection, management and analysis using WHO Anthro Survey Analyser and other tools.

- ▶ WHO developed national guidelines for managing acute malnutrition in the context of the Ebola outbreak and the COVID-19 pandemic in collaboration with UNICEF in Uganda and Kenya to ensure the continuity and quality of nutrition services. For the African Region, WHO Regional Office for Africa developed a protocol for health workers for management of severe wasting in the context of COVID-19. WHO Regional Office for Africa and UNICEF documented and shared lessons to ensure continuity of nutrition services during COVID-19,² including associated risks³. *Continuity of essential health services in the context of COVID-19: the Eastern and Southern Africa Regional continuity of essential services sub-working group.*

- ▶ In line with the Global action plan on child wasting (GAP), a framework for action to accelerate progress in preventing and managing child wasting and achieving the Sustainable Development Goals, WHO Regional Office for Africa in collaboration with other GAP partners has supported regional dissemination of the newly released WHO guideline on the prevention and management of child wasting. In all the 47 countries of the Region, UNICEF and WHO continue to work with other GAP partners to contribute to the World Health Assembly’s goals of reducing wasting to less than 5% by 2025 and less than 3% by 2030. Two technical country-focused workshops have been organized to discuss strategies for adapting the WHO guideline to specific national contexts, considering factors such as health system capacities and available resources. A regional training of trainers was supported for 60 participants across all countries facing the food insecurity and nutrition crisis (Greater Horn of Africa, the Sahel and Madagascar).

² doi: 10.11604/pamj.supp.2022.41.2.28000 ³ doi: 10.11604/pamj.supp.2022.41.2.29081



- ▶ The treatment of nearly 25 000 children with severe wasting in Burkina Faso, Cameroon, Chad, Mali, Niger and Nigeria was supported, while integrated management of acute malnutrition (IMAM) training for health care professionals was also facilitated. This demonstrates both immediate and sustainable capacity-building efforts to improve malnutrition management, directly contributing to enhancing child health care and reduction of mortality risks. WHO and other UN agencies worked with 11 countries (Burkina Faso, Burundi, Democratic Republic of the Congo, Ethiopia, Kenya, Madagascar, Malawi, Mali, Niger, Nigeria and South Sudan) to develop national intersectoral road maps and advocate for high-level commitments for the prevention and treatment of child wasting.

- ▶ Capacity was enhanced for severe acute malnutrition management in 1110 facilities, reinforcing health care infrastructure and ensuring sustainable improvement in the quality of care for affected children, thereby contributing to the strategic goal of reducing mortality associated with malnutrition within the targeted regions. The WHO Regional Office for Africa collaborated with WHO headquarters and the Regional Office for the Eastern Mediterranean to develop the Food Insecurity and Health Readiness and Response Strategic Framework in conjunction with WHO Food Security Task Force. The Framework was developed based on a SWOT (strengths, weaknesses, opportunities, threats) analysis carried out in seven countries, with the aim of ensuring appropriate public health measures for rapid response and early recovery in countries facing food insecurity in the Greater Horn of Africa, Madagascar, and the Sahel. The Framework has been disseminated widely in these subregions.

- ▶ In supporting countries, the WHO Regional Office for Africa has built a strong collaboration among teams at the Regional Office, including the Child, and Adolescent (CAH), Antimicrobial Resistance (AMR), Reproductive, Maternal Health and Ageing (RMH), Health Information Systems (HIS), and Data Analytics and Knowledge management (DAK) teams.

- ▶ Partnerships have been built with other UN agencies (FAO, OCHA, UNICEF, WFP) on shared goals related to food safety and the World Health Assembly nutrition targets, nutrition-related SDGs, and emergency response.

- ▶ Collaboration was strengthened with the African Union Commission and regional economic communities to facilitate support for Member States to integrate and share experiences and harmonize strategies and standards.

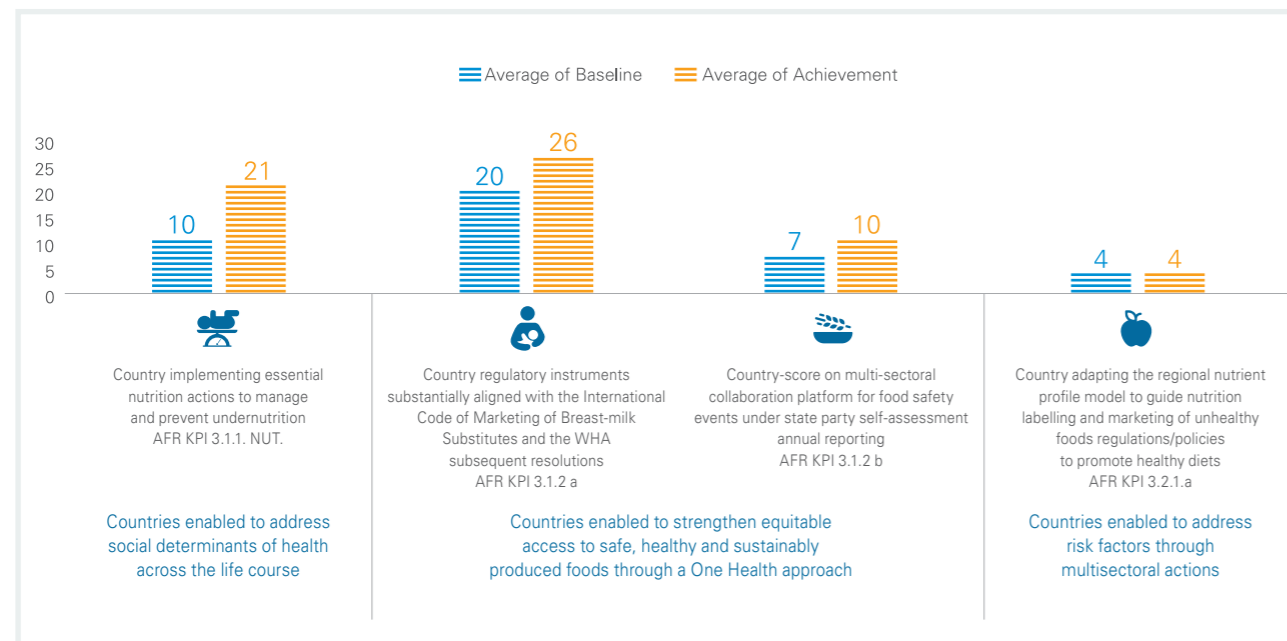
- ▶ Partnerships were forged with the East, Central and Southern African Health Community (ECSA-HC), FHI 360, Nutrition International, West and Central Africa Regional Nutrition Working Group, and other NGOs working on nutrition in emergency and nutrition Information systems. These partnerships facilitated the operationalization of nutrition and food safety activities at the country level.

