



HEALTHIER
POPULATIONS
in Africa





HEALTHIER POPULATIONS in Africa





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MESSAGE FROM THE CLUSTER DIRECTOR

Since 1948, the World Health Organization (WHO) has been leading the movement towards enhancing population health and well-being. The global average life expectancy at birth has increased from 47 years in 1950–1955 to 72 years in 2015–2020 (United Nations data), an increase of 25 years or 54%.¹

Today, we reap its benefits from an economic perspective, having witnessed a rise in the value of health capital, which is at par with all other forms of capital combined. Investing in well-being and health lays the foundation for a prosperous and happy nation.

The COVID-19 pandemic, a combined health and economic crisis, is the most significant challenge that the world has confronted in a century. The International Monetary Fund has estimated a cumulative economic loss of US\$ 22 trillion due to the pandemic.²

Apart from the pandemic, issues such as climate change, biodiversity loss, pollution, rapid urbanization, geopolitical conflict and militarization, demographic change, population displacement, poverty, and widespread inequity constitute a perpetual risk of future crises that could be more severe than those experienced to date.

Preparedness requires investments integrating ecological, societal, and community and individual health and well-being. This calls for strengthened social structures that enable people to take control of their lives and health.

The Universal Health Coverage/Healthier Populations (UHP) Cluster was established in the WHO Regional Office for Africa in October 2019, bringing together five technical units to implement Pillar 3 of WHO's Thirteenth Global Programme of Work (GPW13). The Cluster works across five priority areas to address determinants of health and create safe and equitable societies, reduce

risk factors through multisectoral action, and create healthy settings for populations in the African Region. The UHP workstreams offer entry points for the intersectoral engagement required to advance the paradigm shift toward greater emphasis on health care rather than sick care, as the Director General's top priority in supporting countries to accelerate health.³

Investing in health is the basis of an equitable, safer, and more prosperous world. The ultimate measure of our success is thriving individuals, families, communities, and nations who enjoy the highest attainable level of health and well-being.

Dr Adelheid W. Onyango
Director, Universal Health Coverage/Healthier
Populations (UHP) Cluster

ACRONYMS

AFD Agence Française de Développement

AFRO Regional Office for Africa

AIDS Acquired Immuno Deficiency Syndrome

CHE Climate Change, Health, and Environment

COVID-19 Coronavirus Disease 2019

EPR Emergency Preparedness and Response

GPW 13 WHO's 13th General Programme of Work, 2019-2023

HiAP Health in All Policies

HIV Human Immunodeficiency Virus

HPD Health Promotion and Social Determinants of Health

NCD Noncommunicable Diseases

NGO Non Governmental Organization

PCC Poisons Control Centres

PHC Primary Health Care

RCCE Risk Communication and Community Engagement

SDG Sustainable Development Goals

SDH Social Determinants of Health

UHC Universal Health Coverage

UHP Universal Health Coverage/Healthier Populations Cluster

UN United Nations

WAHO West Africa Health Organization

WHA74 74th World Health Assembly

WHO World Health Organization



ABOUT THE REGIONAL OFFICE FOR AFRICA

The WHO Regional Office for Africa (AFRO) is located in Brazzaville, Republic of Congo and serves 47 of the 54 countries in Africa.

The Regional Office translates global health initiatives into plans addressing region-specific needs and challenges. WHO staff at three levels of the Organization (headquarters, Regional Office, and Country Offices) then provide technical support and work with countries on promoting health and addressing risk factors to achieve better well-being and health.

The Universal Health Coverage/Healthier Populations (UHP) Cluster fosters a whole-of-government, whole-of-society approach to address social, environmental, and economic factors, including gender, equity, rights, child development, and violence. In response to the increasing urgency to address environmental determinants of health,

the Cluster works with governments and partners on policies to address climate change, air pollution and Water, Sanitation and Hygiene (WASH). The Cluster also supports governments in tobacco control, reducing alcohol consumption, reducing salt intake, eliminating industrial trans fats, and reducing injuries and deaths caused by road traffic accidents. Taking a well-being approach recognizes that healthier lives can be achieved by working across sectors and promoting healthy settings such as cities, workplaces, markets, and schools.

Investments in these initiatives can see immediate results in reduced mortality and morbidity. However, the greatest impact will be realized over the long term as benefits accumulate. Indeed, preventive activities have multiple benefits that become apparent only after many years, such as reduced expenditure on complex treatment over a person's entire life.



OVERVIEW UNIVERSAL HEALTH COVERAGE/ HEALTHIER POPULATIONS CLUSTER

“The sharp rise in healthy life expectancy during the past two decades is a testament to the region’s drive for improved population health and well-being. At its core, it means that more people are living healthier, longer lives, with fewer threats of infectious diseases and with better access to care and disease prevention services.”

Dr Matshidiso Moeti, Regional Director
of the World Health Organization Regional
Office for Africa.



“Climate change is one of the greatest threats to humanity. The entire foundation of good health is in jeopardy with increasingly severe climatic events. In Africa, frequent floods and water- and vector-borne diseases deepen health crises. Although the continent contributes the least to global warming, it bears the full consequences,”
Dr Matshidiso Moeti, WHO Regional Director for Africa.

Promoting health and preventing disease is a critical component of the effort required to achieve Universal Health Coverage (UHC). To date, efforts to achieve UHC have focused mostly on strengthening health systems and their capacities to provide curative care. However, experience from the COVID-19 pandemic has reaffirmed the need for resilient health systems, emphasizing primary health care, including preventive and promotive health and well-being.

VISION

Well-being for all in the African Region

MISSION

To promote health and well-being, prevent risk factors of ill health, and address social determinants of health for all in the African Region

Emerging from the eye of the storm as the global health lead agency during the pandemic, WHO is equipped with the required insights and actions for a holistic approach to “building back fairer and better” after COVID-19.

Health and well-being in Africa is an investment, not a cost. Investing in health and well-being as a catalyst gives a return on investment of US\$35 for every US\$1 invested.*

Pillar 3 of WHO’s 13th General Programme of Work (GPW13) aims to make 1 billion people healthier by reducing health inequities, preventing diseases and injuries, addressing health determinants, and promoting partnerships for whole-of-government, whole-of-society collaborative action. The workstreams in Pillar 3 offer entry points for the intersectoral engagement required to achieve the following outcomes:

- Creating safe and equitable societies by addressing the social, cultural, economic, and environmental health determinants.
- Reducing risk factors through multisectoral action.
- Creating healthy settings using the Health in All Policies (HiAP) approach.



* A healthy return: investment case for a sustainably financed WHO. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO.



IMPACT AREAS

“Health professionals do not create our health. We do. All of us as individuals have responsibilities for our health and often for the health of our families. Our behaviour, diet, exercise and use of tobacco and alcohol all affect our health and well-being.”

Nigel Crisp, author, “Health is made at home. Hospitals are for repairs.”



1. CLIMATE CHANGE, HEALTH, AND ENVIRONMENT

Context

Health and environmental issues of concern include access to safe drinking water, sanitation and hygiene, water management, soil and air pollution, vector control and management of chemicals and waste, workplace health and safety, and children's environmental health. These issues are influenced by socioeconomic conditions and are adversely affected by climate change.

In sub-Saharan Africa, most environment-related deaths are primarily due to infectious diseases. Most Member States still grapple with traditional environmental health risks like poor access to safe drinking water, sanitation, and cooking fuels. Meanwhile, air pollution, tobacco smoke and chemicals are driving the burden of NCDs. An estimated 28% of all premature deaths in the region are attributed to environmental factors. Stronger intersectoral action to create healthier environments and strengthen health care systems and services is paramount.

Objective

Guide Member States on addressing health and environmental linkages for achieving the Sustainable Development Goals (SDGs). The specific goals are:

- Implement the Libreville Declaration on Health and Environment (2008), promote synergies and coordination between the health and environment sectors.
- Elaborate and implement national joint action plans for managing environmental risk factors for human health and ecosystem integrity.
- Strengthen national and regional capacities for integrated monitoring and surveillance of environmental determinants of health and ecosystem integrity.

