



World Health
Organization

African Region

HEALTH SYSTEMS AND SERVICES
CLUSTER



ADVANCING INTEGRATED HEALTH SYSTEMS FOR STRONGER HEALTH OUTCOMES IN AFRICA

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FOREWORD

It is a pivotal moment for health systems across the African Region. The scale and complexity of current challenges, from persistent inequities in health outcomes to increasing financial and system pressures, require a fundamental shift toward more integrated, resilient and result-driven approaches.

This first quarter of 2026 reflects that shift. Countries are moving beyond fragmented interventions toward more coordinated efforts that strengthen the quality of care across the life course, reinforce the health workforce, and align financing with national priorities. Similarly, the growing use of data and digital solutions is enabling timelier, evidence-based decision-making and improving the delivery of services.

The stories featured in this edition illustrate how these efforts are converging to deliver stronger health outcomes. From improving maternal and newborn care and preventing stillbirths, to advancing sustainable financing, strengthening workforce capacity and enhancing health system intelligence, countries are building more cohesive systems that respond to the needs of populations.

Integration is no longer optional; it is essential to delivering results. Aligning financing, workforce, data and service delivery enables countries to use resources more efficiently, improve the quality of care and reach more people with the services they need. At the same time, strengthening quality and safety, including the ability to detect harmful medical products, is critical to protecting populations and reinforcing trust in health systems.

The World Health Organization remains committed to supporting Member States in translating ambition into action, through technical leadership, capacity strengthening and strategic partnerships, supported by the continued engagement of development partners and donors. The progress highlighted in this edition reflects the collective efforts of Member States, partners and health workers across the Region.

Sustaining this momentum will be essential to accelerating progress toward universal health coverage and ensuring that all people have access to quality health services without financial hardship.

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Africa pushes for more sustainable health financing as pressures mount

As external funding declines and fiscal pressures intensify, African countries are being forced to rethink how health systems are financed to sustain progress toward universal health coverage.

Across the Region, out-of-pocket payments account for about 36% of total health spending, while nearly half of countries depend on external sources for more than a third of their health budgets, leaving systems vulnerable to shifting global financing trends.

In response, government leaders, development banks and partners from 14 francophone countries convened in Abidjan from 17 to 19 February 2026 to identify practical solutions to strengthen and diversify health financing.

Convened by the World Health Organization with support from partners including the Global Fund, the World Bank, the Global Financing Facility, the European Investment Bank, the African Development Bank, UNICEF and Agence Française de Développement, the meeting brought together ministries of health and finance, financial institutions and private sector actors.

Building on earlier engagement with anglophone countries, this meeting focused on francophone countries to ensure more tailored dialogue and alignment with country contexts.

Discussions centred on expanding domestic resource mobilization, improving efficiency and alignment of existing financing, and leveraging innovative instruments such as blended finance, public-private partnerships and risk-sharing mechanisms. Countries also explored how to better align external funding with national priorities and reduce fragmentation.

By the end of the meeting, countries identified priority actions and agreed to continue collaboration through a regional platform for knowledge exchange and coordinated action.



“The question is no longer only how to mobilize more resources, but how to mobilize smarter financing that is better aligned with national priorities and resilience to future shocks” said Dr Ogochukwu Chukwujekwu, Health Financing and Governance Team Lead, WHO Regional Office for Africa.



Countries across the WHO African Region advance development of Regional Data Hub through hands-on collaboration

Countries across the WHO African Region are taking concrete steps to strengthen how health data is collected, shared and used through the development of the Regional Data Hub (RDHUB).

From 23 to 27 February 2026, representatives from Member States, ministries of health and WHO gathered in Kintele, Republic of Congo, for a five-day orientation and hands-on data workshop.

Unlike traditional workshops, the meeting centred on practical “data lab” sessions, where participants identified and addressed data quality gaps while engaging in hands-on collaboration.

At the same time, countries reviewed and provided inputs on how the Regional Data Hub should be designed to respond to their needs, including its core focus areas and functionalities. Discussions also focused on identifying priority datasets to be included in the hub, ensuring alignment with national health priorities and existing data systems.