- ▶ Benin, Côte d'Ivoire, Guinea, Malawi, Mauritius, and Senegal have been supported in capacity strengthening on different aspects of Codex standards and practice. This has led to measurable progress in improving food standards and enhancing national codex structures, including Malawi developing a Codex procedural manual to guide effective functioning of Codex work at country level, the setting up of procedures in Benin to harmonize Codex standards in national legislative instruments as well as conducting an evaluation to measure the degree of use of Codex standards and assessing the areas not covered by Codex standards in relation to the national need for standards. It also resulted in improved food standards in Guinea and Côte d'Ivoire whereby Codex-aligned national standards for passion fruit, ginger, avocado, pepper, and mango were drafted in Côte d'Ivoire and a partnership was established, enhancing Mauritius' participation in Codex activities. In continuing efforts to strengthen Senegal's capacity to apply good hygienic practices and requirements in the manufacturing and processing of food, 30 food processors and control agents were trained on Codex codes of practice, bringing to 210 the number of trained food actors since 2022, while Guinea trained food business operators in priority food value chains on the application of Codex standards.



- ▶ More than 80 experts were trained in Benin, Malawi and Burkina Faso on data generation and principles and procedures of food safety risk assessment with the support of the WHO Regional Office for Africa. This resulted in the development of roadmaps and formation of scientific working groups to facilitate data generation activities in the countries. Additionally, 25 experts in Guinea were trained on food safety risk assessment in collaboration with the UN's Food and Agriculture Organization.
- ▶ Building upon the mentoring programme initiated in collaboration with the FAO Regional Office for Africa and the Codex Coordinating Committee for Africa (CCAFRICA) to support countries prepare robust applications to the Codex Trust Fund (CTF) to strengthen their national Codex programmes and enhance the use of Codex standards and guidelines, over 30 Member States⁴ have obtained project grants in the Region. Senegal has since been supported to conduct an evaluation of their CTF project, which has built the country's capacity to contribute to the work of Codex, including generation of data on aflatoxins as well as mentoring other countries in the Region.
- ▶ In collaboration with the Antimicrobial Resistance (AMR) Unit, Ghana, Nigeria, Senegal and Zimbabwe were supported to implement a "One Health" model for integrated surveillance of AMR with a focus on extended-spectrum beta-lactamase (ESBL)-producing *E. coli*.
- ▶ Food safety and healthy choices awareness among children and youth has been reinforced in Burkina Faso through food safety campaigns. By the end of 2022, some 600 school children and food handlers enrolled in "nutrition clubs" were reached. Mali was similarly supported to organize food safety campaigns involving school children and food handlers while Chad was supported to conduct training of street food vendors in two provinces and Mozambique trained food control agents on quality control of foodstuffs at points of entry.

⁴ Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Comoros, Côte d'Ivoire, Eritrea, Ethiopia, Ghana, Guinea, Guinea-Bissau, Lesotho, Kenya, Madagascar, Malawi, Mali, Mauritius, Niger, Nigeria, Rwanda, Sierra Leone, Senegal, South Sudan, United Republic of Tanzania, Gambia, Uganda, Guinea-Bissau, Liberia, Zambia, Zimbabwe



HEALTHY FOOD MARKET PROJECT BOLSTERS FOOD SAFETY IN SENEGAL



Alioune Samb works as a butcher at the bustling Grand Dakar market in the heart of the Senegalese capital. "Before, we weren't conscious of the potential dangers of our behaviours and the poor sanitation of the market," he admits. But since January last year, Alioune's place of work has benefitted from a hygiene and sanitation project, which has helped guarantee food safety and lure wary customers back into the process.

According to WHO, more than 200 diseases are caused by consuming food contaminated by bacteria, viruses, parasites or chemical substances such as heavy metals. This has a significant impact on public health in the African Region, accounting for more than 91 million cases of illness and 137 000 deaths per year.

A recent national research study conducted in 69 markets in Senegal revealed serious deficiencies. These deficiencies include the absence of zoning of stalls, which results in mixing products with different levels of sensitivity and the associated risk of cross-contamination. Additionally, there is an insufficiency or non-maintenance of toilets, which mostly lack running water. Furthermore, food is sold on uncovered stalls or the floor.

Senegal's Ministry of Health launched the Healthy Food Market project in response to these findings, with support from WHO, with the pilot phase starting at the Grand Dakar market. The project consists of providing markets with facilities and equipment and encouraging compliance with basic food hygiene rules to prevent foodborne diseases. "From now on, it is required to wear aprons, obtain a medical certificate, and each seller must have a dustbin," says Mame Diarra Faye Leye, Focal Point of the International Food Safety Authorities Network (INFOSAN). "We have worked on sanitizing places where poultry is sold, installing hand washing devices inside the market and raising awareness among users, who have become more exacting."