Key figures

- Only **one third of the population** (four out of ten households) has access to a **hygienic toilet**, with the majority using cesspits with no slab or an open hole. Only **16%** of the population has a **handwashing facility** with water and soap.
- An estimated **28%** of all **premature deaths** in the region are attributed to environmental factors.
- Available data suggest that **every child under the age of 5 years** in sub-Saharan Africa has been exposed to unsafe levels of **air pollution**, with lifelong consequences including a greater risk of chronic respiratory and cardiovascular diseases.
- Warmer temperatures and higher rainfall **increase habitat suitability** for biting insects and the transmission of vector-borne diseases such as dengue fever, malaria, and yellow fever.
- **Climate change** affects the social and environmental determinants of health – clean air, safe drinking water, sufficient food, and secure shelter.
- In Africa, more than **1 million people** are estimated to die prematurely each year due to exposure to indoor and outdoor **air pollution**.
- Between **2030 and 2050**, climate change is expected to cause approximately **250,000** additional deaths yearly from **malnutrition, malaria, diarrhoea, and heat stress**.
- The direct damage costs to health (i.e., excluding costs in health-determining sectors such as agriculture and water and sanitation) are estimated to reach **US\$ 2-4 billion a year by 2030**.
- Areas with **weak health infrastructure** – mostly in developing countries – will be the least able to cope, prepare and respond without assistance.
- **Reducing emissions of greenhouse gases** through better transport, food, and energy-use choices can result in improved health, mainly through reduced air pollution.
- Most Member States still grapple with traditional **environmental health risks** like poor access to safe drinking water, sanitation, and cooking fuels. Meanwhile, **air pollution, tobacco smoke and chemicals are burdening NCDs**. All these are exacerbated by climate change which also influences the magnitude and frequency of wildfires, sand dust, heat waves, droughts, floods, and hurricanes.

Key Results

- Facilitate the implementation of the Libreville Declaration on Health and Environment across the African Region through the establishment of national joint task teams (JTT).
- Elaboration of the regional strategy (2022-2032) for the management of environmental determinants of human health in the African Region.
- The Strategic Action Plan to Scale up Health and Environment Interventions in Africa (2019-2029) was adopted at the third interministerial conference on Health and Environment (IMCHE3) in Libreville, Gabon in 2018.

Chemicals and wastes

- **African ChemObs Project:** Developed a prototype of national integrated health and environment observatory, including a core set of indicators enabling data aggregation to provide timely and evidence-based information to predict, prevent and reduce chemical risk to human health and the environment.
- **Phasing out mercury measuring devices in health care:** Supported all participating countries in developing national health systemwide strategies for phasing out the import, export, and manufacturing of mercury thermometers and sphygmomanometers (blood pressure monitors) in line with WHO recommendations and related provisions of the Minamata Convention.



In selected countries, an environment conducive to the cessation of procurement and manufacture of mercury-added medical measuring devices is being facilitated, with knowledge on the phasing-out of these devices improved and disseminated.

- **Implemented the Health-Related Articles of the Minamata Convention on Mercury:** Increased awareness among the Member States on World Health Assembly (WHA) Resolution 67.11, “Public health impacts of exposure to mercury and mercury compounds: the role of WHO and ministries of public health in the implementation of the Minamata Convention on Mercury” and provided an opportunity to share information about the status of implementation of the Convention in the region.
- **Lead Exposure Elimination Project:** WHO is an executing partner funded by the Global Environment Facility to provide technical advice to countries in eliminating lead paint. Governments accessed expert technical and policy advice from partner organizations to support awareness-raising, legal drafting, and reformulation of paints to enable the elimination of lead paint in their countries.

- **African Network of Poisons Control Centres (PCCs) establishment:** WHO AFRO conducted an evaluation of the activity of 11 national poison control centres in the African Region and defined a set of measures to improve the efficiency of national PCCs, including strengthening and assisting the creation of PCCs in the African Region, standardizing practice, collaboration, scientific production and research.
- **e-Waste management:** WHO supported Nigeria in piloting the implementation of an e-waste and Child Health intervention to strengthen the health system’s capacity to prevent and manage the impacts of e-waste. A functional intersectoral and interdisciplinary e-waste and health technical work group (TWG) was established. Over 512 stakeholders were trained. Through continued awareness raising and press briefings, an estimated 1.6 million people have been reached with messages on the health impacts of e-waste on children. A public health assessment on the impact of e-waste exposure on child health was finalized in Kano, Lagos, and Port Harcourt. Also developed were a set of national indicators for monitoring this impact, as well as a strategic framework of a roadmap for the future.

Water, Sanitation, Hygiene (WASH) and Health

- **WASH in Health care Facilities:**
 - WHO provided technical support to Nigeria and Madagascar for developing the national guiding materials to strengthen the enabling environment for implementing hygiene and environmental health programmes. Within the framework of medical waste management, Madagascar benefits from the UPOPs Project, which combats unintended persistent organic pollutants, including through use of autoclaves to kill harmful bacteria, viruses, fungi and spores.
 - Using the WASH-FIT tool, WHO supported Eritrea, Ethiopia, Rwanda, Liberia, Guinea, and Mali in assessing WASH in health care facilities.
 - WHO mobilized African First Ladies to support the World Health Assembly (WHA)

resolution for improving access to water sanitation and hygiene services in health care facilities, including waste management (Mali, Central Africa Republic, Republic of Congo, Cabo Verde, Burkina Faso, Guinea, Kenya, Madagascar, Senegal, Sierra Leone, South Sudan, and Uganda).

• Integrated WASH efforts:

- WHO provided technical support to WASH-NTD integration and national coordination efforts in several countries.⁴
- In Mali, WHO supported developing a national WASH section in the nutrition strategy. The support was extended to the elaboration of the multisectoral nutrition plan with the development of a specific WASH axis.
- In Eritrea, WHO provided technical support for drafting a WASH Bottleneck Analysis and desk review for developing a national strategy and plan. The analysis examined the gaps, challenges, and opportunities to strengthen WASH interventions in the country.
- WHO assisted Nigeria in finalizing and launching the 2019 Water, Sanitation and Hygiene National Outcome Routine Mapping (WASH-NORM) report, as well as for the Clean Nigeria Campaign and the activation of the National Sanitation Task Group (NSTG).
- Helped Ethiopia and Mozambique develop the National Hand Hygiene for All (HH4A) initiative roadmaps.

• WASH in Emergencies:

- WHO assisted in developing National IPC/WASH guidance, protocols, and training materials across the entire region during the COVID-19 pandemic preparedness and response. Additional efforts supported improving health workers’ safety.
- Technical support was provided in establishing new quarantine, isolation, and treatment centres, including the basic layout and integrating IPC/WASH arrangements. WASH staff were deployed in the region during major emergencies (Ebola, COVID-19, and Marburg).

- Together with partners, including UNICEF, WAHO and MSF, conducted cholera-readiness capacity building for 28 at-risk countries⁵ to respond rapidly and effectively to cholera outbreaks.

• Climate-Resilient Water Safety Planning (CR-WSP):

- WHO supported Ethiopia, Mozambique, Rwanda, Sierra Leone, Mali, Malawi, and Niger in designing and implementing Climate-Resilient Water Safety Plans (CR-WSP). WSP tools jointly developed by UNICEF and WHO were disseminated, staff have been trained, and monitoring ensured.
- A series of consultative workshops and advocacy works were conducted in these countries to engage different stakeholders, increase understanding, and improve leadership engagement at all levels. Moreover, follow-up support has been provided to enhance coordination and timely CR-WASH program implementation.
- WHO supported Ethiopia with the development of the CR-WSP, resulting in water supplies benefiting over 1.25 million people.





• Drinking water quality:

- WHO AFRO promoted the membership of African professionals in the WHO International Network of Drinking-water and Sanitation Regulators (REGNET). Twelve⁶ of the network's 42 current members are from the African Region.
- With WHO support, Liberia received water quality testing kits that measure microbiology, chemistry, and physical parameters. This move was accompanied by a capacity-building component to ensure adequate manipulation and maintenance of equipment.
- WHO supported Guinea, Madagascar, Benin, and Cameroon in elaborating the national standards document on drinking water quality.

• Monitoring of WASH services:

- WHO supported 41 countries⁷ in conducting the UN-Water Global Analysis and Assessment of Sanitation and Drinking Water (GLAAS) survey. Conducted every two years, the survey monitors the enabling environment (human resources and funds flows, laws, plans and policies, institutional and monitoring arrangements) and analyses the factors associated with progress to identify drivers and bottlenecks, highlight knowledge gaps, and assess strengths and challenges within and across countries.
- Through the joint monitoring programme (JMP) with UNICEF, WHO monitors progress on drinking water, sanitation, and hygiene in all 47 countries⁸ of the African Region. The 2022 baseline report constituted the first-ever AFRO snapshot on access to WASH in health care facilities deemed indispensable to deliver quality health care services.

- In partnership with the African Ministerial Council on Water (AMCOW), WHO supported efforts to harmonize governments' WASH data with data from international mechanisms (such as the JMP).
- In collaboration with UNICEF and AFD, WHO conducted a regional consultation to strengthen WASH monitoring in G5 Sahel countries⁹ associating Madagascar and Senegal for the improvement of the running of WASH-related household surveys.
- WHO facilitated yearly government consultations to update data on the estimated burden of WASH-related disease in the region.

