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**FRAMEWORK FOR SUSTAINING RESILIENT HEALTH SYSTEMS TO ACHIEVE
UNIVERSAL HEALTH COVERAGE AND PROMOTE HEALTH SECURITY,
2023–2030 IN THE WHO AFRICAN REGION**

Report of the Secretariat

EXECUTIVE SUMMARY

1. The WHO African Region bears a high burden of public health emergencies arising from epidemic-prone diseases, extreme weather events, humanitarian crises and other acute public health events. The COVID-19 pandemic was a dramatic illustration of the consequences of a major public health emergency, with countless lives lost, livelihoods upended, and national economies severely affected.
2. Even before the COVID-19 pandemic, the Region's progress was not sufficient to attain Sustainable Development Goal (SDG) target 3.8 for universal health coverage (UHC). The 2022 UHC monitoring report for the African Region indicates substantial progress, with the service coverage index (SCI) ranging from 28 to 75 (out of 100) across Member States; however, the proportion of the population facing catastrophic spending of 10% or more of household income on out-of-pocket health costs increased from 7.7% to 8.4%.
3. The Sahelian zone is experiencing an unprecedented humanitarian crisis with a total of 30.4 million people in need of humanitarian assistance, with the situation exacerbated by climate change. The Region is home to 22 million international migrants, including 6.3 million refugees who face challenges in accessing health care, in addition to multiple associated situational deprivations.
4. The COVID-19 pandemic caused extensive disruption of health service delivery. Systemic health system weaknesses at all levels – underfunding, understaffing and fragmentation – pre-dated COVID-19, and were key drivers of the disruptions and inequitable uptake of COVID-19 tools registered in the Region. The same systemic challenges will continue to constrain the health and well-being of the populations of the WHO African Region if they are not intentionally addressed.
5. Seven years to the end of the SDGs, there is urgency not only to accelerate recovery and progress, but also to avoid similar setbacks from future shocks. For the Region to accelerate progress and realize the vision of all people in the WHO African Region enjoying good health and well-being, Member States should invest in transformed, resilient health systems that are equitable and efficient, built around primary health care.

6. A unified approach to health systems strengthening is proposed in this framework. It entails investing in a strengthened common platform (PHC and essential public health functions) and strengthened governance and coordination of multisectoral actors and investments. This will enable Member States to develop many of the same sustainable capacities needed to achieve UHC, health security and address the social, economic and environmental determinants that negatively impact health.

7. The proposed regional framework adapts recommendations from WHO's position paper on health system resilience, aligns with the UHC framework for action and the regional framework for health security, both of which acknowledge that resilient health systems are necessary for the attainment of their respective goals. It adopts recommendations from the Seventy-sixth World Health Assembly resolution on Reorienting health systems to primary health care as a resilient foundation for universal health coverage and preparations for a high-level meeting of the United Nations General Assembly on universal health coverage.

8. The Regional Committee is invited to review and adopt this framework.

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INTRODUCTION

1. Past and ongoing public health emergencies, extreme weather events, conflicts, Ebola virus disease (EVD) outbreaks and the COVID-19 pandemic have highlighted the fragility of health and social systems in the WHO African Region. Many lives were lost,¹ and livelihoods and national economies disrupted.^{2, 3}
2. Progress towards universal health coverage (UHC), health security, and addressing the determinants of health has stalled. Halfway towards the SDG end point, there is urgency to reclaim lost gains, accelerate progress, and avoid similar setbacks from future shocks. To do so, the WHO African Region must rebuild resilient health systems. *Health systems resilience is the ability of all actors and functions related to health to collectively mitigate, prepare, respond and recover from disruptive events with public health implications, while maintaining the provision of essential functions and services and using experiences to adapt and transform the system for improvement.*⁴
3. Reorienting health systems towards primary health care (PHC) lies at the core of sustainable, resilient national health systems. PHC is a whole-of-government and whole-of-society approach to health that combines: (a) primary care and essential public health functions (EPHFs) as the core of integrated health services; (b) multisectoral policy and action; and (c) empowered people and communities.⁵
4. Essential public health functions are the competences and actions required to reach the objectives of public health. They include health protection, health promotion, disease prevention, surveillance and response, and emergency preparedness.⁶
5. The proposed framework draws from WHO's position paper on health system resilience,⁷ other resilience frameworks⁸, the conclusions of a special event on *Building Back Better* held at the Seventy-second session of the Regional Committee⁹, and the Seventy-sixth World Health Assembly resolution on Reorienting health systems to primary health care as a resilient foundation for universal health coverage and preparations for a high-level meeting of the United Nations General Assembly on universal health coverage and preparations for a high-level meeting of the United Nations General Assembly on universal health coverage.¹⁰

