



**World Health
Organization**

REGIONAL OFFICE FOR **Africa**

AFR/RC72/INF.DOC/8

19 May 2022

REGIONAL COMMITTEE FOR AFRICA

ORIGINAL: ENGLISH

Seventy-second session

Lomé, Republic of Togo, 22–26 August 2022

Provisional agenda item 17.8

PROGRESS REPORT ON THE AFRICAN HEALTH OBSERVATORY

Information Document

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BACKGROUND

1. Health observatories are openly accessible platforms for consolidating, generating and disseminating health information that can be used by health actors to promote evidence-informed policy-making by supporting cross-country learning. WHO established the African Health Observatory (AHO) in 2010,¹ following the recommendation of the Regional Committee in 2009 (AFR/RC59/5).² In 2012, the Regional Committee (AFR/RC62/R5)³ requested the WHO Secretariat to support Member States in establishing National Health Observatories (NHOs).⁴
2. The last progress report (AFR/RC70/INF.DOC/5) on the African Health Observatory was provided to the Regional Committee in 2020. The Committee noted the development of the integrated African Health Observatory (iAHO) and its role in monitoring regional progress towards achieving universal health coverage and the SDGs. The report also noted that WHO had provided technical support and training on establishing NHOs to all Member States in the Region.
3. The iAHO is centrally hosted and coordinated by AFRO, but Member States own and manage their NHOs within it. As one unified platform, the iAHO has greatly increased access to health information and facilitated cross-country exchange. The iAHO was implemented with support for the development of NHOs and provides functional infrastructure/technology for the 47 NHO platforms within it. Member States that are committed to developing their NHOs have identified focal points both within the WHO country office and the national ministry of health.
4. This report summarizes the progress made in developing national health observatories in the African Region since the last report presented to the Regional Committee.

PROGRESS MADE

5. In April 2021, the newly redesigned iAHO platform was launched. This is a “one-stop shop” hosting multiple platforms⁵ including the AHO and 47 NHOs, and aims to be the single source of any health or health-related information in countries within the Region.
6. Following the recommendation of the Sixty-second Regional Committee,⁶ 23 countries⁷ are in the process of establishing NHOs. Of these, nine have reached the stage of appropriation, with ongoing marshalling, analysis and synthesis of data, as well as data sharing and networking activities. Nine Member States⁸ have already appropriated the iAHO tools (including the Democratic Republic of the

¹ WHO 2018. The African Health Observatory. Available online at: <http://www.aho.afro.who.int/>, accessed 1 November 2019.

² WHO 2009. Regional Committee for Africa (AFR/RC59/5). Framework for the implementation of the Algiers Declaration on research for health in the African Region. Report of the Secretariat available online as: http://www.afro.who.int/sites/default/files/sessions/working_documents/AFR-RC59-5fin.pdf, accessed 1 November 2019

³ WHO 2012. The Regional Committee for Africa (AFR/RC62/R5). available online at: <https://www.afro.who.int/sites/default/files/sessions/resolutions/afr-rc62-r5-Opportunity-for-strengthening-health-information-systems-through-national-health-observatories.pdf>, accessed 1 November 2019.

⁴ NHOs are health observatories located at country level. They are owned and run by the country government with support from WHO.

⁵ [Health workforce observatory platform](#), [Infrastructure observatory platform \(Master Facility List\)](#), [Covid-19 Africa Information Hub](#), [Platform on Health Systems & Policies \(AHOP\)](#), [Outbreaks and Emergencies in WHO AFRO Region](#)

⁶ Ibid.

⁷ Countries at the “establishment” stage of their NHOs: Algeria, Angola, Central African Republic, Chad, Congo, Côte d’Ivoire, Eswatini, Ethiopia, Gambia, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Namibia, Seychelles, Sierra Leone, South Sudan, Togo, Uganda, United Republic of Tanzania.

⁸ Countries at the “appropriation” stage of their NHOs: Benin, Burundi, Democratic Republic of Congo, Gabon, Ghana, Niger,

Congo whose NHO implementation was delayed by the Ebola outbreaks) and nine⁹ have fully institutionalized the NHO in their health systems. Six countries¹⁰ have yet to engage in the NHO development process within the iAHO.