Climate change and health

• Building resilient and sustainable low carbon footprint health systems:

- WHO supported the development of a normative framework for the African Region to tackle climate and environmental threats to human health and well-being. The framework for the region's public health adaptation to climate change was adopted.
- WHO AFRO has supported 19¹⁰ Member States to complete climate change vulnerability and adaptation assessments and 22 others¹¹ to develop health national adaptation plans (HNAPs). Additionally, 11¹² Member States have developed national health and climate country profiles.
- WHO AFRO is the climate and health network (Clim HEALTH) secretariat, a network for streamlining the capacity development of African health and climate communities, institutions, practitioners and negotiators to understand and integrate climate change challenges into policy, socioeconomics, planning and programming. It comprises African and international institutions, including the UN, academic, governmental, and intergovernmental institutions and national and international NGOs.
- WHO supports the 23¹³ countries of the African Region formally committed to the COP26 health programme to implement their engagements effectively. This includes several capacity-building bouts, among them 80 CHE focal

persons from the Ministry of Health, Ministry of Environment and Country offices trained for building climate-resilient health systems. WHO also trained 50 young girls from five schools in Brazzaville on awareness of climate resilience and gender equity and how to advocate for the health-related vulnerability of women and girls to climate change.

- Additionally, WHO AFRO is strongly involved in the "Alliance for Transformative Action on Climate and Health (ATACH)" initiative, launched in 2022 to build a climate-resilient and low-carbon health system. WHO supported countries (23 of the 47 countries of the African Region as of the end of 2022) to engage in this initiative.

- WHO provided technical support to four¹⁴ countries to implement Early Warning, Alerts and Response Systems (EWARS) for climate-sensitive diseases, enabling the detection of a malaria outbreak in Ethiopia in 2020 and the subsequent development of a malaria emergency preparedness and response plan.

- As a Green Climate Fund (GCF) delivery partner, WHO supported the provision of technical assistance to four¹⁵ countries for the drafting of climate change adaptation readiness proposals submitted to the GCF. The Mauritius project, the first one to be approved, yielded US\$ 429,000.





- In partnership with UNDP, WHO contributed to an US\$ 84 million proposal for promoting solar electrification in health care facilities for five¹⁶ countries.

- In six¹⁷ countries, WHO supports the implementation of the Welcome Trust funding to co-develop “demand-driven”, policy-relevant global and regional research agendas, create demand for health evidence to be integrated into international and national climate action, scale up health coverage in key United Nations Framework Convention on Climate Change (UNFCCC) policy mechanisms at the national level, and increase health influence in the UNFCCC negotiations (COP27 and COP28).

• Supporting air pollution and climate change and health co-benefit actions in AFRO

- WHO coordinated the implementation, monitoring and evaluation of air pollution, climate change and health projects in Ghana, Rwanda, South Africa, and Nigeria. This resulted in the introduction of several tools, including the Benefits of Action to Reduce Household Air Pollution (BAR-HAP) tool, the Clean Household Energy Solutions Toolkit (CHEST), and the Household Energy Assessment Rapid Tool (HEART).

- In collaboration with the Climate and Clean Air Coalition, the UN Environment Programme and the World Bank, WHO runs the BreatheLife campaign, mobilizing cities and individuals to protect the planet and health from air pollution’s effects. It combines public health and climate change expertise with guidance on implementing solutions to air pollution in support of global development goals.

- WHO contributed to the integrated assessment of air pollution and climate change for sustainable development in Africa, led by the Climate and Clean Air Coalition. The assessment underscores the need for integrated approaches with strong partnerships involving national governments, city authorities, intergovernmental agencies, the scientific community, the private sector, and non-state actors.

Occupational health and safety

- Learning from the COVID-19 pandemic, the 75th World Health Assembly adopted a resolution on human resources for health, urging Member States to strengthen and safeguard their health workforce. Several webinars on occupational health and safety were conducted across the region to mitigate the heightened risks of COVID-19 for health workers.
- WHO supported eight¹⁸ countries in developing national policies for occupational health and safety for health workers. Botswana and Sierra Leone are in advanced stages of developing policy instruments for these.
- The African Union Development Agency (AUDA-NEPAD), WHO and ILO partnered and developed detailed joint projects to safeguard the health, safety, and well-being of health workers in Africa for the recovery from the COVID-19 pandemic.
- WHO contributed to the publication: “New global indicator for workers’ health: Mortality rate from diseases attributable to selected occupational risk factors.”

AFRICA FACES RISING CLIMATE-LINKED HEALTH EMERGENCIES



Climate-related health emergencies are on the rise in Africa, accounting for more than half of public health events recorded in the region over the past two decades, a new analysis by the World Health Organization (WHO) shows. Climate change impact is likely to slow the progress against hunger, with an additional 78 million people in Africa facing chronic hunger by 2050.

The analysis found that of the 2,121 public health events recorded in the African Region between 2001 and 2021, 56% were climate-related. The region is witnessing an increase in climate-linked emergencies, with 25% more climate-related events recorded between 2011 and 2021 compared with the previous decade.

The WHO analysis found that water-borne diseases accounted for 40% of climate-related health emergencies over the past two decades. In Africa, diarrhoeal diseases are the third leading cause of disease and death in children under the age of 5 years. A significant proportion of these deaths is preventable through safe drinking water, adequate sanitation, and hygiene.

The analysis also showed that vector-borne diseases, notably yellow fever, accounted for 28% of climate-related health emergencies, while zoonotic diseases, specifically Congo-Crimean hemorrhagic fever, were the third most prevalent.

Natural disasters have spiked dramatically since 2010, with 70% of all natural disasters occurring between 2017 and 2021. Floods were the most frequent event, accounting for 33% of all the reported natural disasters.

Africa is also grappling with other significant health impacts linked to climatic shocks, including malnutrition and hunger due to the effect of adverse weather on agricultural production, long-term health and development challenges in children, and other infectious diseases such as malaria.

WHO is supporting countries to reinforce their health systems to adapt, be more resilient and better cope with climate-linked emergencies. The measures include assessing health system weaknesses and developing and implementing measures to cushion people’s lives and health from the adverse consequences of climate-related health crises.

The Organization is assisting governments in ensuring that their health ministries can effectively coordinate, improve understanding, and monitor climate change risks and impacts on health. Progress is seen. For instance, in Ethiopia, Malawi, Mozambique and Tanzania, WHO has worked with the health authorities to set up an early warning and response system to predict the risk of vector- and water-borne disease and respond effectively.

WHO takes a “One Health and All Hazards” approach to climate-related public health events based on the premise that human, animal, and ecosystem health are interconnected and require a coordinated approach to tackle and resolve the challenges.



2. HEALTH PROMOTION AND SOCIAL DETERMINANTS OF HEALTH

Context

The WHO agenda to advance action on social determinants of health in 2008 stems from the WHO Commission on Social Determinants of Health (SDH) on closing the health equity gap.¹⁹ The Commission defined SDH as conditions in which people are born, grow, live, work and age that can help create, protect, or destroy people's health.

Factors such as income, wealth and distribution, early childhood care, education, working conditions, job security, food security, gender, housing, access to safe water and sanitation, and social safety nets directly affect health. The Health in All Policies (HiAP) approach supports the creation of healthy settings to address SDH.

The programme supports Member States applying the HiAP approach by conducting health inequity analyses that map the social, economic, environmental, and structural inequalities affecting

defined population groups and their health. To ensure HiAP is successful, government coordination and stewardship are necessary to secure community engagement and the intersectoral action of all stakeholders whose activities impact health and well-being. An important objective of this approach is creating partnerships between communities and all government sectors in order to jointly define actions to address causes of ill health, as well as indicators to monitor progress.

Investing in promoting health, preventing diseases, and addressing all the determinants of health will advance equity and foster economic and climate resiliency. It will reduce the burden of diseases and outbreaks and their impacts on labour markets and productivity, reduce health expenditure, and embed well-being into the government's decision-making process, leading to improved health and well-being.

Objective

The Health Promotion and Social Determinants of Health (HPD) programme collaborates with and guides Member States on health promotion, disease prevention, and intersectoral action on the social determinants of health. The specific goals are:

- Promote the well-being and health of all populations by addressing social determinants of health across the life course using intersectoral action on the HiAP approach, and accelerate the SDGs achievements.
- Develop and implement policies and programmes that enhance health equity, integrate pro-poor and people-centred approaches to improve equitable access to quality health services and reduce stigmatization and discrimination of vulnerable populations linked with social, economic, commercial, political, and cultural factors.
- Implement policies and strategies to improve health literacy, RCCE, and address the health needs of vulnerable and underserved population groups such as older people, women, children, migrants, and ethnic minorities.

Key Results

- Supported African Member States in developing scientific knowledge on health determinants.
- Identified and prioritized emerging health problems in Africa due to societal changes.
- Monitored the activities of other sectors that have an impact on health.
- Created structures and mechanisms for dialogue within government and society.
- Facilitated negotiations between sectors and with non-governmental stakeholders.
- Overseen the implementation, monitoring, and evaluation of health.

