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**PROGRESS REPORT ON THE STATUS OF COUNTRY ENGAGEMENT AND
IMPLEMENTATION OF THE UNIVERSAL HEALTH AND PREPAREDNESS REVIEW
(UHDR) IN THE AFRICAN REGION**

Information Document

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BACKGROUND

1. In November 2020, the Director-General of the World Health Organization (WHO) announced the launch of the Universal Health and Preparedness Review (UHPR) mechanism based on the principle of transparency and inclusiveness, building on the International Health Regulations (IHR (2005)). A detailed concept note was subsequently developed by the Director-General at the request of Member States.¹
2. The UHPR is a Member State-led intergovernmental mechanism in which countries express interest in a voluntary, regular and transparent review of their comprehensive national health and preparedness capacities. The review elevates issues requiring prioritization for emergency preparedness to the highest levels of government, thereby enhancing national commitments and capacities for health emergency preparedness, universal health coverage (UHC) and healthier populations. It covers three key areas, namely governance, systems, and predictable and sustainable financing.¹
3. World Health Assembly resolution WHA74.7 (2021) was adopted by Member States to pilot the UHPR in their respective States. The WHO Regional Office for Africa (AFRO) has continued to engage Member States to create awareness and provide guidance on UHPR as an all-inclusive mechanism involving the highest levels of government to strengthen emergency preparedness and UHC. By 2030, eighty per cent of Member States are expected to participate in the UHPR process.^{2,3}
4. This report summarizes the progress made since the announcement of the global UHPR mechanism in 2020. The report also proposes next steps for the Region.

PROGRESS MADE/ACTION TAKEN

5. Within the WHO African Region, only two countries have so far piloted the UHPR, namely the Central African Republic and Sierra Leone, as have three other Member States globally (Iraq, Portugal and Thailand). Thanks to the UHPR, key priority actions needed to fill critical gaps in health emergency preparedness are brought to the attention of the highest levels of government, with the expectation that such actions will be fully implemented in the spirit of national, regional and global solidarity.^{4,5,6}
6. In Sierra Leone for instance, the meeting between the senior leadership of WHO and the highest levels of the Government provided a unique opportunity to discuss issues pertaining to emergency preparedness and UHC. The signing into law of the bill establishing the National Public Health Agency

¹ Universal Health and Preparedness Review. Concept Note. Available from (https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_21-en.pdf, accessed 9 April 2024)

² Resolution WHA74.7, Strengthening WHO preparedness for and response to health emergencies. Universal Health and Preparedness Review: Concept Note. World Health Organization, 2021 (WHA74/2021/REC/1)

³ Universal Health and Preparedness Review. 13 December 2022. (https://cdn.who.int/media/docs/default-source/documents/emergencies/universal-health---preparedness-review/8-12-22_uhpr-overview.pdf?sfvrsn=ba2bd6ee_9&download=true, accessed 9 April 2024)

⁴ Universal Health and Preparedness Review: National Report of Sierra Leone. (<https://www.who.int/emergencies/operations/universal-health---preparedness-review>, accessed on 9 April 2024)

⁵ (<https://www.afro.who.int/countries/sierra-leone/news/sierra-leone-launches-national-public-health-agency-strengthen-healthcare-infrastructure>, accessed 11 January 2024)

⁶ Universal Health and Preparedness Review: National Report of Central African Republic. (<https://www.who.int/emergencies/operations/universal-health---preparedness-review>, accessed 11 January 2024)

and subsequent operationalization of the Agency was a major achievement. It is expected to further enhance evidence-driven prevention, detection and response to public health emergencies. Another priority action agreed upon during the high-level engagement was the need to strengthen primary health care through the implementation of national health initiatives (such as free health care, mental health emergency programmes, etc.) by the end of 2024.⁴

7. In the Central African Republic, the UHPR mechanism revealed a high level of political commitment to health and subsequently led to the identification of priority actions for implementation. These actions cut across governance, systems and finance and include strengthening the existing governance structure for better coordination and management of emergencies; strengthening primary health care including community engagement; and developing a One Health financing strategy.⁷

8. Following the conduct of the UHPR process in the Central African Republic and Sierra Leone, the Global Peer Review (GPR) was recently undertaken in February 2024 in Geneva with the participation of both countries. The GPR phase represents the final stage of the first UHPR piloting cycle and also constitutes the core of the mechanism's value addition.⁸

9. The GPR facilitates peer-to-peer learning, as participating Member States review one another. In the initial exchanges, the Central African Republic, Portugal and Thailand were peer-reviewed by Cameroon, Luxembourg and Sierra Leone.⁸ The first GPR phase provided a unique opportunity to showcase key best practices and highlight challenges encountered in national emergency preparedness and universal health coverage.

ISSUES AND CHALLENGES

10. Key challenges affecting the roll-out of UHPR in Member States include the slow pace of countries' voluntary expression of interest; uncertainty around funding for piloting UHPR when Member States express interest; and lack of a seed fund to kick-start implementation of key priority actions following the UHPR process.

NEXT STEPS

11. Member States should:

- (a) participate in the UHPR process as part of global efforts to prioritize emergency preparedness and UHC;
- (b) adopt an all-hazards approach, working closely with relevant stakeholders and mobilize resources to ensure implementation of the priority actions in the UHPR national report;
- (c) participate in the second GPR to share knowledge and identify gaps and areas of focus to foster international collaboration and solidarity;
- (d) work with other Member States to identify key areas for partnership to strengthen regional health security;
- (e) conclude discussions on the pandemic accord.

⁷ Global Peer Review of Universal Health and Preparedness Review. Findings from Central African Republic. (https://apps.who.int/gb/MSPI/pdf_files/2024/02/Item1_13-02.pdf, accessed 11 January 2024)

⁸ WHO. Universal health and preparedness global review peer review phase, World Health Organisation. (https://cdn.who.int/media/docs/default-source/emergencies/universal-health---preparedness-review/8-12-22_uhpr-overview.pdf?sfvrsn=ba2bd6ee_9&download=true, accessed 11 January 2024).

12. WHO should:
 - (a) fast-track the UHPR processes that are in the pipeline in Cameroon, Congo and United Republic of Tanzania and mobilize resources for additional reviews;
 - (b) conduct the second GPR phase for countries that have undertaken UHPR;
 - (c) take the necessary steps to raise awareness to achieve 80% of Member State participation in UHPR;⁹
 - (d) share lessons from the first GPR phase with all Member States.
13. The Regional Committee is invited to note the report.

⁹ WHO, Regional strategy for health security and emergencies 2022–2030. World Health Organisation, 2022. ([AFR-RC72-8 Regional strategy for health security and emergencies 2022-2030 .pdf](#), accessed 12 January 2024).