

Regional Committee for Africa**Original: English**Seventy-fifth sessionLusaka, Republic of Zambia, 25–27 August 2025Provisional agenda item 16.12**Progress report on the Regional multisectoral strategy to promote health and well-being,
2023–2030 in the WHO African Region****Information document****Contents****Paragraphs**

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Background

1. The WHO African Region faces significant health and well-being challenges, due to the dual burden of communicable and noncommunicable diseases, the impacts of climate change, and pervasive social inequities. The “Regional multisectoral strategy to promote health and well-being (2023–2030)” was developed to address the social determinants of health, improve equity, and accelerate progress towards universal health coverage (UHC) and Sustainable Development Goal 3 (SDG 3). The strategy was adopted at the Seventy-third session of the Regional Committee (RC) for Africa¹.
2. The strategy encourages Member States to leverage existing sectoral structures, resources and capacities to align health and non-health sectors around shared goals, reframing health and well-being not as cost drivers, but as catalysts of social and economic stability.
3. By 2030, all Member States should have: (1) institutionalized and integrated health impact assessments; (2) adopted a One Health, whole-of-government, whole-of-society and people-centred approach; (3) established robust monitoring and evaluation (M&E) frameworks to track outcomes of intersectoral policy actions; (4) created effective accountability systems; (5) conducted sustained dialogue and advocacy; and (6) developed long-term financing strategies to embed multisectoral collaboration and action.
4. This first report describes the progress made and actions taken since 2023 towards achieving the 2030 targets.

Progress made/actions taken

5. The progress report is based on data collected through an online survey completed by 34 out of 47 Member States (72%). While the Regional multisectoral strategy does not set milestones for 2025, indicators were applied to track Member States’ progress two years post-adoption towards the 2030 targets.

Platforms for multisectoral action

6. Thirty of the 47 Member States (63.8%)² have established formal structures or committees to oversee the implementation of multisectoral actions. Additionally, 25 Member States³ (53%) have developed plans or roadmaps detailing the operationalization of relevant policies and strategies.

¹ <https://www.afro.who.int/sites/default/files/sessions/resolutions/AFR-RC73-WP4%20Regional%20multisectoral%20strategy%20to%20promote%20health%20and%20well-being%20-%202023-2030%20in%20the%20WHO%20African%20Region.pdf>

² Algeria, Benin, Burkina Faso, Burundi, Comoros, Congo, Côte d'Ivoire, Ethiopia, Ghana, Guinea, Kenya, Madagascar, Malawi, Mali, Mauritius, Namibia, Niger, Nigeria, Democratic Republic of the Congo, Rwanda, Sao Tome and Principe, Senegal, Seychelles, South Sudan, Chad, Togo, The Gambia, Uganda, Zambia and Zimbabwe.

³ Algeria, Benin, Burkina Faso, Burundi, Comoros, Côte d'Ivoire, Ethiopia, Ghana, Guinea, Kenya, Liberia, Madagascar, Mali, Mauritius, Namibia, Nigeria, Rwanda, Seychelles, South Sudan, Chad, Togo, The Gambia, Uganda, Zambia, Zimbabwe.

7. Current policies and strategies promoting multisectoral action incorporate a whole-of-government approach in 25 countries (53%)⁴, a whole-of-society and people-centred approach in 23 countries (49%)⁵, and a One Health approach in 27 countries (57.4%)⁶.

Health impact assessment (HIA) of sector policies

8. Sixteen Member States (34%)⁷ conducted health impact assessments (HIAs) of sector policies at least once between 2023 and 2025. These assessments typically involved the health, transport, education, agriculture or environment sectors.

9. Many Member States have institutionalized, to varying degrees, the use of HIA as a standard approach in policy development and implementation. In 10 Member States, awareness or informal discussions around HIA exist, but no formal mechanisms or structures are in place. Only four Member States (8.5%)⁸ systematically require and apply HIA in the development of sector policies. In these Member States, formal guidelines exist, relevant staff are trained, and cross-sectoral coordination mechanisms are operational.

Monitoring and evaluation (M&E), data sharing and accountability

10. Fourteen Member States (29.7%)⁹ have established M&E frameworks to assess the outcomes of intersectoral collaboration. Mechanisms for cross-sectoral data sharing, including systems for tracking health and well-being outcomes, exist in 20 Member States (42.5%)¹⁰. However, 14 Member States (29.7%)¹¹ reported having no formal mechanism for data sharing.