Key figures

- Healthy life expectancy has reached **56 years**, up from **46 years in 2000**.
- The **adult mortality rate** in sub-Saharan Africa has decreased from **440 deaths per 100,000 people** in 1998 to **332 in 2020**, surpassing the global reduction of **46 deaths per 100,000**.²⁰
- **Under-five mortality** has reduced by **54.2%**, marginally higher than the global reduction of 53.7%.
- The **maternal mortality** rate has declined by **40.7%**, compared to the global reduction of 43.9%.²¹



Intersectoral action and Health in All Policies (HiAP) to address multidimensional determinants of health and health equity

- **HiAP framework implementation:** WHO provides technical support to Member States to accelerate the implementation of HiAP through partnerships across sectors and societies, using multisectoral coordination mechanisms.

Healthy settings

- **Promoting healthy settings approach:** Supported strengthening health ministries' stewardship and leadership role in advancing the healthy settings approach for health and well-being through multisectoral and multi-disciplinary interventions to address SDH and reduce the health equity gap.
- **Healthy cities initiatives:** Assists city mayors and municipalities through healthy cities initiatives and urban governance for health and well-being to promote health and sustainable development. These aim to tackle NCDs by fostering healthy lifestyles such as physical activity and healthy diets, as well as healthy infrastructures such as healthy markets, schools, housing, and an overall environment to prevent vector-borne diseases.

Communication for behavioural change and community engagement

- **Developing regional and national RCCE strategies:** In collaboration with the Emergency Preparedness & Response (EPR) Cluster, WHO supports developing the RCCE strategies to address specific public health emergencies and events in the African Region, such as the Monkeypox and Ebola outbreaks.
- **Strengthening capacity building in RCCE:** Supports capacity building for countries in the coordination, management, and implementation of RCCE as part of preparedness, response, and recovery in public health emergencies (e.g., Ebola, COVID-19 response, Monkeypox, vaccine uptake, etc.) and conducts qualitative studies on factors influencing the uptake of COVID-19 public health emergency preventive measures.

- **Designing risk communication action plans:** A communication plan and appropriate tools for engaging communities in health promotion have been designed to help engage community influencers to raise awareness of public health events and mitigate fake news on public health emergencies.

Health literacy and population engagement to promote health

- **Developing Health literacy strategies:** Supported countries to build health literacy strategies for different interventions, including obesity reduction, NCDs and risk factors, promoting the increase of physical activities, COVID-19 and Monkeypox prevention and control, etc. Supports integration of health literacy in the regional implementation framework to defeat meningitis in the African Region.
- **Implementing Health literacy strategies:** Supports countries to promote health using health literacy strategies.

Make healthy choices easier by creating enabling environments

- **Promoting good governance for health and well-being:** Supports countries by developing health promotion and disease prevention policies and strategies and integrating them into national health policies. Monitors implementation of health promotion policies to ensure they create an enabling environment and empower individuals, households, and communities to make healthy lifestyle choices. Integrates health promotion interventions in public health policies to address risk factors and the population's health needs across the life course. Develops the framework to implement the Geneva Charter for Well-Being to achieve well-being and collaborate with other programmes to reorient health services and develop care models encouraging disease prevention and health promotion.

AFRICAN MAYORS COMMIT TO PROMOTING URBAN HEALTH AND WELL-BEING



A group of mayors from five major African cities – Brazzaville (Republic of Congo), Douala (Cameroon), Freetown, (Sierra Leone), Gaborone (Botswana) and Lusaka (Zambia) – have committed to improving city governance for health and well-being and promoting measures for sustainable livelihoods.

The pledge came within the African Mayors Dialogue on Urban Governance for Health and Well-being, an event organized by WHO and UN-HABITAT, with support from the Swiss Agency for Development and Cooperation, held at Expo Dubai in March 2022.

"This is an opportunity to rethink the paradigm we use in health service delivery," said Dr Oumar Sylla, UN-HABITAT Acting Regional Director for Africa, noting that 56% of African urban populations live in informal settlements. "Mayors and government leaders must be at the forefront of that response."

At the event, mayors shared their strategies for strengthening local leadership around public health and well-being, particularly considering the social disruptions caused by the COVID-19 pandemic.

Gaborone Mayor Father Maphongo described his administration's efforts to decentralize the pandemic response. For example, drive-through vaccination centres were set up around the city. At the same time, roving teams of medical workers fanned out across shopping malls and other gathering centres to make testing and vaccination widely accessible.

Gaborone also rapidly introduced a new mobile salary payment system to replace the in-person payments at the post office and increased the number of Wi-Fi hotspots around the city. "Instead of queuing at the post office to receive their salaries," said Mayor Maphongo, "now people can benefit from technology to avoid crowds and stay safe."

"The predominant discourse focuses on building resilience in health systems. However, we need to build resilience in all systems that underpin health and well-being," says Dr Adelheid Onyango, Director, Universal Health Coverage/ Healthier Populations Cluster.



Healthy settings

“Health is created and lived by people within the settings of their everyday life; where they learn, work, play, and love.” The Ottawa Charter, 1986.

Overview

The Healthy Settings movement emerged from the WHO strategy of Health for All in 1980. The approach was more clearly laid out in the 1986 Ottawa Charter for Health Promotion. These documents were important steps towards establishing the holistic and multifaceted approach embodied by Healthy Settings programmes and integrating health promotion and sustainable development.

Building on the Ottawa Charter, the Sundsvall Statement of 1992 called for creating supportive environments focused on health settings. In 1997, the Jakarta Declaration emphasized the value of settings for implementing comprehensive strategies and providing an infrastructure for health promotion. Today, various settings are used to facilitate the improvement of public health throughout the world.

Definition

A settings-based approach to health promotion involves a holistic and multi-disciplinary method which integrates action across risk factors. The goal is to maximize disease prevention via a whole system approach, and key principles include community participation, partnership, empowerment, and equity.

A setting is “the place or social context in which people engage in daily activities in which environmental, organizational, and personal factors interact to affect health and well-being.” It is where people actively use and shape the environment. Thus, it is also where people create or solve problems relating to health. Settings can normally be identified as having physical boundaries, a range of people with defined roles, and an organizational structure. Examples of settings include schools, work sites, hospitals, villages, and cities.

Action to promote health through different settings can take many forms. It often involves some level of organizational development, including changes to the physical environment or the organizational structure, administration, and management. Settings can also be used to promote health as they are vehicles to reach individuals, gain access to services, and synergistically

bring together interactions throughout the wider community. Healthy Setting approaches have been implemented in multiple areas.

Role of WHO

WHO works with Member States and partners to advance well-being with regards to global health and the 17 Sustainable Development Goals (SDGs). Well-being is a major underlying driver of policy coherence across sectors and encourages galvanized action. Advancing societal well-being helps create active, resilient, and sustainable communities at the local, national, and global levels, enabling them to respond to current and emerging health threats such as COVID-19 and environmental disasters.

WHO works to improve the well-being of African populations and reduce health risks due to unhealthy diets, physical inactivity, climate change, and health and the environment. WHO prevents violence against children and responds to road safety prevention. All these initiatives contribute to better health and well-being for the African people.

Additional needs

- Supporting countries to implement the Geneva Charter for well-being.
- Developing the Healthy Cities Network in the African Region.
- Supporting countries to implement global standards on health-promoting schools.
- Strengthening island resilience to climate change and environmental hazards through developing the Healthy Islands movement.
- Supporting countries in implementing frameworks in Health in All Policies and Intersectoral Approach for health.
- Supporting countries in promoting digital health transformation and health literacy.
- Reinforcing community engagement activities in Member States to foster a participatory approach to health and well-being.



3. NUTRITION AND FOOD SAFETY

Context

Nutrition is a critical part of health and development. Better nutrition is linked to improved infant, child and maternal health, stronger immune systems, safer pregnancy and childbirth, lower risk of non-communicable diseases (such as diabetes and cardiovascular disease), and longevity. Healthy children learn better. People with adequate nutrition are more productive and can gradually create opportunities to break the cycles of poverty and hunger.

Malnutrition, in every form, presents significant threats to human health. Today the world faces a double burden of malnutrition that includes both undernutrition and overweight, especially in low- and middle-income countries.

Multiple forms of malnutrition include undernutrition (wasting or stunting), inadequate intake of vitamins

or minerals, and obesity - resulting in diet-related noncommunicable diseases. The developmental, economic, social, and medical impacts of the global burden of malnutrition are severe and lasting for individuals and their families, communities and countries.

Objective

Guide the Member States to address malnutrition and food safety, with a focus on the following:

- Implementing the Comprehensive Implementation Plan on maternal, infant, and young child nutrition to achieve six WHA targets by 2025 and end all forms of malnutrition by 2030.
- Reducing obesity and noncommunicable diseases by promoting healthy, safe, and sustainable diets and regulating food and non-alcoholic beverages.