This collaborative approach enabled countries to directly shape the development of the platform, ensuring it is practical, relevant and responsive to real-world data use requirements.

The Regional Data Hub is being developed by WHO in close collaboration with Member States as a shared platform to integrate data from national systems and partner sources, enabling more timely and actionable health information. In many countries, data remains fragmented across multiple systems, making this effort essential.



“Stronger data systems are essential for better decision-making, and the Regional Data Hub will support countries to access timely, reliable data and turn it into action.” Dr Benson Droti, Health Information and Knowledge Management Team Lead, WHO Regional Office for Africa.

Participants also reviewed key elements of the RDHUB architecture, data sharing arrangements and governance framework, helping shape how it will function at country and regional levels. Discussions explored how the hub can support universal health coverage, primary health care and health workforce monitoring.

By the end of the workshop, countries made tangible progress in preparing datasets and developed initial action plans to address remaining gaps. This ensures the hub is built on real country data, aligned with national priorities and ready to support evidence-based decision-making.



Efforts to improve quality of maternal care gain momentum across Africa

Progress in reducing Maternal mortality across the WHO African Region remains too slow to meet global targets, underscoring the urgent need to strengthen the quality of care for mothers and newborns.

While gains have been made over recent decades, they are insufficient to reach the target of fewer than 70 maternal deaths per 100,000 live births by 2030. At the current pace, the rate of reduction would need to increase twelvefold to close this gap.

To address this, the World Health Organization Regional Office for Africa convened a regional meeting from 23 to 27 March 2026 in Lomé, bringing together experts from 16 countries to advance the revision of the Provider Guide for Emergency Obstetric and Newborn Care (SONU).

The guide remains a key reference for frontline health workers, supporting the implementation of WHO recommendations, strengthening consistency in clinical practice and improving survival outcomes for mothers and newborns. Its revision reflects the need to align care with updated scientific evidence and address persistent gaps in quality of care.



“New scientific evidence has emerged since the last edition in 2018, and without updating the guide, countries risk relying on outdated protocols that reduce the effectiveness of life-saving interventions”said Dr Léopold Ouédraogo, Technical Officer Sexual Reproductive Health & Rights, WHO Regional Office for Africa.

Participants also emphasized the importance of harmonizing practices across countries to ensure that women receive the same standard of emergency care regardless of where they give birth. Midwives, who play a central role in delivering maternal and newborn care, were highlighted as key actors in applying the updated guidance at scale.

Supported by partners including UNFPA, UNICEF and the West African Health Organization (WAHO), this initiative marks an important step in strengthening quality of care and advancing progress toward reducing preventable maternal and newborn deaths across the Region.

Advancing evidence and action to address stillbirth prevention across the WHO African Region

New evidence is reinforcing the urgent need to address stillbirths as a critical but often overlooked challenge across the WHO African Region.

Every 30 seconds, a baby is stillborn in Africa, with nearly one million stillbirths occurring in 2023 alone. Many of these deaths occur during labour, often within health facilities, highlighting persistent gaps in the quality of care and health system performance.

In the first quarter of 2026, WHO contributed to advancing regional evidence and analysis on stillbirths, supporting efforts to better understand the scale, drivers and impact of these preventable deaths and to elevate the issue on the health agenda.

Without accelerated action, an estimated five million stillbirths could occur across Africa between 2026 and 2030, most of which are preventable with existing interventions.



“Stillbirth is one of the clearest indicators of health system performance. Preventing stillbirths requires strengthening the same systems that protect the health of mothers and newborns.” Dr Janet Kayita, Family and Reproductive Health Team Lead, WHO Regional Office for Africa.

WHO is working with countries across the Region to strengthen maternal and newborn health services, improve quality of care during pregnancy and childbirth, and ensure that every loss is counted, reviewed and used to improve care and prevent future deaths.

Preventing stillbirth is not only a maternal and newborn health priority but also a critical investment in stronger, more resilient health systems. Up to 70% of stillbirths could be prevented through improved quality care at birth, including skilled attendance, emergency obstetric services and effective referral systems.

