



World Health
Organization

African Region

UNIVERSAL HEALTH COVERAGE/
LIFE COURSE (ULC) CLUSTER



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ACCELERATING PROGRESS TOWARDS UNIVERSAL HEALTH COVERAGE

NEWSLETTER
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FOREWORD



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Over the past two decades, the African region has made progress towards achieving Universal Health Coverage (UHC), with the average Service Coverage Index rising from 23 in 2000, to 44 in 2021 – which means that the African Region is just approaching the halfway mark (of 50 index points) to achieve UHC, with only seven years left to 2030.

While we have achieved a lot in our countries, there is still a lot of work that needs to be done to ensure that we build and strengthen the health systems' capacities to deliver quality and affordable health services to everyone, everywhere, especially the most vulnerable.

There is also need to ensure availability of essential medicines and other medical products to everyone without suffering financial hardship.

Resilient, equitable and sustainable Universal Health Coverage is not only a national policy priority for WHO AFRO Member States – there is recognition of the need for solidarity within and across countries, regions, and globally.

In 2024, the Universal Health Coverage Life Course (ULC) Cluster's work focuses on supporting an African Region where everyone's health and well-being is enhanced. A region where mothers, children, adolescents, and young people survive, thrive, and reach their full potential and age healthy.

In this newsletter, we are sharing with you, our work and collective efforts throughout the past three months, to improve and increase access to quality essential health services along the life course in the African Region.

We thank all our partners for their collaboration and commitment to ensure that all people obtain the health services they need without suffering financial hardship. Let us keep working together to enhance progress towards Universal Health Coverage.

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SUPPORTING THE SMALL ISLAND DEVELOPING STATES TO INCREASE ACCESS TO HEALTH PRODUCTS

The Small Island Developing States [SIDS -Cape Verde, Comoros, Guinea Bissau, Mauritius, Sao Tome and Principe and Seychelles] in the WHO African Region face severe challenges including the procurement of medicines and medical products due to their individual small population sizes, limited production of medicines and weak negotiation power with suppliers.

This has led to a lack of affordable and sustainable procurement of medicines and medical products, with some patients facing high out of pocket (OOP) costs for medicines, many of which are lifesaving. The WHO Regional Office for Africa through the Universal Health Coverage Life Course Cluster has been supporting the SIDS countries to institutionalize a pooled procurement mechanism to achieve increased access to health products. Pooled procurement being a collaboration of

multiple buyers [countries] to purchase products [medicines and other health products] in order to reduce prices and improve availability and access, has been on the agenda for SIDS since the Seychelles Declaration in 2017, wherein countries expressed a commitment to implement this initiative.

Pooled procurement has the potential to improve the availability, quality, and affordability of medicines, and achieve more efficient procurement processes.

On 25-27 March 2024, WHO organized in Seychelles, the 8th meeting of Ministers of Health of the SIDS, to assess progress made by the SIDS, towards achieving Sustainable Development Goals in line with Praia Action Plan and in the implementation of the pooled procurement mechanism.



The high cost of medicines is one of the major barriers many countries in our region face in providing affordable health care of good standard. By creating a larger stream of demand, we can look forward to better access to quality and competitively price medicines. Pooling our resources is one way of overcoming this *“said Dr Matshidiso Moeti, WHO’s Regional Director for Africa*



During the meeting, Ministers and government representatives elected Mauritius as the location for the secretariat for pooled procurement of essential medicines and medical products. The establishment and operationalization of a secretariat is a critical step in the procurement process, which aims to take advantage of the economies of scale of the SIDS to gain better access to essential medicines and medical products.



Mauritius is honoured to take on this important responsibility and thanks fellow SIDS countries and Madagascar for the confidence demonstrated in us to host the pooled drugs procurement secretariat” *says Hon. Kailesh Jagutpal, Minister of Health and Wellness in Mauritius*

“We will assume this duty with the care and rigour that it requires for the common good of all people and countries represented.” He added



REDUCING SHORTAGE OF ESSENTIAL MEDICINES IN THE CEMAC ZONE



With a population of 1.2 billion, Africa faces recurring problems of shortages of priority health products, with 50% of the African population lacking access to essential medicines, particularly in sub-Saharan Africa.