Advocacy and sustaining multisectoral action

11. Thirty-one of the 47 Member States (66%) have conducted advocacy activities to make the case for multisectoral collaboration. Only 13 Member States (27.6%)¹² have developed strategies to ensure sustainable funding for multisectoral mechanisms, while 21 (44.6%)¹³ reported having no such funding mechanism. The same number of Member States (21, or 44.6%) reported that multisectoral action is primarily funded by government or donors.

⁴ Algeria, Benin, Burkina Faso, Comoros, Congo, Ethiopia, Guinea, Kenya, Liberia, Madagascar, Malawi, Mali, Mauritius, Namibia, Nigeria, Democratic Republic of the Congo, Rwanda, Senegal, Seychelles, South Sudan, Chad, Togo, The Gambia, Uganda, Zambia.

⁵ Algeria, Benin, Burkina Faso, Comoros, Congo, Ethiopia, Guinea, Kenya, Liberia, Malawi, Mali, Mauritius, Namibia, Democratic Republic of the Congo, Rwanda, Sao Tome and Principe, Senegal, Seychelles, South Sudan, Chad, Togo, The Gambia, Uganda.

⁶ Algeria, Benin, Burkina Faso, Burundi, Comoros, Congo, Côte d'Ivoire, Ghana, Guinea, Kenya, Liberia, Madagascar, Malawi, Mali, Mauritius, Namibia, Niger, Nigeria, Rwanda, Sao Tome et Principe, Senegal, Chad, Togo, South Sudan, The Gambia, Uganda, Zambia.

⁷ Angola, Burundi, Comoros, Ghana, Guinea, Liberia, Madagascar, Malawi, Mali, Niger, Nigeria, South Sudan, Chad, The Gambia, Uganda, Zambia.

⁸ Côte d'Ivoire, Uganda, Mali, Liberia.

⁹ Algeria, Benin, Burkina Faso, Ethiopia, Malawi, Mali, Nigeria, South Sudan, Chad, Togo, The Gambia, Uganda, Zambia, Zimbabwe.

¹⁰ Benin, Burkina Faso, Burundi, Comoros, Côte d'Ivoire, Guinea, Malawi, Mali, Mauritius, Nigeria, Senegal, Seychelles, Chad, Togo, The Gambia, Uganda, Zambia, Zimbabwe.

¹¹ Congo, Ethiopia, Ghana, Guinea Equatorial, Kenya, Liberia, Madagascar, Namibia, Niger, Democratic Republic of the Congo, Rwanda, Sao Tome et Principe, Sierra Leone, South Sudan.

¹² Algeria, Benin, Ethiopia, Equatorial Guinea, Liberia, Malawi, Mali, Namibia, Rwanda, Senegal, South Sudan, Chad, The Gambia.

¹³ Angola, Burkina Faso, Burundi, Congo, Comoros, Côte d'Ivoire, Democratic Republic of the Congo, Ghana, Guinea, Kenya, Madagascar, Mauritius, Niger, Nigeria, Sao Tome and Principe, Seychelles, Sierra Leone, Togo, Uganda, Zambia, Zimbabwe.

Issues and challenges

12. Key challenges reported by countries in coordinating multisectoral action include limited implementation capacity, weak advocacy, insufficient data, inadequate resources and funding, lack of political commitment and leadership, poor understanding of multisectoral approaches, and conflicting priorities among ministries and agencies.

Next steps

13. To accelerate implementation of the strategy, Member States should:

- (a) Consolidate multisectoral platforms by reinforcing existing coordination structures and promoting inclusive approaches such as whole-of-government and One Health frameworks.
- (b) Build implementation capacity through cross-sectoral training and high-level advocacy to improve leadership, coordination, and prioritization of multisectoral action.
- (c) Strengthen and align national M&E frameworks, and establish formal mechanisms for intersectoral data sharing to track health and well-being outcomes.
- (d) Develop innovative, sustainable funding strategies for multisectoral mechanisms, leveraging existing national programme plans with support from governments and development partners.

14. WHO and partners should:

- (a) Conduct targeted advocacy to raise awareness and promote the official adoption and operationalization of the Regional multisectoral strategy in all Member States.
- (b) Support Member States in institutionalizing HIA across sectors through technical guidance and capacity building.

15. The Regional Committee is invited to take note of this first progress report.