¹ [WHO Coronavirus \(COVID-19\) Dashboard](https://covid19.who.int/). <https://covid19.who.int/>, accessed 23 May 2023)

² Ruchir Agarwal and Gita Gopinath. Pandemic Economics. Finance and Development. International Monetary Fund. December 2021

³ UN DESA. 2022. The Sustainable Development Goals Report 2022 - July 2022. New York, USA: UN DESA. © UN DESA. (<https://unstats.un.org/sdgs/report/2022/>, accessed 23 May 2023)

⁴ Health systems resilience toolkit: a WHO global public health good to support building and strengthening of sustainable health systems resilience in countries with various contexts. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO.

⁵ Operational framework for primary health care: transforming vision into action. Geneva: World Health Organization and the United Nations Children's Fund (UNICEF), 2020. Licence: CC BY-NC-SA 3.0 IGO.

⁶ Essential public health functions, health systems and health security: developing conceptual clarity and a WHO roadmap for action. Geneva: World Health Organization; 2018 (<https://apps.who.int/iris/bitstream/handle/10665/272597/9789241514088-eng.pdf>, accessed 23 May 2023)

⁷ Building health systems resilience for universal health coverage and health security during the COVID-19 pandemic and beyond: WHO position paper. Geneva: World Health Organization; 2021 (WHO/UHL/PHCSP/2021.01)

⁸ Building resilient health systems to advance universal health coverage and ensure health security in the Eastern Mediterranean Region. EM/RC69/4. September 2022

⁹ Report of the Seventy-second session of the WHO Regional for Africa. Brazzaville: WHO Regional Office for Africa; 2022. Licence: CC BY-NC-SA 3.0 IGO.

¹⁰ https://apps.who.int/gb/ebwha/pdf_files/WHA76/A76_6-en.pdf

CURRENT SITUATION

6. There is political commitment for UHC¹¹ and a clear road map¹² for the WHO African Region. However, the 2022 UHC monitoring report for the African Region shows uneven progress as well as stagnation. From 2000 to 2019, there was progress with the service coverage index (SCI) ranging from 28 to 75 (out of 100) across Member States. However, the proportion of the population facing catastrophic spending of 10% or more of household income on out-of-pocket health costs increased from 7.7% to 8.4%.¹³ In 28 Member States, up to 25% of health expenditure still comes from out-of-pocket payments at point of service.¹⁴

7. According to the most recent UN interagency estimates, the African Region accounted for 69% of global maternal deaths in 2020.¹⁵ It carries a disproportionate burden of child deaths, accounting for 38 of 54 countries globally which are off track to meet the SDG targets for under-five mortality. Communicable diseases remain the leading cause of death.¹⁶ The share of noncommunicable disease (NCD)-attributable mortality increased from 24.2% of total deaths in 2000 to 37.1% in 2019.¹⁷

8. The Region is prone to public health emergencies ranging from epidemic-prone diseases to extreme weather events and other humanitarian crises. The Sahelian zone is experiencing an unprecedented humanitarian crisis with a total of 30.4 million people in need of humanitarian assistance. Deteriorating security is creating difficulties in providing health care.¹⁸

9. Member States of the African Region are currently the most vulnerable to the negative impacts of climate change, yet they are the least prepared to address them effectively.¹⁹ Climate change is exacerbating the Sahelian crisis, threatening access to water and food resources.

10. The WHO African Region is home to 22 million international migrants, including 6.3 million refugees.²⁰ Migrants and refugees face challenges in accessing health care, in addition to multiple associated situational deprivations – social, political, and economic, among others.