This work contributes to a broader shift from silence to accountability, ensuring that stillbirth prevention is integrated into health system strengthening efforts across the Region.



Scaling up integrated health services to accelerate results for women and children

Efforts to accelerate integrated health services for women, newborns and children gained renewed momentum during the 6th Annual Regional Meeting of the Community of Practice (CoP) on postpartum family planning, maternal, newborn and child health and nutrition, held in Dakar, Senegal on 10- 11 February 2026.

Bringing together 15 countries and over 300 participants, the meeting focused on moving from pilot initiatives to large-scale implementation to advance progress towards the Sustainable Development Goals (SDGs).

Despite progress, countries continue to face high maternal and neonatal mortality, persistent unmet needs for family planning, and widespread child malnutrition, challenges that remain deeply interconnected.

Participants emphasized that integration is now a proven, high-impact approach to address these gaps.

“We have reached a decisive moment. The relevance of integration no longer needs to be demonstrated, our collective challenge is to make it irreversible within health systems,” said Dr Alain Damiba, President of the Community of Practice on integrated postpartum family planning, maternal, newborn and child health and nutrition (PFPP/SMNI/Nutrition)”

Evidence shared during the meeting showed that integrated service delivery improves access, reduces missed opportunities for care, and strengthens outcomes across the continuum of care. However, progress at scale remains constrained by fragmented financing, health workforce gaps and coordination challenges.

Countries highlighted the need to institutionalize integration within national systems, strengthen domestic financing, and expand task-sharing approaches to bring services closer to communities. Digital tools and harmonized data systems were also identified as critical enablers for improving performance and accountability.

“At every point of contact, the health system must respond comprehensively to the needs of mothers and children. Integration brings together quality, efficiency and equity,” noted Dr Léopold Ouedraogo, Technical Officer Sexual Reproductive Health & Rights, WHO Regional Office for Africa.

The meeting concluded with a clear call to action: accelerate implementation, strengthen partnerships and ensure sustainable financing. As emphasized by WHO, scaling up integrated services is no longer optional, it is essential to achieving universal health coverage and saving lives across the Region.



Strengthening Life Course Programme Management to Improve Health Outcomes

Efforts to improve health outcomes across the life course are increasingly focusing on how programmes are managed, as countries work to translate strategies into real results.

While notable progress has been made in maternal, newborn and child health over the past two decades, many countries continue to face challenges in turning national plans into well-coordinated and effectively implemented programmes. Fragmented approaches, limited alignment with health system processes and gaps in programme management capacity continue to affect impact.

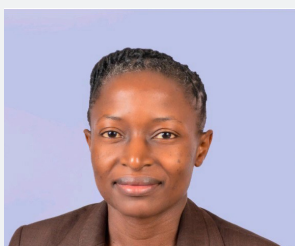


“We must move beyond fragmented programme implementation and ensure programmes deliver measurable impact across all stages of life.”

Dr Francis Chisaka Kasolo, WHO Representative for Ethiopia.

To address these challenges, WHO convened a regional technical consultation from 16 to 20 March 2026 in Addis Ababa, Ethiopia, bringing together experts and programme managers from 14 Member States. The consultation focused on strengthening Life Course programme management across Sexual, Reproductive, Maternal, Newborn, Child, Adolescent Health and Healthy Ageing (SRMNCAH-HA).

Throughout the week, participants engaged in discussions, peer learning and joint review of programme management approaches, with a focus on improving planning, coordination, resource mobilization and monitoring. The consultation emphasized the need to move beyond fragmented programme implementation towards more integrated, system-driven approaches aligned with national health priorities.



“This consultation has fundamentally shifted how we think about programme management. It is not just about planning activities, but about aligning with health system processes and ensuring that what we design at national level translates into real impact at subnational level.”

Dr Dorcus Mutede, Director of Family Health, Ministry of Health and Child Care, Zimbabwe.

Advancing quality in health professions education across the African region



Efforts to improve the health workforce across the WHO African Region are increasingly focusing not only on the number of health workers, but on the quality and relevance of their education.