Fatoumata Diakhaté is among the clients that have been attracted by the new provisions put in place. "I used to prefer to buy meat at major supermarkets because here [in the Grand Dakar market] there was no hygiene, and any fridges in use were in a bad state. But now I buy from the market sellers because they apply the hygiene rules. The products are well-maintained and protected. There have been a lot of changes recently," she says.

"Improving hygiene conditions in markets will positively impact the quality of food sold. People, especially those with fewer means, will be able to consume food from these markets in complete safety. This will contribute to preserving their health and reducing health costs," says Professor Amadou Diouf, President of the National Committee of Codex Alimentarius (CNCA). "Traders will also be able to increase their income, which will improve their living conditions and well-being."

In addition to supporting the implementation of the pilot project, WHO is helping Senegal to strengthen its national food safety system by implementing the Global Strategy for Food Safety (recently adopted by WHO).



TOBACCO AND REDUCTION OF OTHER NCD RISK FACTORS (TNR)

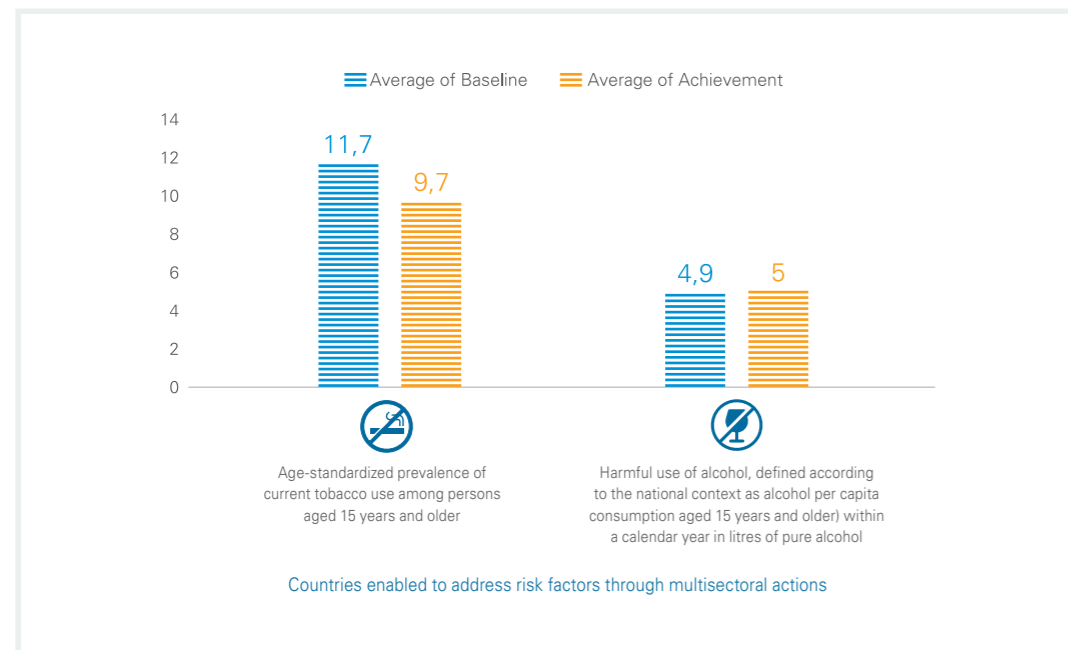
SUMMARY OF KPI RESULTS IN WHO AFRICAN REGION IN 2022

- ▶ Current tobacco use among individuals aged 15 years and above in the African Region has decreased from 17.9% in 2000 to 10.3% in 2020. In 18 out of 47 countries, the tobacco use prevalence rate remained low at under 10%. By 2025, twenty-five countries are expected to achieve the target of a 30% relative reduction in the prevalence of tobacco use from the 2010 baseline, while 15 others will record a decrease in tobacco prevalence although not meeting the target.
- ▶ Implementation of tobacco control laws was supported in 16 countries (Benin, Burkina Faso, Côte d'Ivoire, Cameroon, Gabon, Gambia, Ghana, Ethiopia, Kenya, Mauritania, Mauritius, Nigeria, Niger, Senegal, Sierra Leone, and Uganda). Areas of intervention included enforcement of bans on smoking in public places and prohibiting advertisement, promotion, and sponsorship. Over 650 multi-agency law enforcement officers at subnational levels were trained on enforcement and compliance with tobacco control laws in Burkina Faso, Ethiopia, Gambia, Kenya, Mauritius, Mauritania, Namibia, and Uganda. Nine countries (Burkina Faso, Côte d'Ivoire, Ethiopia, Gambia, Kenya, Mauritania, Nigeria, Senegal, and Uganda) supported implementing smoke-free environments at subnational levels.
- ▶ WHO supported Cameroon, Gambia, Ghana, Kenya, Liberia, Niger, Nigeria, Sierra Leone, Togo and Zambia to develop and implement different proposals for tobacco tax increase to control consumption. Niger introduced a mixed tax system, and Kenya and Togo increased tax rates. Gambia, Ghana, Nigeria and Sierra Leone implemented mixed tax structures, while Côte d'Ivoire raised its tobacco tax and introduced an ad valorem tax on e-cigarettes.

