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**Progress report on the framework for the provision of essential health services
through strengthened district/local health systems to support UHC in the context of
the SDGs**

Information document

Contents

	Paragraphs
Background.....	1–4
Progress made/actions taken.....	1–8
Issues and challenges	9
Next steps.....	10–14

Background

1. According to the Declaration of Astana (October 2018), primary health care (PHC) is the most effective, efficient and equitable way to achieve universal health coverage (UHC). UHC ensures access to quality essential health services (EHS) for all, with a particular focus on vulnerable people.¹
2. In 2019, the Seventy-ninth session of the Regional Committee (RC) adopted the framework for the provision of EHS through strengthened district and local health systems to support UHC in the context of the SDGs.² The goal is to have well-functioning district health systems (DHS) providing EHS in all Member States. The framework outlines two objectives and four targets for 2030, along with milestones for 2023, 2026 and 2028.
3. The report updates on the level of attainment of the following 2023 milestones: (a) All Member States have defined essential health services packages (EHSPs); (b) At least 50% of Member States have EHS available to 50% of the population; (c) All Member States have functional district health management teams (DHMTs) in at least 50% of the districts; (d) At least 25% of Member States have established a community health workforce (CHW) with over 80% national coverage.
4. This progress report was omitted from the list of RC papers for 2023. It summarizes progress in implementing the framework and highlights challenges and next steps.

Progress made/action taken

5. **2023 milestone 1, all Member States have defined EHSPs.** As at the end of 2023, 17³ out of 47 countries had developed and were implementing a comprehensive EHSP, while 21 countries⁴ were implementing strategies for improving service quality. Telemedicine was reported to be very useful in providing EHS at the primary care level, especially in settings with a limited health workforce.⁵
6. **2023 milestone 2, at least 50% of Member States have EHS available to 50% of the population.** Data to monitor this milestone is currently not available. However, according to the 2023 UHC Global monitoring report, the average UHC service coverage index⁶ in the WHO African Region increased from 42% in 2015 to 45% in 2019, followed by a slight decline to 44% in 2021, largely due to the COVID-19 pandemic. Disparities persist among countries, with coverage ranging from 29% in Chad to 75% in Seychelles.⁷ To accelerate progress in the development and implementation of EHSPs and

¹ Global conference on primary health care: from Alma-Ata towards universal health coverage and the Sustainable Development Goals. Available at <https://iris.who.int/bitstream/handle/10665/328123/WHO-HIS-SDS-2018.61-eng.pdf?sequence=1>

² Framework for provision of essential health services through strengthened district/local health systems to support UHC in the context of the SDGs. Available at <https://www.afro.who.int/sites/default/files/2019-09/AFR-RC69-8%20Framework%20for%20provision%20of%20essential%20health%20services.pdf>

³ Botswana, Burkina Faso, Eswatini, Ethiopia, Kenya, Lesotho, Malawi, Namibia, Niger, Rwanda, Seychelles, Sierra Leone, South Sudan, United Republic of Tanzania, Uganda and Zimbabwe.

⁴ Botswana, Burkina Faso, Cameroon, Eswatini, Ethiopia, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mauritania, Mozambique, Namibia, Rwanda, Senegal, Seychelles, South Africa, Uganda, United Republic of Tanzania and Zimbabwe

⁵ Faruk N, Surajudeen-Bakinde NT, Abdulkarim A, Oloyede AA, Olawoyin L, Bello OW et al. Rural Health care Delivery in Sub-Saharan Africa. Int. J. Healthc. Inf. Syst. Inform. 2020, 15, 1–21.

⁶ The service coverage index is the UHC indicator (Indicator 3.8.1.) that measures people's access to essential health services

⁷ Tracking universal health coverage: 2023 global monitoring report. Available at <https://iris.who.int/bitstream/handle/10665/374059/9789240080379-eng.pdf?sequence=1>

other PHC interventions, WHO held capacity-building workshops in 2023 to support Member States in using the operational framework for PHC.