In 2013, the six countries of CEMAC (communauté économique et monétaire de l'Afrique centrale) adopted a common medicines policy (PPC) in response to major difficulties of the supply chain. The PPC recognizes the need to harmonize procedures and to boost regional cooperation to fight against the strong north/south dichotomy of the global world market for health products. The World Health Organization (WHO) supports groups of countries and regional economic

communities to set up pool procurement mechanisms as a way of improving their purchasing power and the availability of health products. It is in that line that from 20th to 22th February 2024, WHO Regional Office for Africa, with financial support from the European Commission DG INTPA, accompanied OCEAC in the organization of the first regional workshop to establish a pool procurement mechanism for health products in CEMAC, which took place in Kintele, Republic of Congo.

The meeting reunited mainly the Directors of Central Medical Store, the Directors of National Regulatory Agencies from CEMAC, and partners in the agenda of scaling up pool procurement mechanism in the region (AU-NEPAD, and AFRICA CDC, World Bank) around the question of the type of pool procurement mechanism suitable to the specific context of CEMAC.



“The participation of several stakeholders and partners during these 3 days enabled us to analyze the complexity of our supply chain in its entirety and to brainstorm on solution through collaboration and reliance. We hope to continue jointly contribute to the availability of quality medicines without people suffering from financial difficulties.” *Dr Ange MIBINDZOU MOUELET, Director, Agence de Règlementation Pharmaceutique du GABON*

During this meeting, Central Medical Store committed to joint efforts to implement a pool procurement mechanism and a roadmap for its implementation was developed.

LEGAL REFORMS TO ENHANCE PROGRESS TOWARDS UNIVERSAL HEALTH COVERAGE IN THE AFRICAN REGION



The political declaration of the high-level meeting adopted by the UN General Assembly (A/Res/74/2) reemphasized the vital importance of strengthening legislative and regulatory frameworks and institutions for the achievement of Universal Health Coverage (UHC).

To date legal and regulatory frameworks of member states in the African region have not been systematically assessed for their compatibility with the goals and UHC.

To address this issue, WHO initiated a three-phased intervention for legal reforms in countries. (1) Rapid assessment of UHC-related laws in all 47 countries, (2) supporting targeted member states in appropriate evidence-based legal reforms, and (3)

consolidating lessons learned and developing technical products for country use.

As part of phase one, a significant number of documents and laws have been collected and analyzed using the Rapid Assessment of Legislative Framework (RALF tool), developed by WHO.

Preliminary findings from the analyzed data indicated that almost all the countries have both National Health Policies (30 out of 47) and National Health Strategic Plan (33 out of 47) with 88% of the NHSPs developed with PHC and SDG at the center. However, most of the countries lack legislation capping budget allocations for the health sector which are not within the target of the Abuja Declaration and the amount allocated varies from country to country and changes annually. Only a few countries have legally earmarked taxes or other revenues and contributory schemes for the health sector.



Legal frameworks are the cornerstone of Universal Health Coverage, providing the necessary structure to ensure health systems are efficient, sustainable, and responsive to the needs of all populations, ultimately leading to healthier communities and societies” said Dr Sam Omar, Health Strategies and Governance Team Lead, WHO Regional Office for Africa

This rapid assessment provided a snapshot of the status of Universal Health Coverage related laws in the region identifying gaps which will be addressed through legal reforms.

ACCELERATING PROGRESS FOR REPRODUCTIVE MATERNAL NEONATAL CHILD AND ADOLESCENT HEALTH AND NUTRITION IN FRENCH SPEAKING COUNTRIES



Since 2000, the African Region has made significant progress in Reproductive, Maternal, Neonatal, Child and Adolescent Health and Nutrition (RMNCAH-N). There has been a decline of one-third (33%) in maternal mortality and neonatal mortality. Additionally, the under-five mortality rate has declined by half (52%). Progress towards the Sustainable Development Goals (SDGs) targets in health must be accelerated since indicators have stalled post- Millennium Development Goals era.