- ▶ During 2022–2023, the WHO Regional Office for Africa supported 10 countries (Comoros, Gambia, Kenya, Liberia, Malawi, Mauritius, Mozambique, Nigeria, São Tomé and Príncipe, and Uganda) in implementing policy initiatives that led to increased taxes and prices on cigarettes. This resulted in a measurable decrease in cigarette affordability to reduce consumption in line with public health goals.
- ▶ More than 35 countries in the African Region are covered by tobacco advertisement regulations and/or smoke-free environment policies.
- ▶ Eight countries have developed or adopted 10 new tobacco control laws and regulations aligned with WHO Framework Convention on Tobacco Control (FCTC). Mauritius, Sierra Leone, South Africa and Zambia received support to develop tobacco control laws. Burkina Faso, Côte d'Ivoire, Mauritius, Niger, Sierra Leone and Uganda developed tobacco control regulations. Sierra Leone successfully enacted a Tobacco and Nicotine Control Act, Mauritius enacted tobacco control regulations, Côte d'Ivoire adopted two decrees, and Burkina Faso developed a plain packaging decree.
- ▶ Additionally, Burkina Faso, Ethiopia, Gambia and Kenya were supported in developing new health warnings or plain packaging on tobacco packages with large graphic health warnings.
- ▶ Multisectoral action for tobacco control has been strengthened in Ghana, Nigeria, South Africa and Uganda. The support included developing National Multisectoral Tobacco Control Strategic Plans (NTCSP). In Ghana and Uganda, finalized NTCSPs are being disseminated, while those for Nigeria and South Africa are in final stages of approval.
- ▶ Cameroon, Liberia, and Rwanda received support to ratify the Protocol to Eliminate Illicit Trade in Tobacco Products. Rwanda has fully ratified it, and Cameroon's domestic ratification awaits presidential approval. Liberia's ratification process is underway in Parliament.
- ▶ An innovative project was initiated and implemented in Kenya in 2022–2023, supporting more than 4300 tobacco farmers in ultimately shifting from tobacco growing to alternative crops. With over 3800 acres of tobacco farmland now growing high iron beans (HIB) instead, this has improved food and nutrition security, environmental rehabilitation, increased household incomes, and improved the general health of the target population. The alternative livelihood project is now being extended to Zambia, where 500 tobacco farmers have shifted to groundnut farming.
- ▶ WHO has sustained a strong partnership and collaboration with six regional tobacco control CSO partners, such as Campaign for Tobacco-Free Kids (CTFK), Africa Capacity Building Foundation (ACBF), Tax Justice Network for Africa (TJNA), Management Science for Health (MSH), Africa Tobacco Control Alliance (ATCA), and Development Gateway (DG). The partners are collectively called the Africa Tobacco Control Core Partners and hold regular bi-annual coordination meetings, stressing the importance of synergy and collaboration during country support for tobacco control.



- ▶ WHO supported the First Africa Conference on Tobacco Control and Development, organized by the Africa Capacity Building Foundation (ACBF).
- ▶ WHO actively participated as a member of the Africa Tobacco Tax Consortium, collaborating with the Bill and Melinda Gates Foundation, the University of Cape Town, the Africa Tax Administration Forum (ATAF) and other partners.
- ▶ WHO has also partnered with the FCTC Secretariat to implement the FCTC 2030 Project, which supports countries in implementing WHO FCTC. This partner has also organized the preparatory meeting for the 10th Session of the Conference of Parties to WHO FCTC (COP10) and the 3rd Meeting of the Parties to the Protocol (MOP3).
- ▶ The total per capita alcohol consumption in the African Region decreased from 6.2L in 2004 to 4.8L in 2019, representing a 23% reduction. In 14 countries, consumption has dropped to 2.5L.
- ▶ WHO promoted adopting and implementing the SAFER technical package on key alcohol policy interventions in Uganda and Zimbabwe. Uganda has developed a multi-agency and multisectoral roadmap to implement interventions.
- ▶ WHO helped develop alcohol control policies in Liberia, Rwanda, and Zimbabwe, as well as legislations in São Tomé and Príncipe, and Uganda. These policies have been technically validated and await approval from the Ministry of Health. The São Tomé and Príncipe alcohol bill is pending adoption while the Ugandan law is being drafted.
- ▶ WHO has created social media cards to raise awareness about alcohol, receiving over 260 705 engagements on Facebook and Instagram. A special campaign against drinking and driving developed for Nairobi, Kenya, reached 24 million people and engaged 4.7 million through various social media platforms, including Facebook and Instagram.



SMOKING BAN DELIVERS FRESH AIR TO BURKINA FASO CINEMAS

Pierre Ouedraogo, a 30-year employee of Neerwaya cinema in Ouagadougou, praises the public smoking ban. He says the ban on smoking in public places and on public transport, which has been in force for over 10 years, has made a big difference, creating a healthier environment for all, especially those sensitive to smoke.

The law barred tobacco users from smoking inside and outside the courtyard of the cinema, and cigarettes were no longer sold there. In Burkina Faso, the 2021 STEPS survey revealed that more than 13% of people aged 18 to 69 use tobacco.

Previously, many cinemagoers found themselves victims of passive smoking. According to ATLAS data, out of the total 4800 deaths from tobacco-related illnesses in Burkina Faso in 2017, 1300 were non-smokers – almost one third.

According to Dr Boezemwendé Ouaba, director of Health Education Promotion in Burkina Faso’s Ministry of Health, strengthening anti-smoking campaigns has prompted “an increase in the number of people going to health services for advice on giving up smoking”.

A smoking cessation unit was set up at the Yalgado University Hospital in Ouagadougou in February 2017 and welcomes an average of 45 smokers seeking assistance weekly. Around 60% of them successfully manage to quit smoking after between five and 40 years of nicotine dependence.

WHO has played a strong supportive role throughout Burkina Faso’s efforts to implement various anti-tobacco strategies. Dr Seydou Ouaritio Coulibaly, WHO interim representative in Burkina Faso, welcomes the progress: “We are getting somewhere. Our priority is to protect the younger generation from the dangers of smoking by keeping them as far away as possible from tobacco and its by-products.” Ouedraogo’s priority is also the younger generation. “Most of our children start smoking because they see others smoking. These efforts are making a big difference.”