11. The overall health system performance of the WHO African Region – the degree to which a health system carries out its functions of governing, financing, and delivering services – is low at an average of 52.9% of expected performance.²¹ National public health emergency preparedness

¹¹ UN Resolution. United Nations General Assembly Seventy-Fourth Session. Political declaration of the high-level meeting on universal health coverage. Universal health coverage: moving together to build a healthier world. September 2019

¹² Leave no one behind: strengthening health systems for UHC and the SDGs in Africa. Brazzaville: WHO Regional Office for Africa; 2017. Licence: CC BY-NC-SA 3.0 IGO

¹³ Tracking Universal Health Coverage in the WHO African Region, 2022. Brazzaville: WHO Regional Office for Africa; 2022. Licence: CC BY-NC-SA 3.0 IGO.

¹⁴ WHO Global Health Expenditure Database

¹⁵ Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. Geneva: World Health Organization; 2023. Licence: CC BY-NC-SA 3.0 IGO

¹⁶ Levels & Trends in Child Mortality. Report 2022. Estimates developed by the United Nations Inter-agency Group for Child Mortality Estimation

¹⁷ [PEN-plus a regional strategy to address severe noncommunicable diseases at first-level referral health facilities \(document AFR/RC72/4\)](#). (<https://apps.who.int/iris/handle/10665/366089>, accessed 24 May 2023)

¹⁸ iAHO WHO African Region. Fact Sheet. The Sahel, epicentre of many neglected crises. WHO Regional Office for Africa. EPR Dakar Hub. November 2022. (https://files.who.afro.who.int/afahobckpcontainer/production/files/The_Sahel_zone_fact_sheet.pdf, accessed 24 May 2023)

¹⁹ Updated regional strategy for the management of environmental determinants of human health in the African Region 2022–2032 (Document AFR/RC72/10) (<https://apps.who.int/iris/handle/10665/366088>, accessed 24 May 2023)

²⁰ United Nations, Department of Economic and Social Affairs, Population Division (2017). International Migration Report 2017

²¹ Report on the Performance of Health Systems in the WHO African Region (AFR/RC70/13) (<https://apps.who.int/iris/handle/10665/333713>, accessed 24 May 2023)

and response capacities across the Region are weak.²² Against this background, the COVID-19 pandemic caused extensive disruption of health service delivery, continuing more than 20 months into the pandemic (end 2021).²³ According to official WHO and UNICEF estimates, 25 million children did not receive routine vaccinations in 2021, compared to 19 million in 2019.²⁴

12. Suboptimal integration of non-COVID-19 essential health service continuity into COVID-19 response plans contributed to the disruptions. A review of the COVID-19 preparedness and response plans (CPRPs) of 106 countries in 2021 showed that less than half of the plans considered maintaining essential health services (47%); 41% designated a mechanism for health system-wide participation in emergency planning; 34% considered subnational service delivery; 29% considered quality of care; 24% were budgeted for, and only 7% contained monitoring of essential health services.²⁵

ISSUES AND CHALLENGES

13. **Gaps in health system capacities pre-dated and evolved during COVID-19:** Weak capacities were a key driver of service disruptions, and suboptimal and inequitable uptake of COVID-19 tools. Whereas 14 Member States²⁶ have developed essential health service packages, (EHSPs), continuing health system gaps pose a threat to their implementation.

14. **Health systems are underfunded:** Governments pay for more than 50% of health expenditure in only seven²⁷ countries.²⁸ Current health expenditure across Member States in the African Region averages US\$ 54 per capita, with general government health expenditure averaging US\$ 14.8 per capita,²⁹ compared to the estimated per capita requirement of US\$ 127 to deliver an essential package of health services.³⁰

15. **Health workforce (HWF) challenges are especially acute:**³¹ The African Region faces a projected shortage of 5.3 million health workers by 2030, representing 52% of the expected global shortfall.³² Disproportionate deaths among health workers during COVID-19,³³ the increased

²² Talisuna A, Yahaya AA, Rajatonirina SC, et al. Joint external evaluation of the International Health Regulation (2005) capacities: current status and lessons learnt in the WHO African region. *BMJ Global Health* 2019; 4:e001312. doi:10.1136/bmjgh-2018-001312

²³ WHO 2022. Third round of the global pulse survey on continuity of essential health services during the COVID-19 pandemic: November–December 2021. (https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS_continuity-survey-2022.1; accessed 18 December 2022).