- Integrating essential nutrition life course services through existing health care delivery platforms. This includes maternal nutrition interventions for women of reproductive age, and appropriate infant and young child feeding to reduce life-long risks of undernutrition and overweight, such as supporting initiatives for the prevention and management of overweight and obesity.
- Transforming food systems to provide sustainably produced safe and healthy diets, supporting countries in preventing undernutrition and treatment of acute wasting, accelerating actions on reduction of anemia, and supporting and strengthening the capacity of nutrition data systems and use.
- Reducing the burden of foodborne diseases through improved food safety systems that include up-to-date food laws, regulations, and standards.
- Increasing capacity to implement risk-based food inspection, foodborne disease surveillance, and contaminant monitoring programmes.
- Supporting implementation of food safety training programmes for food business operators in formal and informal markets; and raise consumer awareness and education programmes in communities, schools, and other settings to drive enhanced food safety practices.
- Promoting the One Health approach to address food safety concerns and reduce zoonotic diseases and antimicrobial resistance.
- Supporting the integration of nutrition and food safety actions in the Emergency Response Framework and respond to emergencies and outbreaks. Countries facing nutrition and food crises receive priority support throughout the response's planning, implementation, and monitoring. Promoting environmentally sustainable diets while improving health has become a global priority. WHO is working with the African Union Commission and the FAO to integrate food safety in implementing the Africa Continental Free Trade Area Agreement.

Key figures

- In 2020, up to **264.2 million people** living in sub-Saharan Africa were **undernourished** (24% of the region's population).
- In 2021, wasting in sub-Saharan Africa affected **12.1 million children**, of whom **3 million** were **severely wasted**.
- In Africa, the number of **overweight children under 5 years** of age has increased by **24%** since 2000.
- Around **91 million Africans** fall ill each year due to **foodborne diseases**, and **137,000** of them die of the same cause, representing one third of the global death toll of foodborne illnesses.
- Around **25 million people** in Africa **cannot afford a basic healthy diet**.

Key Results

- **Policies on obesity prevention implementation:** Implementation of the acceleration plan through high-level advocacy, continuous engagement with governments and capacity building to stimulate efforts to address the multiple drivers of obesity and policies to address the prevention and management of obesity.
- **Healthy food market established:** In Senegal, the healthy food market initiative, piloted in 2020 at the Marché de Grand Dakar, led to the construction of 40 model food stalls promoting safe food-handling practices, compliant with sanitary and hygiene requirements.
- **Codex-aligned national food standards:** National food standards were developed in Guinea and Senegal in line with Codex – the joint FAO/WHO Food Standards Programme that serves as the international food safety code. In Cote d'Ivoire, more than 100 stakeholders, comprising regulators, producers, processors, and civil society, were oriented on Codex and specifically on fruit and vegetables standards.

'HEALTHY FOOD MARKET' PROGRAMME BOLSTERS FOOD SAFETY IN SENEGAL



Alioune Samb works as a butcher at the bustling Grand Dakar market in the heart of the Senegalese capital. "Before, we were not conscious of the potential dangers of our behaviours and the poor sanitation of the market," he admits. However, since January 2021, his place of work has benefited from a hygiene and sanitation project dubbed 'Healthy Food Market', which has helped to guarantee the safety of foodstuffs and win back wary customers.

According to the World Health Organization (WHO), more than 200 diseases are caused by consuming food contaminated by bacteria, viruses, parasites, or chemical substances such as heavy metals. This significantly impacts public health in the African Region, accounting for more than 91 million cases of illness and 137,000 deaths per year.

The results of a recent national research study carried out in 69 Senegalese markets revealed severe deficiencies ranging from the lack of zoning of stalls, leading to the mixing of products with different levels of sensitivity and the associated risk of cross-contamination, to the insufficiency or non-maintenance of toilets due to lack running water, and the sale of food on uncovered stalls or the floor.

The study concluded that the absence of water points, the lack of regular waste removal services, and the scarcity of cold storage equipment, particularly for highly perishable foodstuffs such as meat and fish, encourage the proliferation of microorganisms that can cause disease.

Senegal's Ministry of Health launched the Healthy Food Market project in response to these findings, with support from WHO. There have already been notable changes. "The training we received has allowed us to improve our practices and become more aware of the risks. With the presence of dustbins, there is no more waste next to products for sale, and the stalls are better maintained," says Alioune, the butcher.

Fatoumata Diakhaté is among the clients attracted by the new provisions. "I used to prefer to buy meat at major supermarkets because here [in the Grand Dakar market], there was no hygiene and any fridges in use were in a bad state. But now I buy from the market sellers because they apply the hygiene rules. The products are well-maintained and protected. There have been many changes recently," she says.

WHO is also helping Senegal strengthen its national food safety system by implementing the Global Strategy for Food Safety, recently adopted by WHO. Senegal now plans to expand the interventions to other markets across the country.

Healthy diets



Overview

Consuming a healthy diet throughout life helps prevent malnutrition in all its forms and a wide range of NCDs, including diabetes, obesity, heart disease, stroke, and cancers. However, increased production of processed foods, rapid urbanization, and changing lifestyles have shifted dietary patterns. People are now consuming more foods high in energy, fats, free sugars, and salt/sodium, and many people do not eat enough fruit, vegetables, and other dietary fibre, such as whole grains.²²

WHO AFRO

- Supports African countries in promoting healthy diets and creating a healthy food environment for optimal health and well-being.
- Helps countries adopt and implement fiscal and regulatory measures on food production, transportation, and marketing, such as front-of-pack labelling, food-based dietary guidelines, sugar-sweetened beverage (SSB) taxation, etc. In 2021, 24 out of 47 countries in the WHO African Region implemented, at the national level, tax policies on sugary drinks to fight obesity in children and adults.²³
- Assists in reformulating food products to reduce the contents of saturated fats, trans-fats, free sugars, and salt/sodium, and to eliminate industrially-produced trans-fats.
- Helps adopt and implement the technical packages for healthy diet promotion (SHAKE for salt reduction, and REPLACE).
- Member States have agreed to halt the rise in diabetes and obesity in adults and adolescents and childhood overweight by 2025 and to reduce the global population's salt intake by 30% by the same year.

Main Intervention Areas

- Kenya, Uganda, and the United Republic of Tanzania are supported through a multi-partner²⁴ Global Regulatory and Fiscal Capacity Building Program (RECAP), which aims to strengthen national capacities for developing and implementing regulatory and fiscal measures. These countries have made progress in adopting nutrition profile modelling and food labelling standards as a prelude to establishing regulations for marketing food and non-alcoholic beverages.
- Burkina Faso, Mali, and Sierra Leone have aligned their national nutrition labelling policies to the regional strategy and Codex standards, while strengthening nutrition labelling regulations to reduce risk factors for diet-related NCDs.

Additional needs

- Supporting more countries to adopt/adapt and implement the technical packages for healthy diet promotion -SHAKE and REPLACE.
- Supporting more countries to develop and enforce regulatory and fiscal policy measures to promote healthy diets.
- Building capacity in additional countries to raise awareness, promote healthy diets in schools, health care facilities, workplaces, and communities, and foster multisectoral collaboration and partnership.
- Strengthening surveillance, research, and monitoring of additional countries to ensure evidence-based informed decision-making to promote healthy diets.



4. TOBACCO AND REDUCTION OF OTHER NONCOMMUNICABLE DISEASE RISK FACTORS

Context

The UN High-Level Meeting on NCDs (2011) recognized that prevention must be the cornerstone of the global response to NCDs. The forum also recognized the critical importance of reducing individuals' and populations' exposure to the common modifiable risk factors for NCDs and their determinants while strengthening their capacity to make healthier choices and follow lifestyle patterns that foster good health.

Collaboration with other UN Agencies such as the Food and Agriculture Organization (FAO), UN Development Programme (UNDP) and World Food Program (WFP), and other inter-governmental organizations, helps to promote programmes for preventing NCDs.

Objective

Guide the Member States on tobacco control and reduction of any other noncommunicable disease risk factors, especially to:

- Reduce tobacco use and exposure to second-hand smoke with full implementation of the WHO Framework Convention on Tobacco Control, its Protocol and related strategies and guidelines.
- Prevent and tackle the harmful use of alcohol with policies addressing all alcohol-related harms and the levels, patterns, context, and quality of consumption.
- Promote healthy diets to ensure good health and nutrition and prevent NCDs, including measures to reduce salt, sugar, and trans-fats.



- Promote physical activity to prevent NCDs and maintain and improve mental health, quality of life and well-being through policy actions that support, retain, and increase physical activity.
- Strengthen multisectoral partnerships and collaboration to prevent and reduce the NCD risk factors and implement 'Best Buys' interventions and technical packages on salt, alcohol and other high-risk products (MPOWER, SAFER, SHAKE, REPLACE, etc.) with a sustained surveillance system and efficient price and tax measures.
- Build capacity for adoption and enforcement of laws and regulations on the production, marketing, and consumption of tobacco and nicotine products, electronic nicotine and non-nicotine delivery systems, alcoholic beverages, sugar-sweetened beverages, salt, and trans fats.
- Reducing the major risk factors for NCDs, namely tobacco use, harmful use of alcohol, unhealthy diets, and physical inactivity, is the focus of WHO's work to prevent illnesses, disabilities, and deaths from NCDs.