Source: <https://www.afro.who.int/countries/burkina-faso/news/smoking-ban-delivers-fresh-air-burkina-faso-cinemas>



VIOLENCE, INJURIES AND DISABILITIES (VID)

INCLUDING REHABILITATION

SUMMARY OF KPI RESULTS IN WHO AFRICAN REGION IN 2022

- ▶ Policy reforms on road safety have been supported through capacity building in Ghana, Ethiopia, Kenya and Uganda. A regional meeting was organized on the Decade of Action for Road Safety 2021–2030 for 16 countries, leading to Senegal’s ratification of the African Road Safety Charter. Comoros and Mauritania have begun the ratification process as well. With support from WHO, Eswatini (2023) and Nigeria (2022) have developed national strategic plans for road safety.
- ▶ The WHO Regional Office for Africa supports countries in raising awareness of road traffic fatalities, building capacity for improving road traffic mortality data, and building strong partnerships with regional organizations and regional safety partners. As part of these efforts, around 15 journalists from Ethiopia, Ghana, Kenya, Uganda, and the United Republic of Tanzania have received training for increased and compelling media coverage of road safety issues designed to trigger government action.
- ▶ Through the Bloomberg Initiative for Global Road Safety (BIGRS), WHO works with local NGOs in Ethiopia, Ghana, Kenya and Uganda to implement interventions to reduce traffic crash risks, tackling speed, helmet and seat belt use, and regulations on drunk driving. Guinea and Nigeria have been supported in building national quality improvement capacity and harmonizing road traffic mortality data.

- ▶ The WHO Regional Office for Africa led a regional convening on parenting and strengthened partnerships with leading regional organizations to support advocacy and best practices on parenting that are evidence-based and culturally sensitive. The three-day virtual meeting brought together over 300 participants from different sectors to share experiences on evidence-based interventions and to mobilize policy-makers to implement programmes supporting caregivers in the Region.
- ▶ Policy dialogues on ending violence against children and capacity building on the INSPIRE technical package for the prevention and response to violence against children were facilitated in Côte d’Ivoire and Zimbabwe. In Zimbabwe, 15 child protection experts from various sectors received training on INSPIRE, setting the ground for scaling up and further rolling out training in the country.
- ▶ The initial training session for health care professionals on addressing child maltreatment in the African Region took place in Namibia in 2023. The training was designed to foster a comprehensive approach to child protection and welfare by focusing on interdisciplinary collaboration.
- ▶ In collaboration with WHO headquarters and the international charity Sightsavers, the WHO Regional Office for Africa supported workshops in Côte d’Ivoire and Nigeria to discuss WHO Global Report on Health Equity for persons with disabilities and its actions and recommendations. This is an important step in supporting ministries of health to reduce inequalities in access to service.
- ▶ WHO supports Member States in building their national strategic plan for rehabilitation services, and developing and implementing these services. In the African Region, 13 countries were supported in strategic planning, implementation, monitoring, and evaluation of rehabilitation (Benin, Burkina Faso, Burundi, Côte d’Ivoire, Democratic Republic of the Congo, Ethiopia, Guinea Bissau, Rwanda, United Republic of Tanzania, Seychelles, Togo, Zambia and Uganda).
- ▶ In Ethiopia, a joint support mission was coordinated with WHO headquarters to review needs and strategic priorities at the national level that consider rehabilitation and access to assistive technology in emergencies and for people with injuries. The WHO Regional Office for Africa helps strengthen the health care system with technical assistance on the various building blocks of rehabilitation. Rwanda received support for the evaluation of workforce capacity and planning using the implementation of the “Guidance for Rehabilitation Workforce Evaluation (GROWE)” WHO tool. Burkina Faso, Ethiopia, the United Republic of Tanzania and Uganda have been receiving continuous technical assistance with the implementation of the DHIS2 Rehabilitation data management system.
- ▶ An historic regional meeting on rehabilitation was held in Ethiopia, attended by 19 Member States of WHO African Region. The meeting aimed to review progress and coordinate the implementation of the Rehabilitation 2030 initiative, introduce WHO technical products, and share experiences and the development of concrete in-country action plans. Participating countries were Benin, Botswana, Burkina Faso, Burundi, Cameroon, Côte d’Ivoire, Democratic Republic of the Congo, Ethiopia, Guinea Bissau, Kenya, Liberia, Mozambique, Rwanda, Seychelles, South Africa, Togo, Uganda, the United Republic of Tanzania, and Zambia.



- ▶ The capacity of key road safety stakeholders from 16 countries was strengthened on the global plan for road safety with a focus on strengthening and harmonizing road safety data management in the Region.

- ▶ Eswatini was supported in capacity building and developing their National Road Safety Strategy 2023-2030, launched in June 2023.

- ▶ The “Arrive Alive” social media campaign was launched to prevent drunk driving in the African Region. The campaign has reached over 2 million people through popular social media platforms.