²⁴ Joint News Release, 15 July 2022. (<https://www.who.int/news/item/15-07-2022-covid-19-pandemic-fuels-largest-continued-backslide-in-vaccinations-in-three-decades>)

²⁵ Mustafa S, Zhang Y, Zibwowa Z, Seifeldin R, Ako-Egbe L, McDarby G, et al. COVID-19 preparedness and response plans from 106 countries: a review from a health systems resilience perspective, *Health Policy Plan*. 2021: czab089. doi:10.1093/heapol/czab089.

²⁶ Botswana, Burkina Faso, Ethiopia, Eswatini, Kenya, Lesotho, Namibia, Seychelles, Zimbabwe, South Africa and Uganda have developed EHSPs; Madagascar, Niger, and Sierra Leone are in the process of doing so.

²⁷ Algeria, Botswana, Cabo Verde, Eswatini, Gabon, Seychelles and South Africa.

²⁸ Tracking Universal Health Coverage in the WHO African Region, 2022. Brazzaville: WHO Regional Office for Africa; 2022. Licence: CC BY-NC-SA 3.0 IGO

²⁹ WHO Global Health Financing database. (<https://apps.who.int/nha/database>, accessed March 2022)

³⁰ World Health Statistics 2017: Monitoring Health for the SDGs. Sustainable Development Goals. Geneva: World Health Organization. (http://www.who.int/gho/publications/world_health_statistics/2017/en/, accessed 25 May 2022)

³¹ World Health WHO, The Impact of COVID-19 on Health and Care Workers: A Closer Look at Deaths., Working Paper 1. Geneva: World Health Organization; September 2021 (WHO/HWF/WorkingPaper/2021.1). (Geneva, Switzerland: Health Workforce Department, World Health Organization, 2021).

³² Mathieu Boniol and others, ‘The Global Health Workforce Stock and Distribution in 2020 and 2030: A Threat to Equity and ‘Universal’ Health Coverage?’, *BMJ Global Health*, 7.6 (2022), e009316.

³³ World Health WHO, The Impact of COVID-19 on Health and Care Workers: A Closer Look at Deaths., Working Paper 1. Geneva: World Health Organization; September 2021 (WHO/HWF/WorkingPaper/2021.1). (Geneva, Switzerland: Health Workforce Department, World Health Organization, 2021).

mental health challenges³⁴ and surging outmigration are all contributing to the shortfall, against the backdrop of a growing number of skilled unemployed health workers.³⁵

16. Lack of sustained access to affordable quality health products: Availability of medicines is low in both the public and private sectors at 35% and 63% respectively, with chronic shortages and cost escalation. Local manufacturing capacity for vaccines, therapeutics and diagnostics is limited.

17. COVID-19 deepened inequities, including gender inequities: COVID-19 disproportionately affected vulnerable populations, uncovering gaps in social protection.³⁶ Community engagement is ad hoc, and lessons from Ebola outbreaks in the Region^{37,38} could be better leveraged by engaging communities as a way of working³⁹, and addressing inequities.

18. Inadequate capacity to ensure quality, safety, and efficacy of medical products: Currently, the regulatory systems of Ghana, Nigeria, South Africa and United Republic of Tanzania have been assessed as well-functioning and able to ensure sustainable local production and access to quality-assured essential medical products. This means that they have achieved ‘Maturity Level 3’.⁴⁰ Forty-one Member States are operating at WHO Maturity Level 1.³⁵

19. Inadequate systems and capacities to generate, analyse and use health data: Systems and capacities to conduct household surveys are well-developed or sustainable in only 16 countries (34%). The routine health information system is well-developed or sustainable in only 10 (21%) countries. The civil registration and vital statistics (CRVS) system is the least developed, with only four countries (9%) able to register all deaths and their causes on a continuous basis.⁴¹

20. Governance challenges: The existence of multiple partners and initiatives that are poorly aligned with national systems creates competing governance structures for health systems strengthening. Fragmentation of health systems strengthening efforts emerged as a key challenge during the pandemic⁴² and from a review of country CPRPs in 2021.

21. Fragile, conflict-affected and vulnerable (FCV) settings face additional challenges: According to the World Bank (WB) classification, 10 countries in the Region have FCV settings

³⁴ World Health Organization, Health Workforce Policy and Management in the Context of the COVID-19 Pandemic Response: Interim Guidance, 3 December 2020 (World Health Organization, 2020); Bazghina-werq Semo and Souci Mogga Frissa, ‘The Mental Health Impact of the COVID-19 Pandemic: Implications for Sub-Saharan Africa’, *Psychology Research and Behavior Management*, 13 (2020), 713–20 (<https://doi.org/10.2147/PRBM.S264286>).