The Muskoka Fund initiative, a Partnership between France and four United Nations Agencies: the World Health Organization (WHO), UNICEF, UNFPA, and UN Women, was launched in 2011 to provide funding for RMNCAH—N in focus countries. Initially implemented in nine countries, the initiative will focus on six countries starting in 2023. These countries are Benin, Chad, Cote d’Ivoire, Guinea, Senegal, and Togo.

In collaboration with Muskoka Partners, WHO recently built national capacity for results-based planning in RMNCAH-N in the six focus countries through a regional workshop to help identify and address bottlenecks in their health systems. The workshop held in Abidjan, Côte d’Ivoire from March 4 to 8, 2024, and had 51 participants, including (specify the cadres...).

During the workshop, attendees were oriented towards results-based planning and shared experiences from the outgoing Muskoka Award. Insights from the workshop were used to develop and finalize interagency work plans for the 2024 and 2025 biennium. These plans were aligned with WHO guidelines, global initiatives in maternal and newborn health such as Ending Preventable Maternal Mortality (EPMM) and Every Newborn Action Plan (ENAP), and the Muskoka 3.0 strategy.



Dr TALL Fatim, WHO Acting Representative in Cote d’Ivoire said “This regional workshop made it possible to develop quality annual work plans in a joint interagency manner. This will strengthen our collaborations towards effective implementation of the workplans and achieving expected results”.



UNLOCK THE VAST POTENTIAL OF TRADITIONAL MEDICINE TO REALIZE UNIVERSAL HEALTH COVERAGE



In August 2023, The World Health Organization (WHO) and the Government of India convened the Traditional Medicine Global Summit in Gandhinagar, Gujarat, India to explore the role of traditional, complementary, and integrative medicine in addressing pressing health challenges and driving progress in global health and sustainable development and opportunities to accelerate health for all.

Following the summit, experts from over 40 countries across all 6 WHO regions – researchers, policymakers, practitioners, community organizations, and WHO staff came together in a Global Technical Coordination Meeting from 19 to 21 March 2024 in New Delhi, India, to provide guidance on research protocols, implementation strategies and opportunities for collaboration across regions to maximize the impact, and minimize risk, in implementing the TMC technical workstreams.

The TMC technical workstreams for 2024-25 include: TM policy landscape review in the context of realizing UHC with health systems based on PHC; Research and evidence; Clinical data and ICD-11; Knowledge exchange on Biodiversity and Indigenous Knowledges; and Digital health and TM applications.

The Global Technical Coordination external advisory group members also reflected on progress made over the past two years and advised on the need to prioritize and translate the evidence-informed action agenda from the Gujarat Declaration into implementation and impact.

The global community has acknowledged the potential that traditional medicine offers to accelerate progress towards attaining the Sustainable Development Goal for universal health coverage by 2030.

Participants emphasized the need and interest in evolving the global knowledge base, including through the development of a traditional medicine global library with regional and country sections. The meeting highlighted the value of the WHO Global Traditional Medicine Centre in facilitating collaborations from around the world.

The meeting in Delhi was followed by a two-day meeting on 22-23 March 2024 for WHO staff in Jamnagar to discuss the implementation of the WHO Global Traditional Medicine Centre 2024-2025 action plan.



ADDRESSING FRAGMENTATION IN CAMEROON'S PUBLIC HEALTH PROGRAMS

In Cameroon, health programs tend to operate largely autonomously from one another in seeking to optimize the achievement of a specific objective. This organizational approach can constrain the evolution of the health system in its ability to adapt to changing morbidity patterns, technological advances, among other issues.

To identify needed changes in the organization and management of health services delivered through these programs to better tackle current and future population health needs in the most efficient way, WHO supported the Ministry of health to apply Cross-Programmatic Efficiency Analysis (CPEA) approach on four programs (Malaria, Tuberculosis, EPI and HIV).