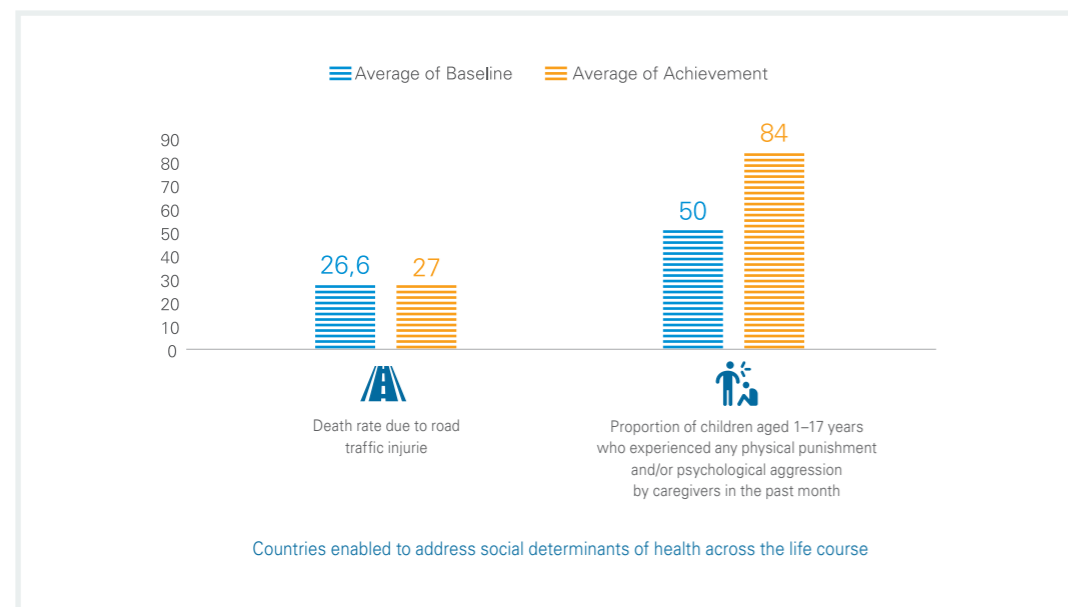
- ▶ USAID funding was received to support regional HR and activities and mobilized support from the Belgian government to support Burkina Faso and the Democratic Republic of the Congo.

- ▶ USAID funding was received to support regional HR and activities for rehabilitation and mobilized support from the Government of Belgium to support Burkina Faso and the Democratic Republic of the Congo.

- ▶ A coalition of partners was formed, comprising the Global Initiative to Support Parents (GISP), along with UNICEF, the Africa Early Childhood Network (AfECN), Parenting for Lifelong Health (PLH), and the Early Childhood Development Action Network (ECDAN), with funding from USAID and the LEGO foundation to support parenting initiatives.

- ▶ Political instability often leads to the displacement of women and children, which increases the likelihood of gender-based violence. To address this issue, WHO, along with UN and other non-UN partners, are committed to monitoring the situation on the ground and supporting at-risk groups. This support may include coordination, resource mobilization, and psychosocial assistance, aligning with established protocols.

- ▶ The WHO Regional Office for Africa’s VID team collaborates with other units to discover potential donors and create resource mobilization briefs in partnership with the Cluster’s external relations officer. This is being done to supplement the current reliance on headquarters to provide ad hoc funds to support VID activities.



JOINING HANDS TO PROTECT CHILDREN FROM VIOLENCE

From an early age, Doignin Konaté has always defended the cause of the most vulnerable, and that of children is particularly close to his heart, so he made it his profession. Over the past 10 years, he has handled approximately 277 cases of child abuse.

In Côte d’Ivoire, girls and boys are exposed to sexual and physical violence at a very high rate, according to a 2020 report on violence against children and young people. According to the report, 61% of boys and 47% of girls experienced physical violence before the age of 18, and 19% of women experienced sexual violence before the age of 18, compared to 11% of men. One in six women experienced sexual violence before the age of 13.

To overcome this situation, WHO is supporting the government in establishing a national child protection policy, the focus of which is to assist child victims of violence, abuse and exploitation. “The fight against violence against children is important because it preserves their health and ensures their well-being. We can provide them with more protection through better investments and better coordination of our efforts,” said WHO Representative in Côte d’Ivoire, Dr Jean-Marie Vianny Yameogo.

This better coordination of control efforts is the basis of the technical package recommended by WHO, encompassing seven strategies to combat violence against children. Collectively known by the acronym ‘INSPIRE’, these address various areas of intervention, taking into account laws, standards and values, the environment, those responsible for the child, the economic aspect, support services and education.

Didier Lath, the National Director of Adoption Services and Former Director of Child Protection stresses, “We want to change the world of child protection in our country, and WHO is our partner to make it happen. The proposed solutions allow us to further care for women, communities, and caregivers. We must work in synergy and have a single response, which falls within the framework of national coordination, the Interministerial Committee for the Protection of Children.”

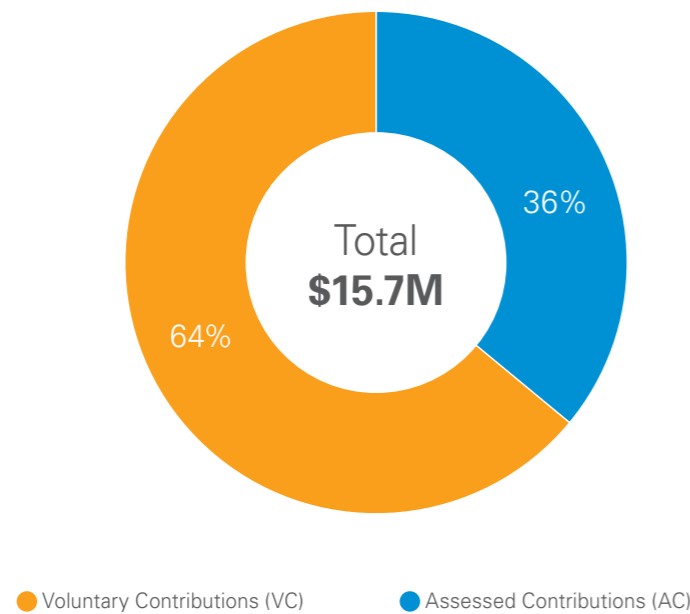
Source: <https://www.afro.who.int/fr/countries/cote-divoire/news/se-donner-la-main-pour-protoger-les-enfants-de-la-violence?country=26&name=Cote%20d%27Ivoire>