³⁵ James Asamani and others, ‘Investing in the Health Workforce: Fiscal Space Analysis of 20 Countries in East and Southern Africa, 2021–2026’, *BMJ Global Health*, 7 (2022), e008416 <<https://doi.org/10.1136/bmjgh-2021-008416>>; WHO/AFRO, The State of the Health Workforce in the WHO African Region, (Brazzaville, Republic of Congo: World Health Organization, Regional Office for Africa, 2021) (<https://apps.who.int/iris/bitstream/handle/10665/348855/9789290234555-eng.pdf?sequence=1>, accessed 24 May 2023).

³⁶ World Bank. 2022. “Change Cannot Wait: Building Resilient Health Systems in the Shadow of COVID-19.” Washington, DC: World Bank

³⁷ Anoko JN, et al. Community engagement for successful COVID-19 pandemic response: 10 lessons from Ebola outbreak responses in Africa. *BMJ Global Health* 2020;4:e003121. doi:10.1136/bmjgh-2020-003121

³⁸ Frimpong SO, Paintsil E. Community engagement in Ebola outbreaks in sub-Saharan Africa and implications for COVID-19 control: A scoping review. *International Journal of Infectious Diseases*. 2022 Dec 1.

³⁹ Operational framework for primary health care: transforming vision into action. Geneva: World Health Organization and the United Nations Children’s Fund (UNICEF), 2020. Licence: CC BY-NC-SA 3.0 IGO.

⁴⁰ WHO database for country assessments using Global Benchmarking Tool for National Regulatory Authorities. (<https://apps.who.int/iris/rest/bitstreams/1346833/retrieve>, accessed 1 March 2023]

⁴¹ WHO, 2020. SCORE for health data technical package. Global Report on health data systems and capacity. ([https://www.who.int/data/data-collection-tools/score/dashboard#/,](https://www.who.int/data/data-collection-tools/score/dashboard#/) accessed 21 March 2023)

⁴² Lal, Arush, Ngozi A. Erundu, David L. Heymann, Githinji Gitahi, and Robert Yates. 2021. “Fragmented Health Systems in COVID-19: Rectifying the Misalignment between Global Health Security and Universal Health Coverage.” *The Lancet* 397: 61–67. ([https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)32228-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32228-5/fulltext), accessed 23 March 2023)

due to conflict, and another seven countries face institutional and social fragility.⁴³ Lack of trust, disruption of services, limited social safety nets, and poor coordination among humanitarian and development actors are prevalent.

VISION, GOAL, OBJECTIVES, TARGETS AND MILESTONES

22. The **vision** is all people in the WHO African Region enjoying good health and well-being as a fundamental human right.

23. The **Goal** is, by 2030, to have resilient health systems able to cope with disruptive shocks or stress from all hazards.

24. The **Objectives** are:

- (a) to strengthen the foundations of primary health care and establish models for comprehensive, integrated people-centred care based on it;
- (b) to strengthen key essential public health functions to ensure that national health systems have the necessary capacities to be fully resilient;⁴⁴
- (c) to strengthen governance and coordination of multisectoral actors and investments through institutionalized mechanisms for whole-of-government and whole-of-society engagement.

25. **Targets by 2030**

- (a) At least 45 Member States have developed EHSPs, delivered through the PHC approach;
- (b) Member States have met at least 70% of health workforce targets in line with population health needs to achieve UHC, strengthened PHC and public health functions;
- (c) All Member States have conducted a mapping and measurement of the public health and emergency workforce;
- (d) At least 10 Member States have achieved Maturity Level 3, according to the WHO Global Benchmarking Tool for National Regulatory Authorities (NRAs);
- (e) All Member States have policies, legislative and regulatory instruments to mobilize and coordinate whole-of-government and whole-of-society resources, including those of the private sector.