Key figures

- **13 million women** in the African Region use **tobacco products**, including chewing tobacco and snuff.
- **13% of young adolescent girls** use tobacco products in Africa.
- About **22,000 women die** every year in Africa from **tobacco-related diseases**.
- Between **2002 and 2030**, tobacco-attributable deaths are **projected to double in Africa**, especially in low- and middle-income countries.
- In Africa, about **two thirds (64%)** of adult **deaths** due to **second-hand smoke** are among women working and living with men who smoke.
- **African women** have unique and **higher risks** of cervical cancer, breast cancer, and coronary artery disease.
- Globally, **one in four** adults does not meet the global recommended levels of **physical activity**, and up to **5 million deaths a year** could be averted with the required physical activity.
- **Insufficiently active people** have a **20%-30%** increased risk of death compared to sufficiently active people. More than **80%** of the world's adolescent population is insufficiently physically active.

Key Results

Tobacco

- **New tobacco control laws and regulations adopted:** Four more countries have adopted new laws and regulations since 2021. Botswana passed a new Tobacco Control Act in 2021. Cote d'Ivoire adopted regulations for implementing track and trace systems for tobacco products and packaging and labelling rules, including plain packaging. Mauritius adopted new regulations for tobacco control, providing for, among other things, requirements for plain packaging. Sierra Leone's parliament passed the Tobacco and Nicotine Products Control Bill 2022, and Mauritania adopted and implemented regulations for health warnings.
- **Ratification of the Protocol to Eliminate Illicit Trade in Tobacco Products:** Kenya and Ghana ratified the Protocol to eliminate illicit trade, and Cameroon has adopted the Protocol and sent instruments for ratification to the UN Treaties Section. The African Region has 21 parties out of a total of 64 globally. In addition, Togo adopted a digital track and trace system for tobacco products in line with the provisions of Article 8 of the Protocol.
- **Tobacco tax policy change:** Gambia, Kenya and Nigeria increased the excise tax rates for tobacco products in the last two years. In 2021, Gambia increased the excise tax on cigarettes from 25 GMD to 30 GMD per pack, which resulted in an increase of the total tax share as part of the price of the most sold brand from 48.7% to 50.2%. In Kenya, the specific excise tax rate applied to the most sold brand of cigarettes was increased to 3312.96 Ksh in October 2020 and to 3477.61 Ksh per 1,000 cigarettes in October 2021. In 2020 Nigeria applied a mixed excise tax system with an ad valorem tax of 20% on ex-factory price and a specific tax of 58 N per pack of cigarettes.

Alcohol

- **Global strategy to reduce the harmful use of alcohol:** WHO organized African regional consultations with Member States on the working document to develop the action plan for 2022-2030 to effectively implement the global strategy to reduce the harmful use of alcohol.
- **Alcohol Action Plan implementation:** WHO provided technical support on the Working Document for the Alcohol Action Plan (2022-2030) for implementing the Global Alcohol Strategy and cross-border alcohol marketing, advertising, and promotional activities.
- **Alcohol legislation adopted:** WHO supported South Africa by developing a technical brief on the alcohol industry's interference against the complete ban on alcohol sales in the context of COVID-19. WHO supported Botswana in developing alcohol legislation and provided direct legal and technical assistance to ban alcohol sales in the context of COVID-19. In addition, WHO provided technical support to Burkina Faso in reviewing the draft Framework for Public Health Laws to strengthen sections on the prevention and control of communicable and noncommunicable diseases.





Healthy Diet

- **Food environment regulation:** To regulate the food environment and promote healthy diets, Kenya, Uganda, and the United Republic of Tanzania were supported through a multi-partner²⁵ Global Regulatory and Fiscal Capacity Building Programme (RECAP), which aims to strengthen national capacities for the development and implementation of regulatory and fiscal measures. The three countries have made progress in adopting nutrition profile modelling and food labelling standards as a prelude to establishing regulations on the marketing of food and non-alcoholic beverages.
- **Nutrition labelling policies alignment:** Burkina Faso, Mali, and Sierra Leone have aligned their national nutrition labelling policies to the regional strategy and Codex standards while strengthening nutrition labelling regulations to reduce risk factors for diet-related noncommunicable diseases. Cote d'Ivoire and South Sudan carried out awareness-raising activities and promoted healthy eating behaviours among young populations.

Physical Activity

- **Advocacy brief development:** Advocacy briefs promoting physical activity were developed and disseminated to policymakers and organizations working to promote healthier lifestyles in the African Region.²⁶
- **Global Action Plan on Physical Activity 2018–2030 supported:** WHO supported Cabo Verde to build the capacity of policymakers and health workers on the benefits of physical activity for the general population and vulnerable populations such as the elderly. The country also endorsed the WHO Guidelines and conducted a multimedia campaign called Mexi Mexê to disseminate these guidelines.
- **National Physical Activity guidelines development:** Ghana, Tanzania, and Uganda have developed National Physical Activity guidelines based on the WHO global guidelines on physical activity and sedentary behaviour, adapted to the local context, and Mauritania has endorsed the WHO guidelines. Ghana has been supported to undertake an assessment of walking and cycling in Accra, which will provide evidence of the economic benefits of investing in walking and cycling for health and environmental outcomes.

QUITTING TOBACCO FARMING TO IMPROVE HEALTH



Dr Francis Manyinza, a senior clinician at the Migori County Referral Hospital in southwestern Kenya, wasn't surprised when lifelong tobacco farmer Petalis Ouma sought medical care for his chronic cough and ever-worsening chest pains.

Growing tobacco has a detrimental effect on the health of the farmers who routinely touch and inhale the plant's toxins, paving the way for issues like damaged lung tissue or nicotine poisoning. But for many in East African countries—which produce 90% of tobacco farms on the continent—tobacco cultivation is the primary source of income.

"We all know tobacco is bad for us. Just the smell makes me sick. But this is poverty. Until recently, tobacco was our best chance to make money," Petalis Ouma says.

In June 2021, the World Health Organization (WHO), in partnership with the UN's World Food Programme (WFP) and the Food and Agriculture Organization (FAO) and in collaboration with the Kenyan government, initiated a programme to help farmers transition to producing more sustainable crops and lead healthier lives.

In the programme's first year, high-iron beans were offered as an alternative to tobacco. Farmers who began cultivating the recommended beans earned an average of US\$ 285 more per acre than when growing tobacco.

So far, 1,070 farmers in Migori have switched from farming tobacco to growing beans, eliminating their constant exposure to the harmful plant and improving their health.

Through WFP's local procurement initiatives, there is now a long-term market for high-iron beans in Migori. "This market gives Migori's tobacco farmers a new way to earn a living with none of the negative health effects that come from growing the high-labour intensive and toxic tobacco plant," says Dr Abdourahmane Diallo, WHO Representative in Kenya. "This is a new way to fight the tobacco epidemic that has stolen so many lives."



Physical activity

Overview

Regular physical activity is important for physical, social, and mental health and well-being across all ages. Being physically active throughout life helps prevent and manage NCDs, such as heart disease, stroke, type 2 diabetes, and many types of cancer. It also helps prevent hypertension, overweight and obesity and can improve overall mental health and quality of life.²⁷

Beyond its many health benefits, physical activity also has social, environmental, and economic benefits. For example, more active transport (such as walking and cycling) reduces the use of motorized vehicles and fossil fuels, producing cleaner air and less congested, safer roads.

Sport and active recreation can help promote physical activity for people of all ages and abilities and can be a key driver of tourism, employment, and infrastructure. Yet, despite evidence of the positive effects of physical activity on individuals and populations, about one in four adults (22%) and more than four in five in-school adolescents (85%) in the African Region are not sufficiently physically active. In 2019, 25 of the 47 countries in the WHO African Region had an operational policy/strategy/action plan to reduce physical inactivity.

WHO will leverage sports events like the World Cup to promote multi-country Physical Activity awareness through the Sports and Health Programme.

Main Intervention Areas

- In 2018, the World Health Assembly agreed on a global target to reduce physical inactivity by 15% by 2030 and align with the Sustainable Development Goals (SDGs). To do this WHO launched a toolkit in 2019 providing more specific technical guidance on how to get started and implement the 20 policy recommendations outlined in the global action plan these include:

- the development and implementation of national guidelines for physical activity for all age groups;
- establishing national coordinating mechanisms involving all relevant government departments and key non-government stakeholders to develop and implement coherent and sustainable policy and actions plans;
- implementing community wide communication campaigns to raise awareness and knowledge of the multiple health, economic and social benefits of being physically active;
- invest in new technologies, innovation and research to develop cost effective approaches to increasing physical activity, particularly in low resource contexts;
- ensure regular surveillance and monitoring of physical activity and policy implementation.