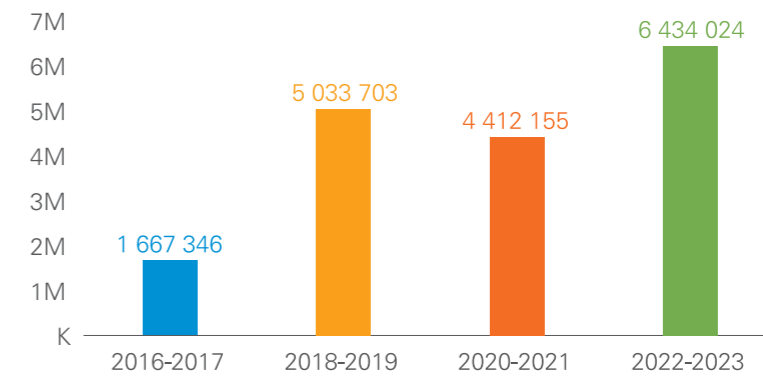


FUNDING AND IMPLEMENTATION: PROGRAMME BUDGET SUMMARY

Ratio between AC vs. VC for UHP

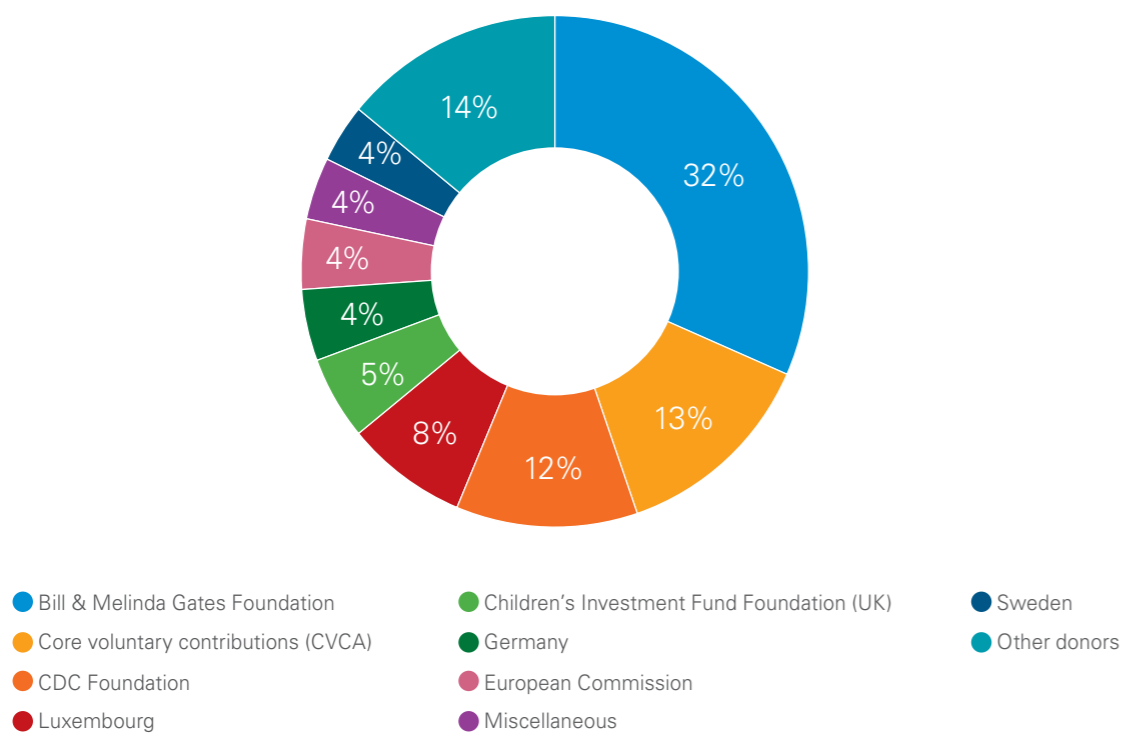


The funding directly mobilized by WHO Regional Office for Africa UHP (without HQ-distributed funds)

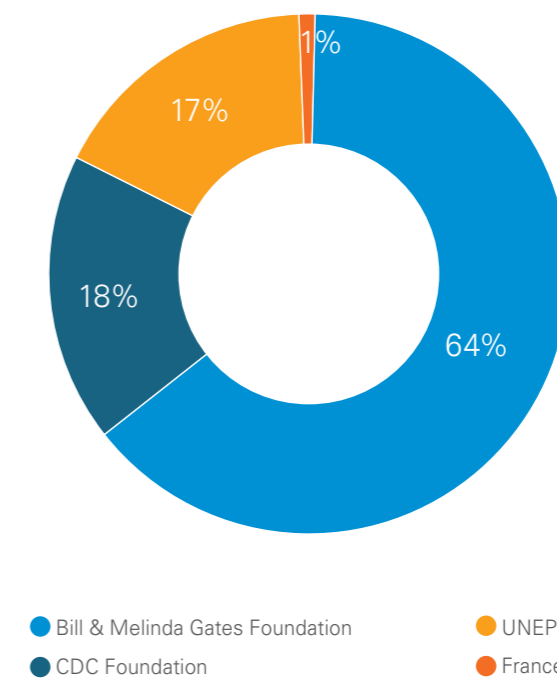


Among the voluntary contributions (VC), there are the following major donors:

Major Donors for VC in WHO Regional Office for Africa UHP



2022-2023 UHP-mobilized Funding Portfolio



WE THANK OUR DONORS FOR THEIR GENEROUS CONTRIBUTIONS TO HELP US IN OUR ENDEAVOURS.



LESSONS LEARNT AND RECOMMENDED ACTIONS

OVERALL LEARNING AND RECOMMENDATIONS

SCIENTIFIC BASIS OF MEASURES TO CONTROL NONCOMMUNICABLE DISEASES (NCDs)

Emphasize the continual reinforcement of the scientific basis for measures to control NCDs. This includes ongoing collaboration across diverse sectors in all countries.

emergency prevention, preparedness, and response. Lessons drawn from experiences, such as the cholera response in Malawi, Mozambique, and other affected countries, underscore the importance of community involvement.