26. **Milestones by 2025**

- (a) At least 18 Member States have developed EHSPs, delivered through the PHC approach;
- (b) Member States have met at least 50% of HWF targets in line with population health needs to achieve UHC, strengthened PHC and public health functions;
- (c) At least 32 Member States have conducted a mapping and measurement of the public health and emergency workforce;
- (d) At least five Member States have moved from Maturity Level 1 to Maturity Level 2, according to the WHO Global Benchmarking Tool for NRAs;
- (e) At least 40 Member States have set up a high-level multisectoral mechanism to oversee health system resilience building, with clear roles and responsibilities.

⁴³ [Classification of Fragile and Conflict-Affected Situations](https://www.worldbank.org/en/topic/fragilityconflictviolence/brief/harmonized-list-of-fragile-situations) (<https://www.worldbank.org/en/topic/fragilityconflictviolence/brief/harmonized-list-of-fragile-situations>, accessed 24 May 2023)

⁴⁴ Fully resilient systems here refers to health systems with capacity to forecast, prevent, detect, absorb, adapt and respond to a wide range of risks and shock events, while maintaining core functions and services and learning and improving as required.

GUIDING PRINCIPLES

27. **Member State ownership and leadership:** Promoting and safeguarding citizens' health and providing care, is the primary responsibility of national governments.
28. **One health system:** While each emergency is unique, health systems can be built to simultaneously provide quality essential health services with financial protection, safeguard health from all hazards, protect livelihoods, promote well-being, and tailored to country context.
29. **Equity:** Ensuring that no one is left behind, by intentionally prioritizing the welfare of the most vulnerable populations, especially women, girls, children, persons with disabilities, refugees, older persons, with the active participation of the entire community.
30. **Engagement of communities and other stakeholders.** By engaging communities as a way of working, health systems will become more responsive and accountable to people's needs.
31. **Learning and building on prior experience:** Ensuring lessons from prior emergencies are documented, analysed, and translated into policy and action.
32. **Whole-of-government and whole-of-society approaches:** Health is central to national development. It requires strategic partnerships and collaborative action inclusive of all citizens, communities and sectors, including the private sector. Solidarity across borders, the Region and continent is also vital.

PRIORITY INTERVENTIONS AND ACTIONS

33. **Priority 1: Transform health systems based on a primary health care approach**
- (a) Member States should align all health sector plans with one national health sector strategic plan (NHSP), towards implementing the PHC operational framework. The framework offers guidance to enable Member States to strengthen primary care-oriented systems, and ultimately address the health needs of the population.
 - (b) Member States should develop context-specific essential health service packages covering all age cohorts, addressing health risks and public health functions. This will enable Member States to integrate parallel health programmes to become people-centred, responsive, and efficient. They should prioritize health promotion and preventive care to reduce the socioeconomic burden of emergencies and sick care.
 - (c) Member States should invest in achieving HWF targets and strengthen systems to measure and track availability of adequate and sustainable numbers, competency levels and distribution of a committed, multidisciplinary PHC.
 - (d) Member States should create an enabling environment for ongoing and long-term community and stakeholder engagement, to empower people and communities as co-owners and co-producers of health. This includes mapping and analysis of existing community assets and mechanisms, and strengthening interdisciplinary capacities, including for research, monitoring and evaluation.
34. **Priority 2: Invest in essential public health functions at all levels of the health system**
- (a) Member States should conduct policy dialogue to promote awareness and commitment to a critical set of EPHFs that they should invest in. They should build institutional and operational capacities and infrastructure to sustain critical EPHF capacities, in close collaboration with the Africa Centres for Disease Control and Prevention (Africa CDC). This

includes ensuring adequate domestic financing, and coordinating external funding through the Pandemic Fund, the upcoming pandemic accord and other financing entities.

- (b) Member States should strengthen capacities to improve sustainable availability, affordability and access to vaccines, therapeutics, and diagnostics. This includes promoting and investing in capacities for local production, regional pooled procurement initiatives, and capabilities to monitor and track market dynamics. They should remove unnecessary barriers to accessing quality medicines and other health products and put in place mechanisms to enhance supply chain resilience for sustained delivery during shocks.

