REGIONAL COMMITTEE FOR AFRICA

Sixty-sixth session

Agenda item 21.5

PROGRESS REPORT ON THE AFRICAN HEALTH OBSERVATORY AND ITS ROLE IN STRENGTHENING HEALTH INFORMATION SYSTEMS IN THE AFRICAN REGION

Information Document

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BACKGROUND

1. In 2012, the Sixty-second session of the WHO Regional Committee for Africa adopted Resolution AFR/RC62/R5 on “The African Health Observatory: Opportunity for Strengthening Health Information Systems (NHIS) through national health observatories”. The resolution urged Member States to support and strengthen their national health information systems and to establish national health observatories (NHOs), with technical support from WHO. It also requested WHO to advocate for and facilitate the coordination of partners’ action for adequate resource mobilization and efficient technical cooperation.

2. Support to NHOs has been provided through the African Health Observatory (AHO), which has been operational since 2011. A primary objective of the AHO is to improve the availability and use of health information, including monitoring and evaluating progress on international goals and targets.

3. NHOs provide similar platforms for national, subnational and institutional stakeholders. The resolution urged Member States to provide sustainable funding for their NHOs, conduct a national mapping of stakeholders, and identify technologies that are compatible with the AHO and other NHOs in the Region.

4. This report summarizes the progress made since the adoption of the resolution and proposes the next steps for accelerating its implementation.

PROGRESS MADE

5. Ten Member States\(^1\) are in the process of developing NHOs with technical and financial support from WHO and international partners. Thirteen Member States\(^2\) have strengthened their NHIS by establishing information systems based on the District Health Information System version 2 (DHIS2) platform\(^3\), thus improving reporting and generating evidence for action.

6. The development of NHOs in eight countries\(^4\) has been enhanced with financial support from international partners, which enabled the recruitment and deployment of eight National Professional Officers (NPOs) to provide technical support to Member States.

7. An in-depth and comprehensive situational analysis of the national health system was completed in six of the Member States that have started developing NHOs\(^5\). Reports have been published online on the AHO web page after being approved by the ministries of health (MOH) of Burkina Faso, Cabo Verde, Congo and Ethiopia. The MOH of Cameroon and Rwanda are reviewing their reports before publication. Multi-stakeholder workshops have been held in Congo and Rwanda to develop a road map for the establishment of their NHOs. In addition, the Federal Ministry of Health of Ethiopia has drafted a national knowledge management strategy, which envisages a knowledge platform similar to NHOs.

8. WHO has elaborated and disseminated guidelines for the establishment of NHOs. It has also developed fully functional NHO prototypes for five Member States\(^6\), each populated with up-to-date national and subnational data. The prototypes can be further customized for other Member States in the African Region.

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1 Burkina Faso, Cabo Verde, Cameroon, Congo, Ethiopia, Kenya, Rwanda, Sierra Leone, Uganda and United Republic of Tanzania.
3 DHIS 2 is a tool for the collection, validation, analysis and presentation of aggregate statistical data, tailored to integrated health information management; see www.dhis2.org.
5 Burkina Faso, Cabo Verde, Congo, Cameroon, Ethiopia and Rwanda.
6 Cabo Verde, Cameroon, Congo, Rwanda and Sierra Leone.
9. In April 2014, WHO organized an expert consultation attended by seven Member States\(^7\) to review the progress of the AHO and agree on the next steps. Considering the cost of establishing NHOs, a step-by-step approach was recommended in partnership with country institutions and incorporated in the guidelines for the establishment of NHOs.

**NEXT STEPS**

10. Member States that have started establishing NHOs should continue developing their NHOs by designating an NHO focal point within the ministry of health and by providing adequate and sustainable funding. They should also ensure implementation of common data and communication standards to build linkages with the AHO and other NHOs in the Region.

11. WHO should continue to provide technical support to Member States that have started establishing NHOs. It should also advocate for and facilitate the coordination of international partners’ action for adequate resource mobilization and technical cooperation.

12. The Regional Committee took note of the progress made and endorsed the proposed next steps.

\(^7\) Algeria, Cabo Verde, Cameroon, Congo, Rwanda, Seychelles and Sierra Leone.