7. Strategic, analytical and knowledge products¹¹ were developed across key thematic areas. Notably, the iAHO played a key role in knowledge generation and dissemination during the COVID-19 pandemic, including the creation of the COVID-19 Information Hub for the African Region.

8. Between October and December 2021, AFRO launched the first comprehensive data/information quality review of the iAHO in collaboration with all Member States. At the end of the process, all the information was reviewed with 81% of sessions covered with countries. This exercise is expected to be performed annually.

9. AFRO is the regional secretariat for the Platform on Health Systems and Policies (AHOP),¹² a regional partnership that promotes evidence-informed policy-making hosted by the iAHO. This partnership has developed tools/guides on policy briefs, policy dialogue and comparative study developments. The partnership also generated COVID-19 insights on lessons learnt on “coordination”¹³ and “containment”¹⁴ from five African countries¹⁵.

10. The iAHO has been rolled out to all Member States, and WHO has trained more than 30 Member States¹⁶ on the use of the tool. Through country engagement webinars and field visits, all Member States have been sensitized on the importance and necessity of setting up their embedded NHO in order to integrate validated health information under a single country-managed platform.

NEXT STEPS

11. Member States should:

- (a) include the NHO in their health sector plans;
- (b) ensure the institutionalization of the NHO so that it plays a central role in strengthening health information systems;
- (c) link or migrate their NHO to the iAHO;
- (d) promote the NHO and iAHO at country level among key national stakeholders;
- (e) engage in analytics and knowledge generation within the NHO and iAHO.

Senegal, South Africa, Zimbabwe.

⁹ Countries at the “institutionalization” stage of their NHOs: Burkina Faso, Cabo Verde, Cameroon, Eritrea, Guinea, Kenya, Mozambique, Nigeria, Rwanda.

¹⁰ Countries not yet engaged in the development of their NHOs within iAHO: Botswana, Comoros, Equatorial Guinea, Guinea-Bissau, Sao Tome and Principe and Zambia.

¹¹ Examples include: [malaria](#), [tuberculosis](#), [blood safety](#), [violence, injuries and disabilities](#), [water and sanitation](#), [vaccination coverage in the WHO African Region in the context of COVID-19](#)

¹² The partnership also included the London School of Economics and Political Science; the European Observatory of health systems and policies and five institutions in Africa: the College of Health Sciences in the University of Addis Ababa in Ethiopia, KEMRI Wellcome Trust in Kenya, Health Policy Research Group in the University of Nigeria, the School of Public Health in the University of Rwanda, and the Institut Pasteur in Dakar in Senegal.

¹³ <https://extranet.who.int/iris/restricted/bitstream/handle/10665/350529/9789290234586-eng.pdf>;

¹⁴ <https://extranet.who.int/iris/restricted/bitstream/handle/10665/350527/9789290234593-eng.pdf>

¹⁵ Ethiopia, Kenya, Nigeria, Rwanda and Senegal.

¹⁶ Benin, Burundi, Burkina Faso, Cabo Verde, Cameroon, Chad, Congo, Côte d’Ivoire, Democratic Republic of the Congo, Eritrea, Gabon, Gambia, Ghana, Guinea, Kenya, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Namibia, Niger, Nigeria, Rwanda, Senegal, South Africa, Togo, Uganda, Zimbabwe.

12. **WHO and partners should:**

- (a) promote the advantages of NHO and iAHO adoption, appropriation and use by Member States, and advocate for implementation resources;
- (b) ensure fully functional NHOs, reaching the 2030 target of having 100% fully functional NHOs in the Region in accordance with the “Framework for strengthening the use of evidence, information and research for policy-making in the African Region”¹⁷ (AFR/RC71/13);
- (c) build strategic partnerships with other regional or subregional platforms to promote integration and harmonization, and to reduce duplication.

13. The Regional Committee is invited to note the report and endorse the proposed next steps.

¹⁷ <https://www.afro.who.int/sites/default/files/2021-08/AFR-RC71-13%20Framework%20for%20strengthening%20the%20use%20of%20evidence%2C%20information%20and%20research%20for%20policy-making%20in%20the%20African%20Region-2.pdf>