35. Priority 3: Invest in institutionalized mechanisms for whole-of-society engagement

- (a) Member states should develop policy, legislative and regulatory instruments to mobilize and coordinate whole-of-government and whole-of-society resources, including the private sector, to support health systems preparedness, response, recovery, and resilience capacities. They should clarify the roles of local governments/municipalities in supporting public health and health systems tailored to the needs of their populations.
- (b) Member States should actively promote and enhance mechanisms and platforms for cross-border, regional, and continental coordination, and collaboration, to advance collective learning, and regional goals, in solidarity.
- (c) Member States should consider conducting Universal Health and Preparedness Reviews (UHPR). UHPR is a voluntary, regular, and transparent review of comprehensive national health and preparedness capacities with the objective of strengthening national capacities for health emergency preparedness, universal health coverage, and healthier populations.

36. Priority 4: Leverage the current pandemic response to strengthen health systems

- (a) Member States should protect and safeguard the health and well-being of the health and care workforce through ensuring that workers have the knowledge, skills and resources for self-protective actions. They should have employment security, enjoy adequate and regular remuneration, and work in safe, healthy, and supportive environments.
- (b) Member States should sustain, adapt, and scale up innovative delivery models introduced during the pandemic to expand access to essential health services. These include telemedicine, digital health technologies, self-care, community-based care models, and involvement of research centres and innovation hubs in emergency management and disease control, among others.
- (d) Member States should improve national capacities to detect, report and address substandard and falsified medical products, especially during emergencies. This includes the capacity to conduct laboratory testing and enforce appropriate regulatory measures.

37. Priority 5: Address pre-existing inequities in access to essential health services and the disproportionate impacts of health emergencies on marginalized and vulnerable populations

- (a) Member States should regularly monitor inequities to population access, coverage, and impact, related to financial, legal, social and health system barriers to health services using disaggregated data. They should realign financing to promote greater targeting of resources for the poor and vulnerable groups of the population, including those in FCV settings.
- (b) Member States should create and promote sustainable social participation mechanisms and community-led approaches to build trust, and allow for people's voices from all communities, especially the most vulnerable, to be heard. This will enhance transparency and accountability of health systems to population needs.

38. Priority 6: Ensure sustainable financing for health system foundations

- (a) Member States should determine long-term resource needs for strengthening health system resilience; promote continuous dialogue with ministries of finance, parliamentary bodies, and other stakeholders, for increased allocation of domestic resources for health. They should coordinate with other sectors to leverage resources and multisectoral partnerships, while exploring additional mechanisms for resource mobilization.
- (b) Member States should integrate resource allocations for emergency preparedness within national and subnational health budgets, while exploring more agile emergency funding mechanisms for response actions. They should streamline public finance management processes to facilitate routine funds flow to the last mile, while ensuring greater budget flexibility during public health emergencies.
- (c) Member States should promote purchasing and payment systems, including through the private sector, that incentivize models of care oriented towards greater prevention and promotion, coordinated across the continuum of care, and delivered closer to the places where people live and work. They should establish or strengthen mechanisms that protect against catastrophic expenditures on health, aligning with and leveraging broader social protection strategies. These must prioritise protection for the poorest and most vulnerable

39. Priority 7: Create and promote enabling environments for data generation, data-sharing, research, innovation, and learning

- (a) Member States should strengthen national health information systems and capacities to generate, store, transmit, analyse, communicate, and use health data for public health. This includes leveraging digital health, interoperable digital architecture, artificial intelligence (AI) and other innovations in information technology to enhance the speed and accuracy of data collection, analysis, reporting and communication, as well as data use for policy development and implementation. They should facilitate inter- and intra-country information and data sharing and learning to advance regional goals.
- (b) Member States should put in place laws, regulations, and policies, incentives and ethical requirements for research and development and innovations. They should promote and strengthen regional and national capacities in research, innovation and learning to accelerate the scale-up of successful strategies to strengthen PHC-oriented health systems.
- (c) Member States should develop and use a monitoring and evaluation (M&E) framework for monitoring and assessing progress towards resilience capacities, EPHFs, and PHC measures. The framework should include measures of gender, other equity determinants, and human rights. The M&E framework should give due consideration to the means of implementing the framework.

40. To monitor implementation of this framework, the Secretariat will work with Member States using established baselines to report against the milestones and targets every two years. The Secretariat will work with Member States and stakeholders on additional system resilience indicators for adoption, and support Member States to put in place systems for generating data and reporting against those indicators.

ACTIONS PROPOSED

41. The Regional Committee is invited to examine and adopt the actions proposed.