Despite a significant expansion in training capacity across the African Region, countries are still projected to face a shortage of 6.1 million health workers by 2030. This challenge is alongside persistent gaps in competencies and a mismatch between their education and the evolving health system needs, including changing disease patterns, population needs and expectation of quality care.

Evidence continues to point to gaps in medical competencies among health workers including limitations in areas such as diagnostic accuracy, treatment accuracy, and the ability to respond effectively to complex patient needs. These gaps challenge beyond the individual health workers but with the education systems that prepare them.

A key factor underpinning these challenges is the variation in the quality of health professions education across the African region. The education programmes vary widely from curriculum design, assessment approaches, and regulatory oversight. In many countries, regulatory bodies face capacity constraints, leading to fragmented or inconsistent quality assurance systems. These variations make it difficult to ensure all graduates meet a consistent standard of competence.

There is a need to strengthen regulatory systems, improve quality and relevance of education, and promote greater harmonisation of quality standards and approaches across Africa. To address these challenges, regulators, policy makers, educators and technical experts from across the Region convened from 16 to 18 March 2026 in Potchefstroom, South Africa, to build consensus on the Africa Health Professions Education Quality Standards (AHPEQS).

The Africa Health Professions Education Quality Standards were formalised through the Potchefstroom Consensus around nine domains and 35 standards covering regulatory body, institutional governance, curriculum and educational processes, student selection and support, academic and support staff, infrastructure and technology, institutional quality assurance, partnerships and collaboration and health workforce competence.



“Strengthening the quality of health professions education is essential to ensure that investments in training translate into competent health workers who can deliver safe, effective and people-centred care.” Dr Onyango Adelheid, Director Health Systems and Services, WHO Regional Office for Africa.

The agreed standards are part of a broader regional effort to transform and harmonize health professions education, including the development of competency-based curricula and the introduction of benchmarking systems to support continuous improvement and accountability.



“These standards will support countries to strengthen accreditation systems, enhance accountability and improve comparability of qualifications, while also advancing mutual recognition and mobility of health professionals across borders” Dr James Avoka Asamani, Health Workforce Team Lead, WHO Regional Office for Africa.

By aligning education, regulation and health system needs, this work is expected to support countries in producing a more competent and responsive health workforce, while also facilitating comparability of qualifications and enabling safer mobility of health professionals across the Region.



Strengthening Member States' capacity to detect harmful medicines and protect public health

Recent incidents involving medicines contaminated with toxic substances have highlighted the urgent need to strengthen countries' ability to detect unsafe products and protect patients. Global incidents involving ethylene glycol and diethylene glycol, linked to more than 300 child deaths, underscore critical gaps in detection and regulatory capacity.

In response, WHO supported from 9 to 12 March 2026 in Gaborone, Botswana, a training of regulatory authorities from Botswana, Congo, Gambia, Namibia and Sierra Leone.

The training focused on thin-layer chromatography (TLC), a low-cost method enabling rapid detection of harmful contaminants in oral liquid medicines, particularly in settings with limited access to advanced technologies.

Participants engaged in hands-on practice, including live demonstrations and application of the method in their own laboratories. Several countries successfully applied the method and shared results, demonstrating improved detection capacity.

The training builds on WHO's broader support to strengthen regulatory systems and post-market surveillance. This work helps countries identify unsafe medicines more quickly and improve product safety across the Region.

“This training provides a practical and accessible method to detect harmful contaminants in medicines, allowing countries to act more quickly to protect patients.” said Dr Babatunde Jayeola, Technical Officer, Health Products, WHO Regional office for Africa.





Countries strengthen capacity to finance antimicrobial resistance action plans

Efforts to tackle Antimicrobial resistance in the WHO African Region are increasingly focusing on a critical gap: how to translate national plans into funded, implementable action.

While all countries in the Region have developed national action plans on antimicrobial resistance, many remain insufficiently linked to national budgeting processes. This disconnect limits their ability to mobilize resources, prioritize interventions and move from strategy to implementation, despite the growing threat posed by drug-resistant infections.