Cross-Programmatic Efficiency Analysis (CPEA) is an approach developed by WHO which uses a system-wide analysis to understand potential bottlenecks or constraints across health programs. As part of the support to Cameroon, WHO established a multisectoral committee at national level and provided technical support to develop a data collection tool, oversaw data collection, thoroughly reviewed the compiled data, and validated the CPEA report. WHO finally provided the follow-up of the overall process and produced a policy brief to extend the use and impact of this data.

This CPEA process involved stakeholders across the health sector and beyond to prioritize and develop policy options to reduce areas of duplications, overlaps and misalignments which impact the efficiency and the effectiveness in the utilization of available resources. The findings from this analysis aim to have direct implications for sustainability of programs that rely on external

“ This study findings will guide decision-making in reorienting program management and strengthening public finance management through actions aimed at greater effectiveness, efficiency and equity in the allocation and use of financial resources in favor of priorities, through effective transparency and accountability mechanisms” Said Dr Renée Tania Bissouma-Ledjou, Health Planning Advisor, ULC Cluster Team Lead, WHO Cameroon.





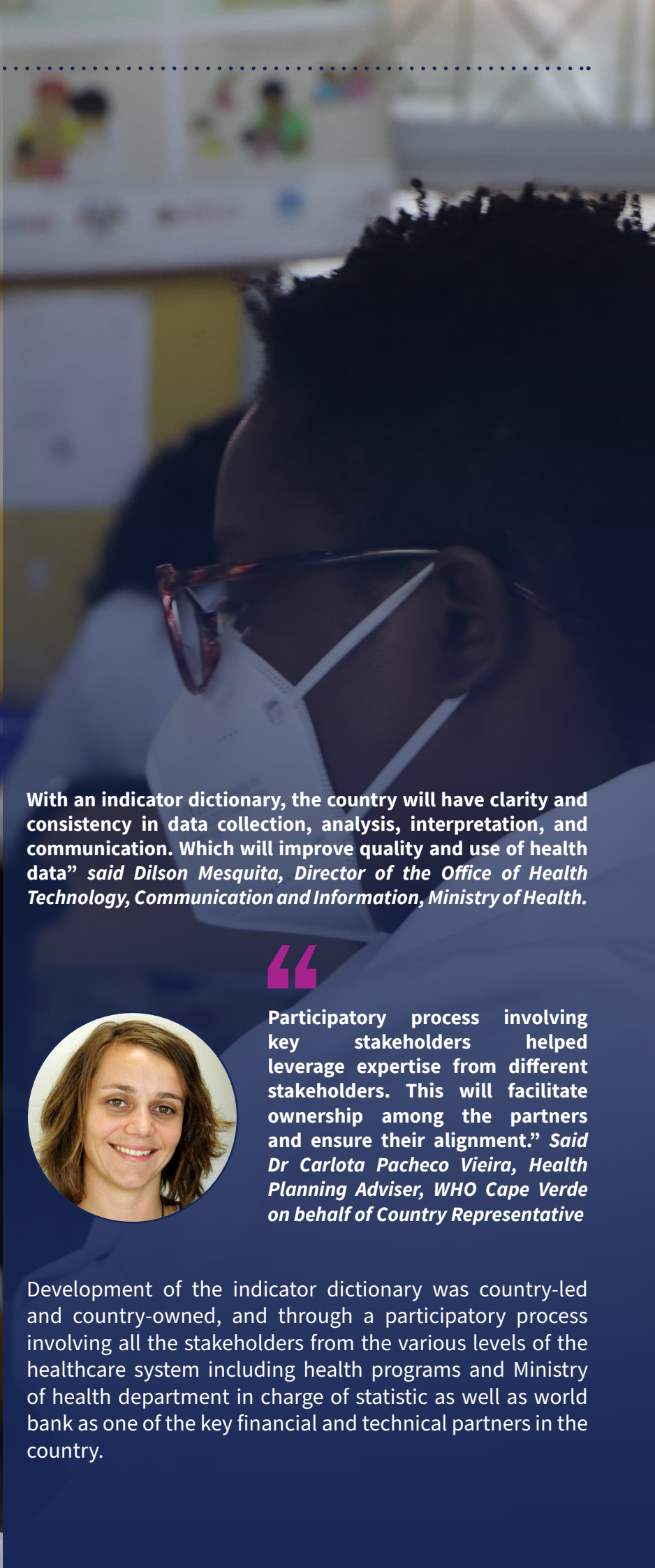
IMPROVING THE AVAILABILITY AND QUALITY OF HEALTH DATA IN CAPE VERDE

Health statistics had not been adequately reported in the past in Cape Verde due to the lack of a well-organized and integrated document that could be used as a reference for reporting of health statistics.