ADAPTIVE REGULATORY POLICIES

Recognize the evolving landscape of products that can compromise health and adapt regulatory policies accordingly. Regular monitoring is essential to stay abreast of changing marketing dynamics.

IMPLEMENTATION OF STRATEGIES FOR HEALTH AND WELL-BEING

Encourage Member States to adopt and implement two strategies reviewed by the Seventy-third Regional Committee (RC73) in Gaborone, Botswana.

The first strategy delineates priority actions for collaboration with non-health sectors in promoting health and well-being.

COMMUNITY ENGAGEMENT IN EMERGENCIES

Emphasize the critical role of continuous community engagement and the utilization of established networks and structures in

The second strategy provides guidance on engaging communities in building resilience and protecting populations from emergencies.



SPECIFIC CHALLENGES AND LESSONS LEARNT

STRENGTHENING ENGAGEMENT

- Regular consultation meetings and advocacy efforts have enhanced countries' engagement and technical capacities.
- It is crucial to have continuous communication and advocacy to contribute to strengthened partnerships and capabilities.

BREASTFEEDING LEGISLATION

- While African countries have laws against promoting some breast-milk substitutes, gaps exist, such as the absence of provisions preventing conflicts of interest and inadequate coverage of public advertisements.
- Comprehensive legislation is essential for addressing all aspects of promotion and regulation.
- Partnerships for breastfeeding: Strong partnerships with UN agencies and NGOs, political will, and robust monitoring mechanisms are crucial for accelerating progress in protecting, promoting, and supporting breastfeeding. Collaborative efforts and political commitment are vital for successful health initiatives.

CODE ENACTMENT

- The CODE enactment process is lengthy, with risks of shifting country priorities and interference from the baby food industry.
- Long-term policy processes require careful navigation and mitigation of external influences.

NUTRITION AND FUNDING

- Insufficient funding and a lack of full-time nutrition and food safety staff hinder timely support to ministries of health.
- Adequate funding and staffing are imperative for effective health programme implementation.

CROSS-COUNTRY COLLABORATION

- WHO's cross-country collaboration in capacity-building activities, exemplified by staff exchanges for training, addresses human resource challenges.
- Sharing experiences and resources across countries enhances capacity and expertise.

TOBACCO AND NICOTINE PRODUCTS PROLIFERATION

- Novel tobacco and nicotine products pose regulatory challenges.
- Regular monitoring and adaptation of laws are necessary to address emerging health threats.
- Political transitions: Changes in government impact tobacco control interventions, necessitating ongoing engagement and sensitization efforts. Consistent engagement is essential to navigate political transitions effectively.

ALCOHOL CONTROL

- Interference by the alcohol industry, lack of tools and surveillance, weak donor support, and a distorted narrative pose challenges.
- Evidence-based advocacy, resource mobilization, and narrative correction are critical for successful alcohol control.

CAPACITY BUILDING ON REHABILITATION

- Webinars and collaborative efforts with international partners enhance the capacity of focal points with limited technical knowledge of rehabilitation and violence against children.
- Continuous training and collaboration will strengthen expertise.

STAFF SHORTAGES IN VID IMPLEMENTATION

- Staff shortages hinder the implementation of the VID workplan, requiring sustainable solutions for heavy workloads and minimal budgets.
- Adequate staffing and budget planning are essential for effective programme implementation.

MULTISECTORAL COLLABORATION FOR ROAD SAFETY

- Collaboration with non-health governmental institutions and partners is essential to address the broad and multidimensional risk factors contributing to road traffic crashes and other injuries.
- Strengthening collaboration with non-traditional WHO partners is necessary to achieve impactful change at the country level.





CONCLUSION

Remarkable strides have been achieved in our pursuit of health and well-being in Africa, symbolizing a transformative shift towards prioritizing health care at home rather than sick care. This aligns seamlessly with WHO's commitment to addressing health determinants through united, multisectoral action in order to prevent disease rather than treat it.

Our collaborative efforts with governments, UN agencies, and development partners have yielded significant breakthroughs, showcasing the positive impact of collective action. Embracing an updated

regional strategy for environmental health, we have witnessed the inspiring commitment of five Member States in making COP26 health pledges – a testament to their dedication to climate-resilient and sustainable low-carbon health systems.

In water, sanitation, and hygiene (WASH), we have witnessed the strengthening of capacities in Sahelian countries and the implementation of WHO WASH-FIT tool in health care facilities. These initiatives create healthier settings and lay the foundation for a brighter, more sustainable future.

Our focus on reducing risk factors has led to the development of comprehensive national tobacco control plans, responsive mechanisms for food safety emergencies, and impactful strategies to eliminate lead in paint. Such initiatives are beacons of hope, illustrating our dedication to fostering environments that promote overall well-being.

In healthy living and settings, positive outcomes from initiatives like the alternative livelihoods project in Kenya and Zambia demonstrate the transformative power of our collective endeavours.

The emphasis on disability inclusion, age-friendly policies, and enhanced rehabilitation services underscores our commitment to creating inclusive environments supporting health across all life stages.

United in purpose, we envision a future where well-being is not merely an aspiration but an integral part of daily life. Each modest action we undertake has the potential to set in motion a series of transformative changes.

One billion more people are enjoying better health and well-being.



The WHO Regional Office for Africa

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Africa is one of the six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

Member States

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

World Health Organization Regional Office for Africa

Cité du Djoué

PO Box 6, Brazzaville

Congo

Telephone: +(47 241) 39402

Fax: +(47 241) 39503

Email: afrgocom@who.int

Website: <https://www.afro.who.int/>