To address this, the World Health Organization Regional Office for Africa, in collaboration with headquarters, convened a regional refresher webinar on 26 March 2026 to strengthen countries' capacity in costing and budgeting for AMR action plans. The session focused on the WHO Costing and Budgeting Tool, a practical instrument designed to help countries estimate the cost of priority interventions, align plans with available resources and identify funding gaps. It brought together trained focal points from more than 20 countries across the African and Eastern Mediterranean regions, spanning human health, animal health, agriculture and environmental sectors.

Participants received updates on the tool's structure, costing methodology and analytical dashboards, alongside practical guidance on its application. Country experiences from Burundi and Nigeria demonstrated how the tool is already supporting more effective planning, prioritization and resource mobilization for AMR interventions.

The webinar also reinforced inter-regional collaboration and knowledge exchange, strengthening a growing network of national experts and trainers working to advance the AMR agenda. This initiative builds on WHO's broader efforts to support countries in developing sustainable responses to antimicrobial resistance. By strengthening skills in planning, costing and budgeting, countries are better equipped to move from policy commitments to concrete, financed actions—ensuring that AMR interventions are not only planned, but effectively implemented.



“The challenge is no longer developing plans on antimicrobial resistance, but ensuring they are financed and implemented. WHO is supporting countries with practical tools and capacity-building to cost priorities, identify gaps and mobilize resources, so that AMR responses move from strategy to real impact” said Dr Ali Ahmed Yahaya, Antimicrobial Resistance, Team Lead, WHO Regional Office for Africa.

Advancing integrated digitization of health campaigns through regional toolkit rollout

Countries across the WHO African Region are strengthening how health campaigns are planned and delivered through the rollout of the Integrated Digitization of Health Campaigns Toolkit.

Health campaigns remain one of the most effective ways to reach populations at scale, yet many continue to rely on fragmented systems, limiting efficiency, coordination and data use. Integrated digitization offers a pathway to address these challenges by aligning digital tools across campaigns and linking them with routine health systems.

To support this shift, the World Health Organization Regional Office for Africa, in collaboration with UNICEF and the Clinton Health Access Initiative (CHAI), convened a regional webinar on 12 March 2026 to relaunch and demonstrate the updated toolkit.

The session provided a structured walkthrough of the toolkit, including guidance on planning, solution selection, costing, device management and monitoring. Country experiences from Benin, the Democratic Republic of the Congo, Nigeria and Kenya highlighted how integrated approaches are improving coordination, efficiency and data visibility across campaigns.

By strengthening data systems and analytical capacity, this initiative reinforces evidence-based decision-making and supports countries to protect households from impoverishing health spending.



“Integrated digitization is not just about introducing digital tools, but about strengthening how campaigns are planned, coordinated and sustained within health systems. WHO is supporting countries with practical guidance and tools to move from fragmented approaches to more efficient, data-driven and integrated delivery” said Dr Benson Droti, Health Information and Knowledge Management, Team Lead, WHO Regional Office for Africa

More than a technical update, the webinar reinforced a growing shift toward coordinated, system-aligned approaches to campaign delivery. Participants also identified pathways for continued technical support and collaboration, supported by multilingual access to the toolkit in English, French and Portuguese.

This work builds on WHO’s broader efforts to support countries in strengthening health systems through digital transformation. By promoting integrated, country-owned solutions, the initiative contributes to more efficient use of resources, improved coverage and more sustainable health outcomes.



Mozambique strengthens national dialogue to invest in the health workforce

Efforts to strengthen the health workforce in Mozambique are gaining momentum as the country advances national dialogue to address persistent shortages and improve the distribution of health professionals.

Despite sustained progress in expanding access to health services, significant workforce challenges remain. The country’s health workforce continues to face shortages, inequitable distribution and limited absorption capacity, constraining progress toward universal health coverage.

To address these challenges, the Ministry of Health, in collaboration with the World Health Organization and partners, convened a National Dialogue on Health Workforce Policy and Investment in Maputo on 18–19 March 2026. The dialogue brought together government institutions, development partners, academia, the private sector and professional bodies to identify strategic solutions for strengthening the health workforce.