These challenges hindered the timely analysis and use of health data, which affected decision-making processes at different levels of the health system. Therefore, there was a need to develop an integrated health indicator tool as the basis to develop strong health data repository and management system, as well as improving data reliability, access, and interpretation, thereby enabling informed decision-making in Cape Verde.

To improve availability and quality of health data, WHO supported the country to develop a dictionary of health indicators, which includes a metrics for assessing, among others, the health sector progress and performance, quality of care, access to health services, health outcomes, and coverage of interventions.

Cape Verde's indicator dictionary will serve as a comprehensive reference guide to support health data generation, analysis, and utilization throughout the life course. The indicators will be integrated into Cabo Verde's District Health Information System (DHIS 2) to guide data collection, centralization, analysis, and communication.



With an indicator dictionary, the country will have clarity and consistency in data collection, analysis, interpretation, and communication. Which will improve quality and use of health data” said Dilson Mesquita, Director of the Office of Health Technology, Communication and Information, Ministry of Health.



Participatory process involving key stakeholders helped leverage expertise from different stakeholders. This will facilitate ownership among the partners and ensure their alignment.” Said Dr Carlota Pacheco Vieira, Health Planning Adviser, WHO Cape Verde on behalf of Country Representative

Development of the indicator dictionary was country-led and country-owned, and through a participatory process involving all the stakeholders from the various levels of the healthcare system including health programs and Ministry of health department in charge of statistic as well as world bank as one of the key financial and technical partners in the country.



INTEGRATED HEALTH CARE FOR OLDER PEOPLE IN THE REPUBLIC OF MAURITIUS

Over the past few decades, Mauritius' population has aged rapidly. In 2000, 9% of people were aged 60 and above. By 2021, this had more than doubled to 18.7%. In 2061, older people are predicted to comprise 36.5% of the population. This population shift requires the health system to adapt to the needs of older people, particularly to promote well-being, prevent ill health, and ensure early diagnosis and care.

To ensure all older people have access to quality primary health care services for both disease management and to prevent and manage any decline in physical and mental capacities in older age, the Government of Mauritius, with support from WHO, is improving older people's health and well-being through a person-centred and primary health care approach to diagnosis, response, and care reaching over 260 000 older people.

On 23 March 2023, the Prime Minister of Mauritius, Honourable Pravind Kumar Jugnauth launched the country's first National Integrated Care for Older People (ICOPE) Strategic and Action Plan (2023-2026), developed with WHO support, to promote healthy ageing.

With support from the Universal Health Coverage (UHC) Partnership, WHO provides a technical focal point for ICOPE, in coordination with the Government, to help implement ICOPE.



“WHO is proud to support the Government of Mauritius and other partners to ensure healthy ageing through a person-centred, primary health care approach, as this is undoubtedly the pathway to ensuring universal health coverage,” said Dr Anne Ancia, WHO Representative to Mauritius.



“The Government of Mauritius is strongly committed to providing senior Mauritian citizens with holistic, person-centred care, using the proactive approach recommended in the WHO Integrated Care for Older People approach, to optimize autonomy and quality of life throughout the ageing process,” said Dr the Honourable Kailesh Kumar Singh Jagutpal, Minister of Health and Wellness (MOHW), Republic of Mauritius.

Activities so far include national campaigns and television broadcasts to raise awareness of health issues, systematic and early screening for physical and mental impairments and referrals to services. The aim is to reach all 260 000 older Mauritians, improve essential infrastructure such as 4 new dementia clinics, and train of the health and care workforce.

World Health Organization Regional Office for Africa

Universal Health Coverage/ Life Course Cluster

OUR VISION

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

