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**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. A health observatory (HO) is an online, open-access one-stop repository for health information. Its aim is to strengthen the health information system (HIS) through increasing access to health data and statistics, thereby facilitating use of evidence for policy and decision-making.
2. In 2010, the World Health Organization (WHO) created the African Health Observatory (AHO) following recommendations of the Algiers and Ouagadougou declarations that were endorsed by the Fifty-ninth Session of the Regional Committee (AFR/RC59/5).^{1,2,3} In 2012, the Sixty-second Session of the Regional Committee (AFR/RC62/R5) requested WHO to support Member States to establish national health observatories (NHOs).⁴
3. This report summarizes the progress in supporting Member States to establish health observatories and their contribution to improving the HIS in the WHO African Region since 2015.

PROGRESS MADE

4. The Region now has the AHO that is centrally managed at the WHO Regional Office for Africa.⁵ It is fully functional, with data and statistics platforms. Its products include online publications of the Region's health situation and trends and an annual atlas of the African Health Statistics. AHO was useful for monitoring the Region's progress towards the Millennium Development Goals. It is now being used to monitor the Region's progress towards universal health coverage and the Sustainable Development Goals (UHC/SDGs). The AHO team supports Member States to strengthen their health information systems, and collect and analyse health data to monitor country-level health situations and trends, including progress towards UHC/SDGs and other national goals.
5. In 2015, WHO started supporting eight Member States in the African Region to establish NHOs.⁶ As of April 2018, the NHOs in Burkina Faso, Cameroon, Rwanda, Tanzania, and Uganda have been fully established and are being populated with data and statistics.^{7,8,9,10,11} Full establishment of the NHOs in Democratic Republic of the Congo, Ghana and Kenya was near completion.

¹ The Algiers Declaration. Ministerial Conference on Research for Health in the African Region. Narrowing the knowledge gap to improve Africa's Health. 23–26 June 2008. <http://www.aho.afro.who.int/sites/default/files/publications/1056/Algiers-Declaration-2008-eng.pdf> accessed on 09 March 2018

² The Ouagadougou Declaration on Primary Health Care and Health Systems in Africa: Achieving better health for Africa in the New Millennium. <http://www.aho.afro.who.int/sites/default/files/ahm/reports/16/ahm12pages10to21.pdf> accessed on 09 March 2018.

³ WHO. The Regional Committee for Africa. Framework for the implementation of the Algiers Declaration on research for health in the African Region. Report of the Secretariat http://www.afro.who.int/sites/default/files/sessions/working_documents/AFR-RC59-5fin.pdf Accessed on 9 March 2018.

⁴ WHO. The Regional Committee for Africa. The African Health Observatory: Opportunity for strengthening health information systems through national health observatories: <http://www.afro.who.int/sites/default/files/sessions/resolutions/afr-rc62-r5-Opportunity-for-strengthening-health-information-systems-through-national-health-observatories.pdf> Accessed on 23 May 2018.

⁵ WHO. The African Health Observatory. <http://www.aho.afro.who.int/> accessed on 09 March 2018

⁶ Burkina Faso, Cameroon, Democratic Republic of the Congo, Ghana, Kenya, Rwanda, Tanzania and Uganda.

⁷ Burkina Faso Health and Population Observatory: http://bfa.nhoweb.afro.who.int/data_statistics

⁸ Cameroon Health Observatory: <http://nho.minsante.cm/>

⁹ Rwanda Health Observatory: <http://nho.moh.gov.rw/>

¹⁰ Tanzania Health Observatory: <https://hmisportal.moh.go.tz/observatory/#/>

¹¹ Uganda Health Observatory: <http://observatory.health.go.ug/>

6. In establishing NHOs, WHO works with partners, including academic institutions.¹² This collaboration has been useful for aligning partners around country priorities for HIS, with many partners committing to provide both technical and financial support for NHOs and HIS. For instance, the World Bank, Bill & Melinda Gates Foundation, UNICEF, and the European Union have offered to provide funding to support operations of the NHOs in Kenya, Tanzania, Uganda and Burkina Faso, respectively. Many partners also agree to share data and use the NHOs to share their work.¹³

7. WHO's work on HOs also includes capacity-building through technical support and training of Member States on collection and analysis of health data, including data quality assessment, to enable them to produce quality health information products for the NHOs. This also helped build the capacity in Ghana, Cameroon, Rwanda, and Burkina Faso to develop health profiles; in Kenya, United Republic of Tanzania, and Eswatini to conduct a statistical review of the health sector strategic plans; and in Burundi, Sierra Leone, Namibia, Mozambique and Seychelles to conduct service availability and readiness assessment surveys.

8. Despite these achievements, there are challenges. The main challenge is the failure by some Member States to fully embrace health observatories, leading to delays in setting up NHOs.¹⁴ Limitations in Member States' capacity in information technology and data analysis have also contributed to delays in establishing NHOs, with WHO having had to spend substantial time training the country teams. Shortage of current and quality data, compounded by rules that restrict access to data in some Member States, has delayed efforts for timely uploading of information on NHOs. Lastly, the number of countries with NHOs in the Region is very low, with only eight countries establishing NHOs.

NEXT STEPS

Member States should:

9. Embrace WHO's effort to increase access to health data and information through HOs to facilitate policy and decision-making.
10. Request the establishment of NHOs in their countries.
11. Allocate more resources, including funds and staff, for full functioning of the NHOs.
12. Strengthen their capacity to generate quality data and remove restrictions that limit access to data.

¹² Academic institutions include Public Health Schools and Research institutions.

¹³ In Kenya, for instance, the Kenya Medical Research Institute will use the Kenya Health Observatory to share their research work, including abstracts and full text articles that have been published in international journals. UNICEF in Kenya will also publish the nutrition dashboards on the Kenya Health Observatory. In Rwanda, the management sciences for health, Rwanda Bio-Medical Centre, and National Institute of Statistics Rwanda are working with the Rwanda Ministry of Health and the WHO Country Office in Rwanda to produce information products for the observatory, with many of the data coming from their own work.

¹⁴ Some of the countries have not followed through on the commitment to establish NHOs which they endorsed during the Sixty-second session of the Regional Committee. They have not adequately played the leadership role which is critical for aligning the stakeholders around the HOs, and have not allocated funds or assigned staff to support establishment of the NHOs. WHO has had to undertake substantial stakeholder engagement in the Member States to set the agenda for NHOs which has resulted in substantial delays in establishing the observatories.

WHO and partners should:

13. Continue to provide oversight, funding and technical support to the existing NHOs until they are fully functional and sustainable.
14. Use the NHOs to share their data and work.
15. Continue advocacy for NHOs and support more countries in the African Region to establish them.
16. The Regional Committee took note of the report and endorsed the proposed next steps.