Discussions were informed by findings from the 2023 Health Labour Market Analysis, which highlighted structural challenges affecting workforce availability, including gaps in financing, training alignment, employment and retention. The analysis also underscored the need for stronger coordination across sectors to address these interconnected challenges.



“Investing in the healthcare workforce is not only a national priority, but an imperative for achieving universal health coverage by 2030. This requires strategic decisions that align training, employment and funding, with the involvement of the private sector and partners” said Adelheid Onyango, Director of Health Systems and Services Cluster, WHO Regional Office for Africa

The dialogue marked an important step toward building a multisectoral consensus and advancing the development of a costed national health workforce investment plan aligned with the Africa Health Workforce Investment Charter.

By strengthening coordination, aligning investments and reinforcing partnerships, Mozambique is laying the foundation for a more resilient, equitable and sustainable health workforce, essential to improving access to quality health services and achieving universal health coverage.



Ethiopia steps up action to address health workforce gaps threatening universal health coverage

Persistent gaps in the availability, distribution and performance of health workers continue to challenge Ethiopia's progress towards universal health coverage (UHC), prompting renewed high-level action to strengthen the country's health workforce.

In response, the Federal Ministry of Health, in collaboration with the Ministry of Education, with support from WHO and funding from the UK Department of Health and Social Care, has launched a series of High-Level Multisectoral Dialogues to align policies, investments and partnerships for sustainable health workforce development.

Over the past decade, Ethiopia has made significant progress, expanding training institutions, strengthening licensure systems and formalizing community health workers. However, inequitable distribution, quality gaps, limited fiscal space and evolving service delivery demands continue to place pressure on the system.

“This dialogue is not an exercise, it is a commitment. While progress has been made, significant gaps remain. Strong health systems require a strong health workforce” said Mrs. Seharella Abdulahi, State Minister of Health.

The dialogue brought together leaders from health, education and finance sectors, alongside development partners, to identify priority reforms and mobilize coordinated action across the entire workforce lifecycle, from training and employment to performance management and retention.

The discussions will inform the expansion of Ethiopia's Health Workforce Investment Compact, with a focus on translating policy commitments into measurable results and sustainable financing solutions. WHO reaffirmed its support to strengthen workforce development and planning.

“WHO is keen to support Ethiopia in this important dialogue on Human Resources for Health, which is helping build a shared understanding of the current health workforce context and the strategic actions needed to strengthen development, retention, and investment for the future” said Dr. Bejoy Nambiar, Health Systems and Policy Advisor, WHO Ethiopia.

As the dialogue series continues, Ethiopia is positioning its health workforce at the centre of efforts to build a resilient, equitable and high-performing health system capable of delivering quality care for all.



Mauritius advances data-driven reforms to strengthen its health workforce

Growing shortages, skills gaps and rising service demand are putting increasing pressure on Mauritius' health workforce, despite one of the highest doctor and nurse densities in the African Region.

To address these challenges, the Government of Mauritius, with support from WHO, has launched a comprehensive Health Labour Market Analysis (HLMA) to guide evidence-based workforce reforms and accelerate progress towards universal health coverage.

While the country reports 31.7 doctors and 35.7 nurses and midwives per 10 000 population, persistent shortages, uneven distribution, migration and recruitment bottlenecks continue to strain service delivery. The rapid expansion of primary care, growing from 147 to 268 facilities between 2022 and 2024, has further intensified demand.

“The Health Labour Market Analysis comes at the right time for Mauritius. We must address workforce shortages, improve distribution and ensure that the number of health workers matches our population’s needs,” said Dr Poonam Gungadin, Director of Health Services.

Conducted from 16 to 27 March 2026, the HLMA brings together key stakeholders across sectors to generate data-driven, consensus-based policy solutions.

“WHO is proud to support this process. A resilient health system depends on a well-planned and well-supported health workforce” said Dr Gilbert Buckle, WHO Health Policy Advisor.

Mauritius joins over 20 countries advancing the Africa Health Workforce Investment Charter, positioning workforce reform at the centre of efforts to deliver quality care for all.

World Health Organization Regional Office for Africa

Health Systems and Services 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.