Additional needs

- Supporting countries to fully implement the framework for the Global Action Plan on Physical Activity 2018-2030 in the WHO African Region.²⁸
- Supporting additional countries in the WHO African Region to develop and implement policies and strategies to reduce physical inactivity by 2025.
- Helping to develop and implement a national action plan on physical activity that includes improving infrastructure in urban settings through regulatory, legislative, and other policy frameworks and interventions.
- Building country capacity to strengthen the educational system, multisectoral coordination and investment in sports and recreational facilities and services.
- Increasing knowledge of the benefits of physical activity for all age groups, genders, and abilities through awareness-raising campaigns and community engagement.



5. VIOLENCE, INJURIES AND DISABILITIES

Context

The 74th World Health Assembly (WHA74) resolution on ending violence against children has given renewed impetus to efforts by WHO, UNICEF, child protection advocates and governments to mainstream violence prevention through health, education, and social protection sectors.

At the WHA74, Member States adopted a landmark resolution on the highest attainable standard of health for persons with disabilities, providing WHO with a mandate to continue its commitment to promote disability inclusion in the health sector and calling on Member States to focus on four key areas:

- Strengthening their health systems to ensure access to effective health services
- Ensuring access to cross-sectorial public health interventions
- Protection during health emergencies
- Improving collection and disaggregation of reliable data on disability

The UN General Assembly session (74/299) on improving global road safety proclaimed the second decade of action for road safety 2021-2030 and a new target of reducing road traffic deaths by at least 50% by 2030, mandating WHO and UN regional economic commissions to develop a global plan of action for road safety for 2021-2030. The global plan for road safety calls for multisectoral and coordinated action to reinforce and implement the safe systems approach for safer roads, vehicles, and road use, post-crash response, and multimodal transport and land use planning.

Furthermore, collaboration with governments and civil society groups is being pursued to advocate for road safety regulations and prevent other forms of injury, such as drowning.

Objective

Help Member States reduce violence, injuries and disabilities, with specific goals to:

- Reduce all forms of violence (all forms of child maltreatment, neglect and abuse, youth violence, and elder abuse) through capacity building and supporting countries in developing and implementing policies and strategies for reducing and responding to violence against children.
- Coordinate data collection and analysis on violence and injuries to raise awareness, generate evidence-based solutions and improve decision-making.
- Prevent road traffic and other forms of injury, including drowning, burns and falls, and mitigate their consequences by guiding countries to implement evidence-based interventions.
- Improve emergency care for victims of trauma and rehabilitation for all, supporting countries to strengthen rehabilitation services, workforce capacity and financing within the health care system.
- Support people with disabilities to fully participate in society by improving access to health and rehabilitation services, education, and employment.



Key figures

- In Africa, **50% of the child population** is estimated to have experienced or witnessed some form of **violence** (physical, sexual, or emotional).²⁹
- The African Region accounts for **20% of global road traffic deaths**, with nearly **272,000 deaths**, and has the highest road traffic fatality rate among WHO regions, at **26.6 per 100,000 population**.³⁰
- **Unintentional and violence-related injuries** take the lives of **4.4 million people** worldwide each year and constitute nearly **8%** of all deaths.
- **27% of all child homicides** occur in the **African region**, making it the **second highest rate** of child homicide after the Americas.
- For people aged 5-29, **three of the top five causes of death are injury-related**, namely road traffic injuries, homicide, and suicide.
- Males in Africa have the highest **drowning mortality** rates in the world, at **19.2 per 100,000 people**.
- **Injuries and violence** are responsible for an estimated **10%** of all years lived with disability.
- **Injuries and violence burden national economies**, costing countries billions of US dollars each year in health care, lost productivity, and law enforcement.
- **12% of the African population** is estimated to live with a significant **disability**.
- For every **US\$ 1** spent on **disability-inclusive NCD prevention and care**, the return on investment could be **US\$ 10**.³¹

Key Results

- **Evidence-based policy implementation:** Developed and disseminated guidance for countries on evidence-based policy and practice for preventing and responding to violence against children. Documented and disseminated successful injury prevention approaches, policies, and programmes across countries.
- **Partnership for the goal support:** Provided technical support to countries³² through partnerships such as the Bloomberg Initiative for Global Road Safety to implement city-level interventions to reduce risk factors associated with road traffic accidents such as speed, drink-driving, child restraints, and helmet use. UN agencies, international NGOs, and academia coordinated efforts to strengthen and promote parenting interventions in the post-COVID era.
- **SDGs target monitoring and evaluation:** Monitored progress towards achieving the SDG targets linked to injury and violence prevention, facilitating data collection, analysis, and dissemination of global status reports on road safety and violence prevention. WHO coordinated regional efforts across the UN system, including decades of action, ministerial conferences, and commemorative weeks and days dedicated to injury-related topics to improve road safety and end violence.
- **Capacity building strengthened:** Health and non-health care workers trained on violence against children prevention and response in Cote d'Ivoire, Tanzania, and Uganda.
- **Strengthening rehabilitation in health systems:** Contributed to developing knowledge products on rehabilitation financing for UHC and guided Member States on strengthening



rehabilitation in health systems. Thanks to support for countries to develop national strategic plans for rehabilitation, Benin, Burkina Faso, Ethiopia, Cote d'Ivoire, and Togo now have national strategic plans under implementation, while Seychelles and Uganda have initiated the process of developing national plans. Additionally, WHO has supported Rwanda in undertaking and finalizing an assessment of the national rehabilitation workforce. Burkina Faso, Ethiopia, and the Democratic Republic of Congo have initiated integrating the Rehabilitation module into the District Health Information Software 2.

SO THAT THE ROADS NO LONGER KILL IN SENEGAL



"Nothing hurts more than losing your children. It's a pain I wouldn't wish on anyone." Sitting in front of his house in the suburbs of Dakar, Cheikh Amat Dieng, 69, recalls the dark days he lived through a decade ago. On the fateful August 2011 morning, he travelled to Mauritania with his children for the Korité festival: "I was travelling with four of my children, and my eldest son Serigne Bamba was driving. About 90 km away, he lost control of the vehicle, and we hit a tree. Then I blacked out and woke up in the hospital, and when I asked about my children, I was told that all died on the spot."

In Senegal, nearly 27,000 people are victims of car accidents on the public highway each year, of which 11,000 are recorded in Dakar. This trend mirrors that of the African Region. While it represents only 3% of the total number of registered vehicles, the region accounts for 20% of deaths by road accidents globally, with nearly 272,000 deaths. In addition, it has the highest road fatality rate, with 26.6 per 100,000 inhabitants.

To remember the victims – both lives lost and survivors – the United Nations observes the World Day of Remembrance for Road Traffic Victims on the third Sunday of November each year. Themed 'Remember, Support, Act' this year, the dedicated day helps people remember the victims, advocate support for road crash survivors, and act by instituting evidence-based actions to prevent more tragedies in the future.

The World Health Organization (WHO) has supported improving traffic accident mortality data through a project implemented in 2020-2021, led by Senegal's Ministry of Health and Social Action in collaboration with the Ministry of Infrastructure, Land Transport and Accessibility and other partners involved in road safety.

Ousmane Ly, In-charge of Road Safety at the Direction des Transports Routiers, points out that this initiative has changed everything regarding road safety policy. "In the past, shortcomings were noted in the reporting of data, and only about a quarter of this data was recorded. However, relying on reliable figures that match reality is necessary to make effective public road safety policies. We now have quality data, and this will undoubtedly improve decision-making regarding our road safety policies.

The WHO Representative in Senegal, Dr Lucile Imboua, was delighted with the outcome of this project. "The recording, collection and analysis of data related to traffic accidents make it possible to develop effective policies. WHO is advocating for stronger actions from governments to save lives on the roads. It is essential to make roads and vehicles safer."

Awareness-raising is key to preventing such incidences, and Remembrance Day signifies this by advocating for better road safety and more responsible user behaviour. WHO supports awareness-raising activities and trains students, drivers, and users in line with the Senegalese Red Cross and collaboration with the National Health Education and Information Service.

As Dr Imboua explains, the real targets will be reached through these sessions as teams will educate drivers about respecting the highway code and improve students' understanding of road signs and users about first aid. WHO will continue to focus on prevention for better road safety as it remains the best approach.

Complementing Remembrance Day, the United Nations has declared 2021-2030 to be a Decade of Action for Road Safety, aiming to prevent at least 50% of road traffic deaths and injuries by 2030.

Mr Dieng is all-too-familiar with injuries and their lingering after-effects. "I still feel pain even after surgery on my neck. I also have pain in my right hand that I can no longer use. When I think of my children, I always feel immense sorrow, and only my faith in God and the support of my family allows me to move forward."