7. **2023 milestone 3, all Member States have functional DHMT in at least 50% of the districts.** Full data on the functionality of DHMTs is not available in the Region. In 2023, WHO conducted a survey assessing DHS oversight capacity in 18 countries.⁸ The average oversight capacity score was 76.85%, with all responding countries scoring above 50%, ranging from 51.3% in Guinea-Bissau to 89.6% in Ghana.⁹ Based on these results, it can be extrapolated that the 2023 milestone for DHMT functionality was achieved. The survey will be launched in all 47 Member States in 2025/2026. Using a south-south collaboration approach, in 2019, seven countries – Burkina Faso, Benin, Congo, Côte d'Ivoire, Gabon, Mauritius and Senegal – participated in a workshop in Abidjan to share experiences on strengthening DHS functionality, including establishing a functional DHMT in every district. Cameroon updated the national strategy for strengthening DHS, using evidence from a national assessment conducted in November 2021. To further support capacity-building, WHO developed DHMT training modules, which have been successfully used to strengthen the skills of ministries of health staff in Botswana, Eritrea, Malawi and Mozambique.

8. **2023 milestone 4, at least 25% of Member States have established a CHW with over 80% national coverage.** Data on CHW coverage is currently not available in the Region, although Member States are making efforts to improve data availability. Notably, in 2022, 40 out of 47 countries (85%) reported CHW data through the national health workforce accounts (NHWAs), surpassing the 25% target set for 2023. Figures showed that the number of CHWs in the Region increased from 213 167 in 2013 to 850 462 in 2022. The density of CHWs per 10 000 population rose from 8.17 in 2013 to 10.43 in 2022.¹⁰ WHO developed a prototype curriculum for training CHWs.¹¹

Issues and challenges

9. The shift from basic EHSPs to comprehensive EHSPs remains limited. Weaknesses in the health systems, especially in health financing, hinder both the development and effective implementation of EHSPs. Several countries that developed EHSPs are struggling to allocate adequate funds for their implementation. Additionally, health information systems need to be strengthened to track EHS coverage, CHW coverage and DHMT functionality.

⁸ Botswana, Burundi, Cameroon, Chad, Democratic Republic of the Congo, Eswatini, Ghana, Guinea, Guinea-Bissau, Malawi, Mali, Mauritania, Mozambique, Namibia, Senegal, Sierra Leone, Uganda, United Republic of Tanzania

⁹ WHO Africa Regional Office, Sub-National Unit (SNU) Functionality in Africa – Key findings from 18 countries (https://files.who.int/afahobckpcontainer/production/files/SNU_technical_output_Feb_2024_factsheet.pdf)

¹⁰ Asamani JA, Bediakon KS, Boniol M, Munga'tu KY, Christlms CD, Okoroafor SC et al., State of the health workforce in the WHO African Region: decade review of progress and opportunities for policy reforms and investments, *BMJ Global Health*: first published as 10.1136/bmjgh-2024-015952 on 25 November 2024. Downloaded from <https://gh.bmj.com> on 19 February 2025

¹¹ WHO Regional Office for Africa, The African regional framework for the implementation of the global strategy on human resources for health: workforce 2030, (<https://iris.who.int/handle/10665/332179>, accessed on 25 February 2025)

Next steps**Member States to:**

10. Organize national reviews and consultations on the implementation of this framework and adopt strategic actions towards accelerating implementation, especially the shift from basic to comprehensive EHSPs.
11. Participate in the planned regional assessment of DHS functionality for 2025–2026.

Regional Office and partners to:

12. Support national and regional consultations and reviews on the implementation of this framework, and propose and facilitate strategic actions towards full implementation of the framework, including updating and disseminating existing regional guidance on EHSPs, finalizing and disseminating the DHS guidance document and facilitating the development and implementation of country-specific EHSPs.
13. Support Member States in assessing the DHS functionality, including functional DHMTs and CHW coverage.
14. The Regional Committee noted this progress report.