For Mr Dieng, reaching out to others to spare them the trauma he experienced has become a reason for living. "Every day, the roads claim victims. My children were between 21 and 40 years old. My daughters were preparing for their wedding, and my second son was about to get his first job. They had their whole lives ahead of them. It's not easy to relive painful memories, but it's important to remember that roads hurt and kill. I don't want anyone else to experience my pain. If my words can make a difference, it's worth it, as my children would not have died for nothing."

Prevention and response to violence against children



Overview

Violence against children and adolescents encompasses neglect and abuse that may be physical, sexual, or emotional.

Statistics show that 50% of the child population in Africa is estimated to have experienced or witnessed some form of violence. Three in five boys and one in two girls in the African Region have been physically abused.³³ Perpetrators are often within families and communities. The African Region has the second highest rate of child homicide globally, with 2.1 per 100,000 people, and with 27% of homicides of children aged 0-17 years occurring in the region. Despite its high prevalence, violence is often hidden, unseen or under-reported. WHO's 2020 report on violence against children in Africa shows that although laws preventing violence exist, few are enforced.

Responding to this global threat to children's development, health, and well-being, in 2016, WHO and partner UN agencies launched INSPIRE,³⁴ a set of evidence-based strategies to tackle violence against children and adolescents. INSPIRE³⁵ is a technical package that guides Member States in preventing and responding to violence against children and adolescents, targeting all governments, communities, civil society, and the private sector.

WHO also recently developed guidance for the clinical response to child maltreatment, providing the tools for the health sector to respond to child maltreatment.

Main Intervention Areas

- WHO AFRO is raising awareness of violence against children through social media campaigns and sharing evidence, and best practices by developing and disseminating the regional status report and organizing regional conferences on key INSPIRE strategies, bringing together multiple sectoral stakeholders, including policymakers, academia, and practitioners.
- WHO AFRO has supported building capacity on the INSPIRE technical package in Cote d'Ivoire, Guinea, Tanzania, Uganda, and Zimbabwe.

Additional needs

- Supporting countries to build capacity among multisectoral stakeholders on the WHO tools to prevent and respond to violence against children.
- Few countries are implementing the strategies recommended in the INSPIRE technical package, particularly on safe environments, which is gaining the least funding in countries. Increased effort is needed to support countries with a high burden of violence against children to implement such strategies.
- Supporting research for the generation of evidence on novel threats to children's safety, particularly online harm, including cyberbullying and sexual exploitation.
- Supporting selected high-burden countries to build a business case for accrued investment to implement specific INSPIRE strategies.



ENDNOTES

- ¹ A healthier humanity: the WHO investment case. Geneva: World Health Organization; 2018
- ² Gopinath G. A race between vaccines and the virus as recoveries diverge. IMFBlog (<https://blogs.imf.org/2021/01/26/a-race-between-vaccines-and-the-virus-as-recoveries-diverge/>, accessed 17 March 2022)
- ³ <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-150th-session-of-the-executive-board-24-january-2022>
- ⁴ Ethiopia, Gabon, Kenya, Guinea, Madagascar, Nigeria, Togo.
- ⁵ Priority 1: Benin, Burundi, Cameroon, DRC, Ethiopia, Mali, Mozambique, Niger, Nigeria, Togo and Uganda; Priority 2: Angola, Burkina Faso, CAR, Chad, CIV, Congo, Ghana, Kenya, Liberia, Malawi, Senegal, Sierra Leone, South Sudan, Tanzania, Zambia, Zimbabwe and Rwanda.
- ⁶ Cameroon, Chad, Gambia, Ghana, Kenya, Mali, Mozambique Nigeria, Rwanda, Tanzania, Togo and Zambia.
- ⁷ Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Cameroon, Central African Republic, Chad, Comoros, Congo, Democratic Republic of Congo, Ivory coast, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome et Principe, Senegal, Seychelles, Sierra Leone, South Africa, South Sudan, Tanzania, Togo, Zambia, Zimbabwe.
- ⁸ Algeria, Angola, Benin, Botswana, Burkina, Burundi, Cabo Verde, Cameroon, Central African Republic, Chad, Comoros, Congo, Democratic Republic of Congo, Ivory coast, Equatorial Guinea, Eswatini, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Namibia, Niger, Nigeria, Sao Tome et Principe Seychelles, Sierra Leone, South Africa, Mozambique, Rwanda, Senegal, South Sudan, Tanzania, Togo, Uganda, Zambia, Zimbabwe.
- ⁹ Burkina Faso, Chad, Mali, Mauritania, and Niger.
- ¹⁰ Benin, Burkina Faso, Cabo Verde, Côte d'Ivoire, Eritrea, Ethiopia, Ghana, Guinea, Kenya, Madagascar, Malawi, Mali, Mozambique, Nigeria, Sao Tome and Principe, Togo, Zambia, Rwanda, United Republic of Tanzania.
- ¹¹ Algeria, Benin, Botswana, Cabo Verde, Côte d'Ivoire, Eritrea, Ethiopia, Ghana, Guinea, Kenya, Madagascar, Malawi, Mozambique, Nigeria, Sao Tome and Principe, Seychelles, South Africa, Togo, Zambia, Rwanda, Uganda, United Republic of Tanzania.
- ¹² Algeria, Botswana, Ethiopia, Ghana, Kenya, Madagascar, Mauritius, Sao Tome and Principe, South Africa, Uganda, and the United Republic of Tanzania.
- ¹³ Burkina Faso, Cape Verde, Central African Republic, Côte d'Ivoire, DRC, Ethiopia, Gabon, Ghana, Guinea, Kenya, Liberia, Madagascar, Malawi, Mauritania, Mozambique, Nigeria, Republic of Tanzania, Rwanda, Sao Tome and Principe, Sierra Leone, Togo, Uganda, Zambia.
- ¹⁴ Ethiopia, Malawi, Mozambique, Tanzania.
- ¹⁵ Ethiopia, Mauritius, Sierra Leone, United Republic of Tanzania.
- ¹⁶ Liberia, Malawi, Namibia, Zambia, Zimbabwe.
- ¹⁷ Cabo Verde, Congo-Brazzaville, Kenya, Botswana, Guinea, Togo.
- ¹⁸ The Gambia, Ghana, Kenya, South Africa, Togo, Tunisia, Uganda, United Republic of Tanzania (Mainland and Zanzibar).
- ¹⁹ WHO Commission on the Social Determinants of Health (CSDH) (2008) Closing the Gap in a Generation: Health equity through action on the social determinants of health. Final Report of the Commission. Geneva: World Health Organization. http://www.who.int/social_determinants/thecommission/finalreport/en/index.html
- ²⁰ World Bank Data: <https://data.worldbank.org/indicator/SP.DYN.AMRT.MA?locations=ZG>
- ²¹ Leave no one behind: strengthening health systems for UHC and the SDGs in Africa, ISBN: 978-929023389-3 © World Health Organization Regional Office for Africa, 2017
- ²² World Health Organization factsheet: <https://www.who.int/news-room/fact-sheets/detail/healthy-diet>
- ²³ Benin, Burundi, Chad, Cote d'Ivoire, DRC, Ethiopia, Kenya, Liberia, Madagascar, Mali, Mauritania, Mauritius, Mozambique, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, South Africa, Togo, Uganda, United Republic of Tanzania, Zambia.
- ²⁴ International Development Law Organization, International Development Research Centre, Swiss Agency for Development and Cooperation and OPEC Fund for International Development.
- ²⁵ International Development Law Organization, International Development Research Centre, Swiss Agency for Development and Cooperation and OPEC Fund for International Development.
- ²⁶ World health Organization publication: Promoting Physical Activity in the African Region. <https://www.afro.who.int/publications/promoting-physical-activity-african-region>
- ²⁷ World Health Organization: Physical Activity. https://www.who.int/health-topics/physical-activity#tab=tab_1
- ²⁸ World Health Organization: Framework for the Implementation of the Global Action Plan on Physical Activity 2018-2030 in the WHO African Region, Report of the Secretariat. <https://apps.who.int/iris/bitstream/handle/10665/333737/AFR-RC70-10-eng.pdf?sequence=1&isAllowed=y>
- ²⁹ APEVAC & ACPF. Violence Against Children in Africa: A report on Progress and Challenges. 2021. Page 1
- ³⁰ Global status report on road safety 2018. World Health Organization, Geneva. 2018
- ³¹ Global report on health equity for persons with disabilities: executive summary (who.int)
- ³² Ghana, Ethiopia, Kenya, Uganda,
- ³³ WHO Global Status Report on Preventing Violence against Children 2020
- ³⁴ Acronym for Implementation and enforcement of laws; Norms and values; Safe environments; Parent and caregiver support; Income and economic strengthening; Response and support services; and Education and life skills
- ³⁵ World Health Organization: Inspire - seven strategies for ending violence against children. <https://www.who.int/teams/social-determinants-of-health/violence-prevention/inspire-technical-package>



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